

**This Procedure must be read alongside our Safeguarding Policy (Part 1) and the safeguarding training framework (Part 3)**



# **Guildford Borough Council**

## **Safeguarding Policy and Procedure**

### **Part 2: Procedure on how to respond if you have a safeguarding concern**

#### **Document Information**

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## **Introduction**

The safeguarding procedures outlined in this document provide a framework for raising an alert and acting on safeguarding concerns. However, it must be remembered that safeguarding is a dynamic process that must be undertaken with people and is not something that happens to people.

**Our Safeguarding Policy (Part 1)** sets out the definitions of abuse and neglect that may cause you to have safeguarding concerns.

### ***What is the definition of ‘child’ in this procedure?***

The term ‘child’ is used to encapsulate all children and young people up to the age of 18 years of age, including unborn babies.

### ***Who is an adult at risk of abuse and neglect who may require safeguarding? \****

The safeguarding duties apply to an adult (someone aged 18 or over) who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

## **Key contact details:**

[Children’s Single Point of Access \(C-SPA\)](#) – children’s safeguarding referrals and concerns

[Multi Agency Safeguarding Hub \(MASH\)](#) – adult safeguarding referrals and concerns

## **Strategic Safeguarding Structure**



**This Procedure must be read alongside our Safeguarding Policy (Part 1) and the safeguarding training framework (Part 3)**

**Strategic Safeguarding Group**

The Council's Strategic Safeguarding Group (SSG) is the key mechanism for driving forward the strategic priorities for safeguarding across the Council and for agreeing how each service will co-operate to safeguard and promote the welfare of children, and adults with care and support needs.

The group is responsible for ensuring the Council is meeting its statutory duties across both adult and children's safeguarding. More information can be found in part one of the safeguarding policy .....

**Operational Safeguarding Group (OSG)**

The Council's Operational Safeguarding Group (OSG) is the key mechanism for communication between specialist services. It supports the dissemination of information from the Strategic Safeguarding Group (SSG) to service delivery areas.

The overall aim of the group is to ensure that staff with responsibility for delivering services, can safeguard and promote the welfare of children, and adults with care and support needs. The group provides a forum for sharing best practice and learning from safeguarding reviews, highlighting barriers in service delivery and escalating issues to the SSG.

More information can be found in part one of the safeguarding policy .....

**Internal Safeguarding Leads**

Internal Lead Officers for Safeguarding:

Our internal safeguarding leads are responsible for supporting both our strategic and operational safeguarding practices and are available to provide advice and guidance for all internal staff and councillors who have a safeguarding concern:

- Samantha Hutchison, Joint Assistant Director for Community Services, extension 4385
- Lisa Barrett, Community Wellbeing Team Leader, extension 4398
- Vicky Grinter, Family Support Team Leader, extension 4088

**Managers**

To commit to their safeguarding responsibilities as set out in the Safeguarding Policy, to ensure the Council is meeting its statutory and moral duties to safeguard and promote the welfare of children and adults with care and support needs.

Managers to monitor and review their teams' safeguarding cases and to highlight any cases where further help and support is needed. Managers to ensure that the appropriate safeguarding referrals are made in a timely manner.

## **This Procedure must be read alongside our Safeguarding Policy (Part 1) and the safeguarding training framework (Part 3)**

### **Officers**

It is the responsibility of the Officer to report a safeguarding concern. **The Officer must ensure that the relevant safeguarding referrals are made, even if consent by the person is not given.** You have a duty of care to make any safeguarding referrals where you have highlighted concerns.

It is the Officer responsibilities to follow the safeguarding procedure and if they are unsure seek advice from their manager. It is the responsibility of the Officer to accurately record the safeguarding concern.

### **When to make a request for support or raise a concern**

Safeguarding means protecting a person's health, wellbeing and human rights, enabling them to live free from harm, abuse and neglect. If a member of staff, volunteer or councillor has a safeguarding concern they must report this at the earliest opportunity and the incident should be raised with their supervisor or manager, or one of the safeguarding leads.

Guidelines for recording safeguarding concerns and record keeping are set out later in this procedure.

