



Safeguarding children, young people and vulnerable adults Procedures

6.1 Responding to safeguarding or child protection concerns

Designated safeguarding lead/officer: [Susannah Townley](#)

Deputy Designated safeguarding lead: [Amy Fields](#) and [Ria Paul](#)

Safeguarding roles

- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated safeguarding lead (DSL) or deputy designated safeguarding lead (DDSL).
- The manager and deputy are the designated safeguarding lead and deputy designated safeguarding lead, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults. The designated safeguarding lead is also responsible for liaising with local statutory children's services and with Surrey Safeguarding Children's Partnership (SSCP).
- All concerns about the welfare of children in the setting, at home, or elsewhere should be reported to the designated safeguarding lead or the deputy designated safeguarding lead.
- The designated safeguarding lead ensures that all educators are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated safeguarding lead at any time. When the designated safeguarding lead Susannah Townley is not on site, the role of

designated safeguarding lead is passed to Amy Fields. If both are not on site, Ria Paul or other trained staff member will be allocated as designated safeguarding lead during this time.

- The deputy designated safeguarding lead informs the designated safeguarding lead about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to decide regarding notification. The deputy designated safeguarding lead and designated safeguarding lead / officer must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated safeguarding lead/officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.

We follow procedures of SSCP for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, through whistleblowing and escalation.

RESPONDING TO MARKS OR INJURIES OBSERVED

If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer using a pre-existing injury form, which is signed by the parent/carer. If the mark or injury is noticed later in the day and the parent is not present, this is raised with the DSL.

- The member of staff advises the DSL as soon as possible if there are safeguarding concerns about the circumstance of the injury. If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the DSL decides the course of action to be taken.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the DSL decides the course of action required and a Welfare concern form is completed, taking into consideration any explanation given by the child.

- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the DSL. If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the DSL
- The parent/carer is advised at the earliest opportunity.
- If the parent believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made.

RESPONDING TO SIGNS AND SYMPTOMS OF ABUSE

- Concerns about the welfare of a child are discussed with the DSL without delay.
- A written record is made of the concern on a welfare concern form as soon as possible.
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day to Surrey's Children's Single Point of Access.

RECORDING SUSPICIONS OF ABUSE AND DISCLOSURES

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The member of staff listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *'tell me more about that'* or *'show me again'*.
- After the initial disclosure, staff speak immediately to the designated safeguarding lead. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person or other well-known practitioner will ask the child how it happened.
- When recording a child's disclosure, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

DECISION MAKING (ALL CATEGORIES OF ABUSE)

- The designated safeguarding lead makes a professional judgement about referring to other agencies, including Social Care using the SSCP Continuum of Support threshold document:
 - Level 1: Universal support or Community Support - Thriving
 - Level 2: Emerging Needs – Getting advice and signposting
 - Level 3: Targeted Support – Getting Help
 - Level 4: Intensive Support – Getting More Help
 - Level 5: Statutory services

Staff are alert to indicators that a family may benefit from early help services and should discuss this with the DSL.

- All staff members and volunteers are familiar with our settings procedures for recording and reporting.
- For advice we can contact the Surrey Children's SPA (Single Point of Access) 0300 470 9100 / email: cspa@surreycc.gov.uk. Emergency Duty team (EDT), out of hours (5pm-9am - Mon – Fri, Sat/Sun and Bank Holidays) Tel 01483 517898 / email: edt.ssd@surreycc.gov.uk . Hampshire MASH – general line – 0300 555 1384 (8.30am – 5.00pm [Fridays 8.30am – 4.30pm]) – out of hours 0300 555 1373 or the professionals' line 01329 225379. Early Help SW team 01483 519722.

PROFESSIONAL DISAGREEMENT / ESCALATION PROCESS

- If a member of staff disagrees with a decision made by the designated safeguarding lead not to make a referral to social care they must initially discuss and try to resolve, it with them.
- If a member of staff or volunteer feels that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, they can follow the SSCP FaST resolution process - document available at <https://surreyscb.procedures.org.uk/skyqox/complaints-and-disagreements/the-surrey-fast-resolution-process#s4885>
- We ensure that all staff and volunteers are aware of how to escalate concerns.
- We will follow local procedures published by the SSCP to resolve professional disputes.
- If the disagreement cannot be resolved with the designated safeguarding lead and the member of staff continues to feel a safeguarding referral is required, then the whistle-blowing policy must be used.

INFORMING PARENTS

Seeking consent from parents/carers to share information before making a referral for early help

Parents/carers are made aware of the setting's Privacy Notice which explains the circumstances under which information about their child will be shared with other agencies. When a referral for early help is necessary, the designated safeguarding lead must always seek consent from the child's parents to share information with the relevant agency.

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.
- If a parent/carer withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

Informing parents/carers when making a child protection referral

In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated safeguarding lead contacts the parents/carers (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent/carer should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents/carers are not informed prior to making a referral if:

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised
- there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage
- contacting the parent/carer puts another person at risk; situations where one parent may be at risk of harm, e.g. abuse; situations where it has not been possible to contact parents/carers to seek their consent may cause delay to the referral being made

The designated safeguarding lead makes a professional judgment regarding whether consent (from a parent/carer) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an

explanation for this decision. Advice will be sought from the appropriate children's social work team if there is any doubt.

