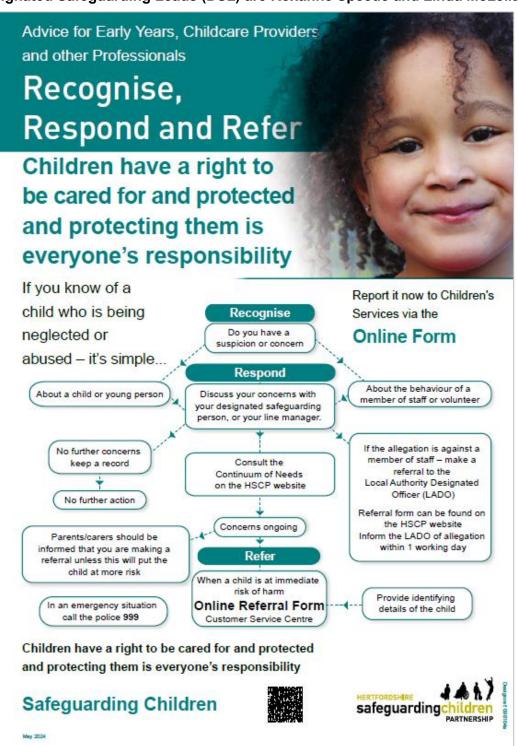


## Responding to safeguarding or child protection concerns

The Designated Safeguarding Leads (DSL) are Roxanne Speede and Linda McLellan



#### 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 person or a named back-up designated person.
- The DSL's are responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults.
- All concerns about the welfare of children in the setting should be reported to the DSL.
- The designated lead ensures that all practitioners 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 person at any time and their contact details are readily available to all practitioners.
- The DSL's share 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.
- Issues which may require notifying Ofsted are notified to the designated lead and nominated individual. The nominated individual must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may requires reporting to RIDDOR the DSL immediately seeks
  guidance from the Trustees. There continues to be a requirement that the DSL follows
  legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01
  Health and Safety procedures.
  - RIDDOR Reporting Online https://www.hse.gov.uk/riddor/reporting/index.htm
- We follow procedures as set out by Hertfordshire Safeguarding Children Partnership (HSCP)
  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, whistle-blowing 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 will complete a pre-existing injury form with the parent/carer. This is signed by the parent/carer and a copy kept in our accidents file.
- 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 the mark or injury is noticed later in the day and the parent/carer is not present, this is raised with the designated lead who will contact the parent/carer and complete a pre-existing injury form if the mark or injury occurred away from the setting.
- 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 Safeguarding incident reporting form is completed as above.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the DSL and a Tapestry accident form completed. This is signed by the parent/carer upon collection of the child.

### Responding to the signs and symptoms of abuse

## Report to the Designated Safeguarding Lead as soon as possible

- Concerns about the welfare of a child are discussed with the DSL without delay.
- A written record is made of the concern on a Safeguarding incident reporting 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 immediately.

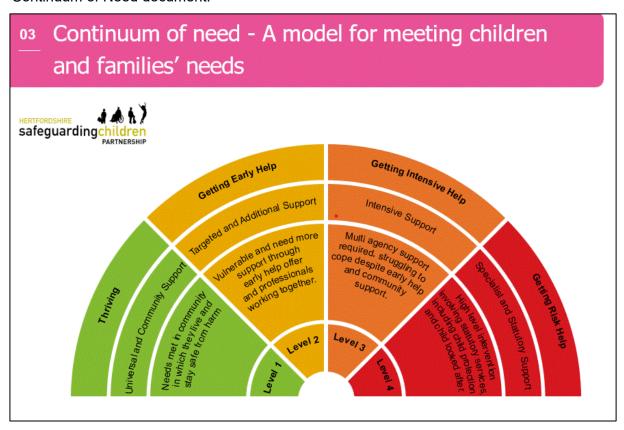
#### Responding to a disclosure by a child

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The person in receipt if the disclosure listens carefully and calmly, allowing the child time to express what they want to say.
- They 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'.
- They react calmly, being aware of their own non-verbal messages.
- Responses are kept short, simple, slow, quiet and gentle.
- We reassure the child, telling them they are not to blame and have done the right thing by telling someone.
- We never make a promise to keep it confidential
- We tell the child what will happen and that we will have to tell someone else.

- After the initial disclosure, this is reported immediately to the DSL. 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 will ask the child how it happened.
- When recording a child's disclosure on the Safeguarding incident reporting form, 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 within the safeguarding incident reporting form.

#### Decision making (all categories of abuse)

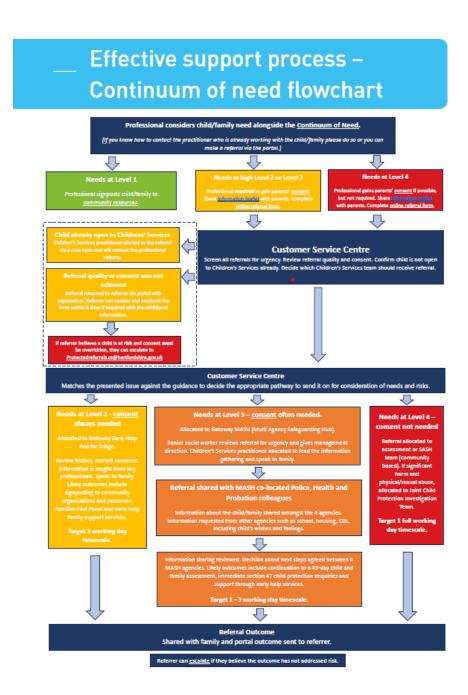
 The DSL makes a professional judgement about referring to other agencies, using the Continuum of Need document:



 Staff are alert to indicators that a family may benefit from early help services and should discuss this with the DSL, also completing a Safeguarding incident reporting form if they have not already done so.

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

https://www.hertfordshire.gov.uk/media-library/documents/childrens-services/hscb/professionals/professional-referral-pathway-into-childrens-services.pdf



## **Further recording**

• If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies in the child's safeguarding file).

## Professional disagreement/escalation process

• If a practitioner disagrees with a decision made by the DSL not to make a referral they must initially discuss and try to resolve it with them.

- If the disagreement cannot be resolved with the designated lead and the practitioner continues to feel a safeguarding referral is required then the whistle-blowing policy should be used, as set out in our Whistle blowing Policy.
- Supervision sessions are also used to discuss concerns, but this must not delay making safeguarding referrals.

This policy was adopted by Acorn Playgroup and Pre-school on 01 September 2025