***Important: our responsibility is not to make judgements, but to ensure that we share information with the right people, at the right time, in the right way.***

*Reference should be made to Part 1, Safeguarding Policy for Policy scope and definitions.*

### **When to refer a child**

In the case of **children**, a referral to the [C-SPA](#) must be made if there is belief or suspicion that:

- a child is suffering or is likely to suffer **significant harm\***; or
- a child's health or development may be impaired without the provision of services; or
- with the agreement of the person with **parental responsibility**, a child would be likely to benefit from family support services.

*\*Harm is defined as ill-treatment or the impairment of development. Harm becomes significant when comparing the child's health and development with what could be reasonably expected from a child of similar age. If there is any doubt about significance, a referral should always be made.*

### **Seeking permission**

You should *normally* seek agreement from a person with parental responsibility, explaining why you have concerns. This should be either in writing or recorded as verbal consent with reference to a specific verbal conversation. This should only be done where such discussion and agreement-seeking will not place a child at increased risk of suffering significant harm.

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A decision not to seek parental permission before making a referral to Surrey Children's Services must be recorded and the reasons given.

The 'best interests' of the child must be the primary concern when making decisions that may affect them. You should always listen to the views of the child in making decisions to refer concerns.

If there is a need for a referral and parental consent is not given:

- reason(s) for proceeding without parental agreement must be recorded
- Surrey Children's Services must be told that the parent has withheld her/his permission
- The parent must be contacted by the referring professional to inform her/him that after considering their wishes a referral has been made, unless to do so would place the child(ren) at increased risk of Significant Harm.

### **When to refer an adult (Abuse and Neglect)**

In the case of adults, a referral to the [MASH](#) must be made if there is belief that an adult:

- has needs for care and support (whether or not these are currently being met)
- is experiencing, or are at risk of, abuse or neglect

Abuse can take many forms including:

- Physical / sexual abuse
- Psychological abuse
- Financial / material abuse
- Neglect
- Discrimination
- Modern slavery

For a MASH referral: the person must meet the following three criteria:

- Having care and support needs.
- Experiencing (or being at risk of) abuse or neglect.
- Being unable to protect themselves because of those needs.

To make a MASH referral: [Professional Referral \(surreycc.gov.uk\)](https://www.surreycc.gov.uk)

**This Procedure must be read alongside our Safeguarding Policy (Part 1) and the safeguarding training framework (Part 3)**

## **When to refer an adult (Mental Health)**

A mental illness is a health condition involving changes in thinking, emotion, or behaviour that leads to distress or problems functioning in social, work, or family activities.

### **Mental Health:**

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

The MCA says: assume a person has the capacity to make a decision themselves, unless it's proved otherwise wherever possible, help people to make their own decisions do not treat a person as lacking the capacity to make a decision just because they make an unwise decision.

For people experiencing acute problems with their mental health, the support available for Surrey residents is noted below:

Encourage person to see GP or refer concerns to **GP** surgery.

**Signposting** should be provided to residents for crisis services such as: Mental Health Crisis

Helpline 0800 915 4644 and the Mental Health Safe Havens these are open daily from 6 pm until 11 pm and they can also be accessed virtually. More information can be found on: Safe Havens: [Safe Havens : Surrey and Borders Partnership NHS Foundation Trust \(sabbp.nhs.uk\)](http://sabbp.nhs.uk)

Referral can be made to **Single Point of Access (SPA)** who are the centralised entry point for mental health services, you can also contact the crisis line for professionals on 0300 222 5794 if you would like to discuss your concerns prior to referring.

For imminent risk of harm, person to self-present to **A&E**. Practitioner to consider calling **999** to request ambulance or police assistance if necessary.

## **Seeking Permission**

The Care Act does not require consent for adult safeguarding work. However, where possible, the person should be informed before referring an adult safeguarding concern to the MASH, or SPA unless to do so would present further risk.

Reasons not to inform or consult can include:

- to do so would put the safety of the adult at risk
- it is not possible or within the scope of your role to have a conversation with the adult.

Do not let these reasons prevent you from making a referral.