REFERRING

- The DSL and DDSL follows the SSCP procedures for making a referral.
- If the DSL or DDSL is not on site, the most senior member of staff present takes responsibility for making the referral to social care.
- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then the Police and/or social care are contacted immediately.
- If the child is 'safe' because they are still in the setting, and there is time to do so, the senior member of staff contacts the setting's DSL for support.
- Arrangements for cover (as above) when the DSL and DDSL are not on-site are agreed in advance by the setting manager and clearly communicated to all staff.

Further recording

- Information is recorded using the setting's nursery management system, welfare concern forms or safeguarding incident reporting forms. Discussion with parents and any further discussion with social care is recorded. If recording a conversation with parents that is significant, regarding the incident or a related issue, parents are asked to sign and date it a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies in the child's safeguarding file) and on the setting's management software.
- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement.
- The referral is recorded.
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the DSL to allow continuity of support during closures or holiday periods.

LIAISON WITH OTHER AGENCIES

- We work within the SSCP, their procedures manual is available online at <http://surreyscb.procedures.org.uk>
- The current version of 'What to do if you're worried a child is being abused' is available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf for parents, volunteers and staff; this ensures that all staff and volunteers are familiar with what they need to do if they have concerns.
- We have procedures for contacting the local authority regarding child protection issues and concerns about children's welfare, including maintaining a list of names, addresses and telephone numbers of social care assessment teams and police, to ensure that it is easy, in any emergency, for the setting, social care department and police to work well together.
- We notify the registration authority (Ofsted) of any incident or accident and any changes in our arrangements which may affect the wellbeing of children or where an allegation of abuse is made against a member of staff or volunteer (whether the allegations relate to harm or abuse committed on the premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.
- Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are Helpline: Telephone 0808 800 5000; E-mail; help@nspcc.org.uk; Website: www.nspcc.org.uk.

FEMALE GENITAL MUTILATION (FGM)

- Staff should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated safeguarding leads should contact the police immediately as well as refer to children's services local authority social work if they believe that FGM may be about to occur.
- It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSP guidance must be followed in relation to FGM, and the designated person is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.
- Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery;

changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

- Staff complete FGM training regularly.
- Advice and more information can be found at NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk and through the government help and advice: www.gov.uk/female-genital-mutilation

CHILDREN AND YOUNG PEOPLE VULNERABLE TO EXTREMISM OR RADICALISATION

As part of our safeguarding ethos, we encourage all members of staff and volunteers & parents/carers to respect the fundamental British values of democracy; the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs. We ensure that partisan political views are not promoted in the teaching of any subject in the setting and where political issues are brought to the attention of the setting, reasonable steps would be taken to offer a balanced presentation of opposing views.

There are potential safeguarding implications for children and young people who have close or extended family or friendship networks linked to involvement in extremism or terrorism.

- The DSL is required to familiarise themselves with SSCP procedures, as well as online guidance including:
 - Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance
 - Prevent Strategy (HMG 2023) www.gov.uk/government/publications/prevent-duty-guidance
 - The prevent duty: for schools and childcare providers www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty
- The DSL should follow SSCP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.

- The DSL must know how to refer concerns about risks of extremism/radicalisation to their SSCP or the Channel panel, as appropriate.
- The DSL should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism. All staff and volunteers receive awareness raising and training regarding preventing extremism and radicalisation.
- The DSL also ensures that all staff complete *The Prevent Duty and Understanding Children's Rights* and *Equality and Inclusion* courses.
- The DSL also ensures that all staff are aware of their responsibilities with regard to equality and inclusion and children's rights.
- The DSL should understand the perceived terrorism risks in Surrey.

Parental consent for radicalisation referrals

- SSCP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism.
- It is good practice to seek consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed.
- Advice should be sought from the manager and SSCP and C-SPA, as to whether or not consent should be sought on a case-by-case basis.
- The DSL should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.
- Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but SSCP procedures should be followed regarding this.
- If there is a concern that a person is already involved in terrorist activity this must be reported to the Anti-Terrorist Hot Line 0800 789 321. Police can be contacted on 999/101.

Concerns about children affected by gang activity/serious youth violence

- Practitioners should be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence.

- Whilst very young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult sibling or a parent/carer.
- The DSL and DDSL are familiar with their SSCP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Forced marriage/Honour based violence

- Forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent coercion is not required for a marriage to be forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.
- Forced marriage became criminalised in 2014. There are also civil powers for example a Forced Marriage Protection Order to protect both children and adults at risk of forced marriage and offers protection for those who have already been forced into marriage.
- Risks in relation to forced marriage are high and it is important that practitioners ensure that anyone at risk of forced marriage is not put in further danger. If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things like, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.
- In an emergency police should be contacted on 999.
- Forced Marriage Unit can be contacted either by professionals or by potential victims seeking advice in relation to their concerns. The contact details are: Telephone: +44 (0) 20 7008 0151 and Email: fmfco.gov.uk or outreach work: fmfcooutreach.gov.uk

This policy was updated on 25th July 2025 by Susannah Townley, Manager.

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