**This Procedure must be read alongside our Safeguarding Policy (Part 1) and the safeguarding training framework (Part 3)**

**When a safeguarding concern involves a member of staff or volunteer**

All allegations of abuse or maltreatment of children or adults with care and support needs by a professional, staff member or volunteer must be taken seriously and investigated. If someone does not wish to make a complaint following an allegation of abuse, this does not mean the allegation should not be considered and investigated.

The Assistant Director of Communities must be contacted to provide appropriate advice with regards to disciplinary and grievance procedures. In the absence of the Assistant Director or if the situation is not appropriate contact must be made with the Director.

If the allegation relates to children, the HR Specialist Business Partner must contact the Local Authority Designated Officer ([LADO](#)). The LADO Service manages allegations against individuals who work or volunteer with children in Surrey. The LADO Team is guided by specific legislation and Statutory Guidance, in particular: The Children Act 1989 The Children Act 1989.

The Council's Whistleblowing Policy supports staff who have a concern about the behaviour of any other employee or volunteer in relation to safeguarding.

**In all cases, a referral must be made to the MASH or C-SPA as well.**

If a concern or allegation arises about a member of staff, outside of the work setting, and this may present a risk to those for whom the member of staff has a responsibility for or exposure to, the general principles outlined in these procedures still apply.

If the member of staff lives in a different authority to that which covers the workplace, there must be liaison between the relevant agencies.

In some cases, a concern or allegation of abuse against someone closely associated with a member of staff e.g. partner, member of the family, or other household member, may present a risk to children or adults for whom the member of staff has a responsibility. In these circumstances, it is important to consider:

- The ability and willingness of the member of staff to adequately safeguarding the children or adult(s) they are working with.
- Whether measures need to be put in place to ensure the child(ren) or adult(s)'s safety needs are met.
- Whether the role of the member of staff is compromised.

**Duty to refer to the Disclosure and Barring Service (DBS)**

Where there are concerns that an individual may have harmed a child or adult with care and support needs, or put a child or adult with care and support needs at risk of harm whilst engaged to work in regulated activity, the Council has a duty to refer this to the DBS.

There are specific conditions that must be met. [The DBS service guidance](#) 'Making Barring Referrals to the DBS' must be referred to.

The duty to refer applies even when a report has been made to another body such as a local authority safeguarding team.



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## **How to make a request for support or raise a concern about a child or adult**

### **How to spot or identify a safeguarding concern**

Along with the safeguarding policy, training will be given to teach staff how to identify a safeguarding concern, this training is detailed in part three of the safeguarding policy.

#### **Professional curiosity**

Professional curiosity is a practical mindset and communication skill that involves exploring and understanding what is happening by asking questions and maintaining an open mind.

Simply put professional curiosity is investigating a situation and finding out more information.

Professional curiosity means exploring every possible indicator of abuse or neglect and trying to understand what the life of that child or adult is like on a day-to-day basis – their routines, thoughts, feelings, and relationships with family members. A professional may have the opportunity to identify abuse and neglect even if they come into contact with a family for an unrelated reason.

To effectively apply the principles of professional curiosity it is crucial that practitioners maintain an open mind – this includes being willing to think the unthinkable. People who abuse or neglect others do not fit any particular profile. They are not always aggressive and obstructive, may be charismatic, well-educated, and sociable. It is natural for a practitioner to want to believe the best of those that provide care and support to children or adults and thinking the unthinkable does not mean assuming the worst. It means keeping an open mind and being able to think objectively about the evidence presented.

### **Communication**

Communication is a key part to any role within the Council but especially when dealing with sensitive complex situations. Officers are to remember the 6 C's of communication.

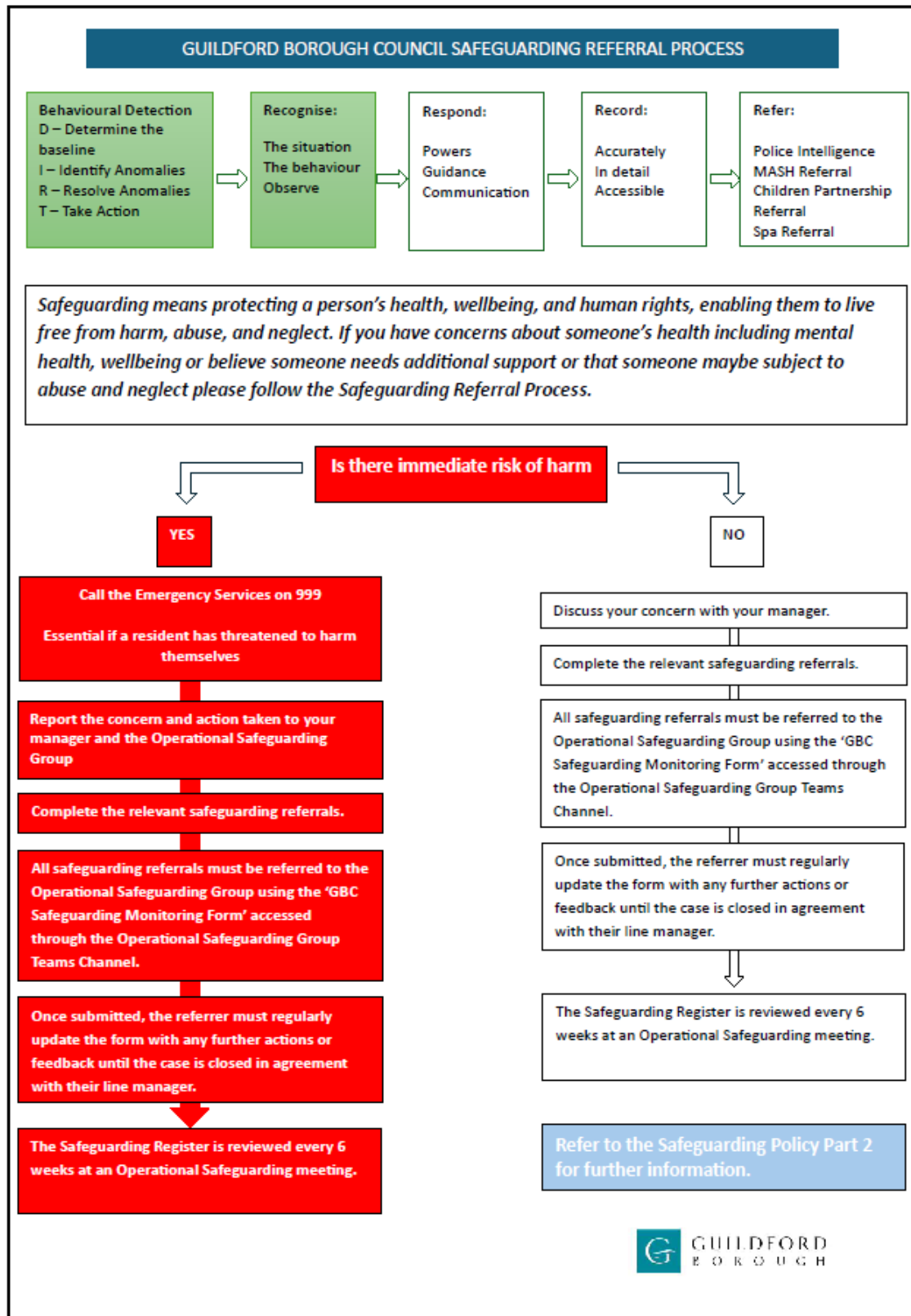
- Clear – ensure you can be understood.
- Concise - giving the relevant or necessary information clearly and in a few words; brief but comprehensive:
- Courteous – be polite, respectful, and considerate
- Correct - free from error, in accordance with fact or truth
- Complete – Give all the information where practicable
- Constructive – ensure you have a useful or beneficial purpose in what you are saying.

Good Communication skills will help with your professional curiosity.

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**You have a Safeguarding concern**

This could be a suspicion, an allegation, an observation or a disclosure of abuse or risk of abuse. The Safeguarding Referral Process will help guide you.



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**A common-sense approach to Safeguarding.**

Guildford Borough Council want people to take a common-sense approach to safeguarding, but what does this mean. Guildford Borough council have introduced basic Behavioural detection into the Safeguarding referral process **D.I.R.T.**

**D- Determine the baseline – What should you expect.**

**I – Identify Anomalies – What stands out.**

**R – Resolve Anomalies – How to resolve, what stands out.**

**T - Take Action – What action can you take**

**What are the 4 R'S?**

The four R's have been created as a system that can be easily remembered and will guide staff to deal with any situation - especially safeguarding incidents.

**R – Recognise the situation**

**R – Respond – thinking about what powers and guidance supports us**

**R – Record – How we recorded the safeguarding concern accurately.**

**R – Refer – Have we made the relevant referrals.**

Make sure your actions are Proportionate, Legal, Accountable and Necessary to safeguard that person.

**Is there an immediate risk?**

Where a child or adult is at **immediate risk of harm, call 999** without delay. There is no requirement to speak to a supervisor or manager before doing so. This should be reported to your manager after the call and followed up with a referral.

**Discuss your concerns**

If there is no immediate risk of harm, a member of staff, volunteer or councillor should raise a concern about safeguarding with their supervisor or manager, depending upon the circumstances and their knowledge or experience. The manager, member of staff or councillor may also seek advice from one of the safeguarding leads directly.

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## **Making a request for support, a referral or raising a concern**

The staff member, volunteer or councillor should then decide what relevant referral is to be made. If they are unsure, then they can seek advice from their manager or a designated safeguarding lead.

- Children's Safeguarding Point of Access ([C-SPA](#))
- Multi Agency Safeguarding Hub ([MASH](#)) ([Professional Referral \(surreycc.gov.uk\)](#))
- Police Partnership Form ([Partner services | Surrey Police](#))
- Single point of access form
- Referral for a care act assessment from the locality team [Adult Professional Referral \(surreycc.gov.uk\)](#)

*If a decision is made not to refer the concern, make a record of the reason for the decision.*

When any concern of significant harm becomes known, the greater the level of perceived risk, the more urgent the action should be.

## **Children- C-SPA**

Requests for support or concerns (including referrals) made by professionals should be made by contacting [C-SPA](#)

The link above will provide you with all the relevant and up to date contact details and information to raise your concern including:

- Office hours and emergency contact telephone numbers
- Request for support forms
- Who to contact about existing cases with Children's Services
- Levels of need documents (to advise what kind of support might be needed)
- Child Protection Consultation Line (advice and support to professionals directing you to the most appropriate service to meet the child and family's needs)
- Concerns about individuals or volunteers that work with children

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## **Adults- MASH**

There are two things you might need the [MASH](#) to do for a person with care and support needs who may be experiencing or at risk of abuse or neglect:

- assess their care and support needs (Section 9 duty in the Care Act)
- ensure there is an adult safeguarding enquiry (Section 42 duty in the Care Act)

There is **no difference** in the criteria for making a referral for an assessment or an adult safeguarding enquiry. Where you are concerned that a person:

- is an adult with care and support needs; and
- is experiencing or is at risk of abuse or neglect

You should refer that adult for a safeguarding concern to the [MASH](#), and it is for them to decide the appropriate action.

Make clear in your referral what leads you to believe which of these is a concern. If you have information that can help inform a decision whether the person is unable to protect themselves from the abuse and neglect because of their care and support needs, include it, but you do not have to have this to refer an adult for a safeguarding concern.

The link above will provide you with all the relevant and up to date contact details and information to raise your concern including:

- Office hours and emergency contact telephone numbers
- Referral forms
- Guidance on making a good referral
- Levels of need toolkit (to advise what kind of support might be needed)
- Adult information and advice line (advice and support to professionals concerned)

## **Reporting other safeguarding concerns for any child or adult\***

*\*Irrelevant of care and support needs\**

**Domestic Abuse** - concerned that someone may be at risk of harm from domestic abuse

If you are concerned about the safety of a child or young person who is exposed to domestic abuse, you must raise this as a safeguarding concern or referral through [C-SPA](#).

If you are concerned about the safety of any adult with care and support needs who is exposed to domestic abuse, you must raise this as a safeguarding concern or referral through the [MASH](#).

Anyone experiencing domestic abuse can access help and support through the [Healthy Surrey website](#).

## **This Procedure must be read alongside our Safeguarding Policy (Part 1) and the safeguarding training framework (Part 3)**

A professional referral can be made to Southwest Surrey Domestic Abuse Service [Home Page - SWSDAS](#).

If there's an emergency that's ongoing or life is in danger due to domestic abuse call [999](#).

### **Prevent - concerned that someone may be at risk of being drawn into terrorism**

If a member of staff, volunteer, agency worker or councillor has concerns that a child or adult may be at risk of being drawn into terrorism due to their vulnerabilities, associations or ideology then you must make a referral by completing the Prevent Referral Form which can be found on the Healthy Surrey website [Prevent | Healthy Surrey](#) and returning it to the [Surrey Police Prevent Team](#).

If it's an emergency, always dial 999.

### **Hate crimes**

In most crimes it is something the victim has in their possession or control that motivates the offender to commit the crime. With hate crime it is 'who' the victim is, or 'what' the victim appears to be that motivates the offender to commit the crime.

A hate crime is defined as ***'Hate Crime is any criminal offence or anti-social incident that is motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, or transgender identity. Hate crime can take many forms including physical attacks such as physical assault, damage to property, offensive graffiti and arson, threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate, unfounded malicious complaints or verbal abuse, insults, harassment, taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace.'***

### **Types of hate crime**

Hate crime can fall into one of three main types: physical assault, verbal abuse and incitement to hatred.

The offence of incitement to hatred occurs when someone acts in a way that is threatening and intended to stir up hatred. That could be in words, pictures, videos, music, and includes information posted on websites.

Hate content may include:

- messages calling for violence against a specific person or group
- web pages that show pictures, videos or descriptions of violence against anyone due to their perceived differences
- chat forums where people ask other people to commit hate crimes against a specific person or group

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### **A hate incident**

***A Hate Incident is any incident which the victim, or anyone else, thinks are based on someone's prejudice towards them because of their / their perceived race, religion, sexual orientation, disability or because they are transgender.***

Not all hate incidents will amount to criminal offenses, but it is important that these are reported.

Hate crimes and hate incidents should be reported to the Police: [How to report hate crime | Surrey Police](#)

There is a website for victims of hate crime which includes an [online reporting form](#). The website is called [True Vision](#) and is supported by all police forces in England, Wales and Northern Ireland.

If you are concerned about the safety of a child or young person who is exposed to a hate crime or incident, you must raise this as a safeguarding concern or referral through [C-SPA](#).

If you are concerned about the safety of any adult with care and support needs who is exposed to a hate crime or incident, you must raise this as a safeguarding concern or referral through the [MASH](#).

As a result of a hate crime or incident if you are concerned about the mental health of any adult, you must raise this into the Single Point of Access via their referral form (which can be found on the safeguarding backstage page [Safeguarding - Home \(sharepoint.com\)](#)) who are the centralised entry point for mental health services, you can also contact the crisis line for professionals on 0300 222 5794 if you would like to discuss your concerns prior to referring.

Guildford can also signpost anyone subjected to a hate crime or incident to Victim support - <https://www.victimsupport.org.uk/> and Citizens advice [Hate crime - Citizens Advice](#).

### **Modern Slavery**

Modern Slavery Criminal Offences are:

- Sexual Exploitation
- Labor Exploitation
- Domestic Exploitation
- Exploitation in Criminal Activity
- Financial Exploitation
- Organ Harvesting

**Human Trafficking** – A crime against the **person**

**People Smuggling** – A crime against the **state**.

Trafficking is split into three categories **Action**, **Means** and **Purpose**. The offence of trafficking is if there is one or more Actions, means and purpose.

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<b>Action</b>	<b>Means</b>	<b>Purpose</b>
Recruitment	Threat	Exploitation
Transport	Use of force	Sexual
Harboring	Coercion	Forced Labor
Transfer	Abduction	Slavery
Receipt	Fraud	Servitude
	Abuse of Power	Organ Removal
	<b>The means is not required for children</b>	

Section 52 of the Modern Slavery Act 2015 places a duty on specified public authorities to notify the Secretary of State where there are reasonable grounds to believe that a person may be a victim of slavery or human trafficking. The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support. If a member of staff, volunteer, agency worker or councillor suspects a child or adult is a victim of modern slavery they should report it using the National Referral Mechanism (NRM) [Home Office website](#).

### **Child victims**

If the potential victim is under 18, or may be under 18, an NRM referral must be made. Child victims do not have to consent to be referred into the NRM and must first be safeguarded and then referred into the NRM process.

### **Adults and consent**

Consent is required for an adult to be referred to the NRM. For an adult to provide their informed consent, you must explain:

- what the NRM is
- what support is available through it
- what the possible outcomes are for an individual being referred



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You should also make it clear that information may be shared or sought by the relevant competent authority from other public authorities, such as the police and local authorities, to gather further evidence on an NRM referral.

The online referral should only be completed for adults when a member of staff from a designated first responder organisation suspects someone is a victim of modern slavery and where the adult concerned has understood the implications of, and consented to, the referral.

It is not to be used as an interview record but as a means for the first responder organisation to provide as much information as possible to the competent authority to enable a decision to be reached.

This does not prevent the first responder from approaching the potential victim to obtain further details where appropriate, while avoiding placing them under unnecessary additional stress or trauma.

**No consent**

If an adult does not consent to enter the NRM, a Duty to Notify referral should be completed using the same online process.

If a member of staff, volunteer, agency worker or councillor suspects a child, or adult is a victim of modern slavery they should report it using the National Referral Mechanism (NRM) [Home Office website](#).

If it's an emergency, always dial 999.

**Child Exploitation (CE) and other forms of exploitation**

If a member of staff, volunteer, agency worker or councillor has a concern that a child, or adult with care and support needs may be at risk of exploitation, they can help by passing relevant information to agencies who are charged with safeguarding.

If you are concerned about the safety of a child or young person who is exposed to any form of exploitation, you must raise this as a safeguarding concern or referral through [C-SPA](#).

If you are concerned about the safety of an adult with care and support needs who is exposed to any form of exploitation, you must raise this as a safeguarding concern or referral through the [MASH](#).

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## **Internally reporting your Safeguarding concern**

### **Mandatory internal record keeping**

All referrals made to C-SPA or the MASH must be referred to the Operational Safeguarding Group using the 'GBC Safeguarding Monitoring Form' accessed through the Operational Safeguarding Group Teams Channel.

Access to the Teams site is made available through contacting Lisa Barrett (see contacts above).

The referrer must complete the GBC Safeguarding Monitoring Form and save it in the referrals folder in the Operational Safeguarding Group Teams Channel.

The form asks for details of who has made the referral, the person being referred, the details of the concern and action that has been taken.

Once submitted, the referrer must regularly update the form with any further actions or feedback until the case is closed in agreement with their line manager.

The referrer must also enter the details of who has been referred, the reason for the referral, who referred and when on the 'Referral Spreadsheet' accessed through the Operational Safeguarding Group Teams folder.

A red, amber, or green (RAG) rating must be selected to highlight the risk rating of the case.

The Referral Spreadsheet is reviewed every 6 weeks at an Operational Safeguarding meeting. Each case that remains Red rated is reviewed, and the referrer asked to update the group. The RAG rating is evaluated and updated until the case is closed or resolved. Details of which must be recorded on the safeguarding monitoring form.

### **Mandatory internal record keeping**

It is the responsibility of the referrer of the safeguarding case to accurately record:

- The Safeguarding concern
- Actions taken
- Decision making - *If a decision is made not to refer the safeguarding concern, make a record of the reason for the decision*
- Who has been spoken to and updated whether that is internal or external
- When appropriate a Closure reason

A written record of any incident, which gave rise to any safeguarding concern about a child or adult, should be made as soon as possible. Continued recording of actions and responses must be maintained throughout. Accurate and up-to-date record keeping is essential for several reasons:

- it helps to monitor and manage safeguarding practices and accountability
- it supports the safety of the individual concerned

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- it ensures that evidence is protected and shows what action has been taken, what decisions have been made and why

*Reference should be made to Part 1 Safeguarding Policy for record, retention, and disposal guidance.*

## **Managers**

Managers to monitor and review their teams' safeguarding cases and to highlight any cases where further help and support is needed. Managers to ensure that the appropriate safeguarding referrals are made in a timely manner.

## **Information Sharing**

Information sharing is essential for effective safeguarding and promoting the welfare of children, and adults with care and support needs. It is a key factor identified in many case reviews, where poor information sharing has resulted in missed opportunities to act.

Information sharing in safeguarding, good practice checklist:

- **Necessary** to only share what is needed to safeguard
- **Proportionate** to the need and level of risk
- **Relevant** for the purpose of safeguarding
- **Adequate** for purpose and quality
- **Accurate** and distinguish between fact and opinion
- **Timely** to reduce the risk of missed opportunities
- **Secure** using the appropriate Egress classification and subject heading
- **Recorded** decision making about whether to, what to share and with who

**Relevant** personal information can be shared lawfully if it is to keep a child or individual at risk, safe from harm, or if it is protecting their well-being.

The UK General Data Protection Regulation (GDPR) and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of safeguarding. They do however provide a framework to ensure that personal information about living individuals is shared appropriately.

The most important consideration is whether sharing information is likely to support the safeguarding and protection of a child or adult with care and support needs.

To note: Some multi-agencies meetings operate under the Multi-agency Information Sharing Protocol (MAISP), this allows the sharing of information for professional purposes only.

Partners who have signed up to this protocol can be found by following the link below:

**This Procedure must be read alongside our Safeguarding Policy (Part 1) and the safeguarding training framework (Part 3)**

[Signatories to MAISP Tier 1 and Tier 2 protocols - Surrey County Council \(surreycc.gov.uk\)](https://www.surreycc.gov.uk)

*Information sharing guidance can be found in our Safeguarding Policy (Part 1)*

## **Escalation of concerns**

Safeguarding partners in Surrey have recognised that the needs of children and adults with care and support needs, and their families, can often be complex and may require a range of interventions and support that need to be tailored to meet their differing needs and circumstances.

There may be no right or wrong solution and quite legitimately practitioners may exercise their professional judgement differently and have differing opinions of what the right approach should be. It is also the case that exceptionally, the needs of some children, and adults with care and support needs may not easily fit within conventional application of assessments.

It is of vital importance that, children, adults with care and support needs, and their families do not become entangled in professional disagreements and that where such disputes do occur, they can be resolved together, with minimum delay.

Details of escalation of concerns and key contacts relating to children through the SSCP are set out [here](#).

Details of escalation of concerns and key contacts relating to adults with care and support needs are set out [SSAB-Inter-Agency-Escalation-Policy-V7-October-2023-FINAL.pdf \(surreysab.org.uk\)](https://www.surreysab.org.uk).

## **Safeguarding of Staff**

Safeguarding and support for staff sits with the line manager/mental health first aiders and the Employee Assistance Programme (EAP).

**This Procedure must be read alongside our Safeguarding Policy (Part 1) and the safeguarding training framework (Part 3)**

## **Appendix A: Good practice in responding to someone who discloses a safeguarding concern**

### **Do**

- in an emergency ring 999
- ensure the safety of the individual and others if in immediate danger
- listen carefully
- provide support and information to meet their specific communication needs
- use open questions
- tell them that they did a good/right thing in telling you
- tell them you are treating the information seriously
- tell them it was not their fault
- ask them what they need to keep themselves safe
- explain that you have a duty to tell your lead for safeguarding
- explain that you will try to take steps to protect them from further abuse or neglect
- preserve any forensic or other evidence
- report concerns using the safeguarding procedure
- use the Whistleblowing Procedures if you feel that you will not be believed, taken seriously or believe that your manager or lead for safeguarding may be causing the risks of abuse to the adult or child
- **Do make the relevant safeguarding referrals, even if consent by the person is not given** - You have a duty of care to make any safeguarding referrals where you have highlighted concerns.

### **Do not**

- be judgemental or jump to conclusions
- ask leading questions
- make promises you cannot keep about keeping them safe / promise to keep secrets
- confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses
- discuss concerns with anyone that does not need to know for example, telling friends or other work colleagues