KIA MENA MONTESSORI PRE-SCHOOL

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Responding to Safeguarding or Child Protection Concerns

Our Designated Safeguarding Lead is Jane Jaye and the Deputy Designated Safeguarding Lead is Emily Francis. There are various ways that we respond to Safeguarding and Child Protection concerns and these are outlined below.

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 deputy designated person.
- 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.
- All concerns about the welfare of children at Kia Mena are reported to the designated safeguarding lead or the deputy designated safeguarding lead.
- The designated safeguarding lead ensures that all staff are aware of the signs of abuse and neglect and understand how to identify and respond to these.
- The pre-school will not operate without an identified designated safeguarding lead at any time.
- Kia Mena follows the procedures set out by Bromley Safeguarding Children Partnership 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, they will confer with the designated officer as soon as possible to ascertain 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 designated person will decide the course of action to be taken in line with our policies
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated person.

Responding to the signs and symptoms of abuse

- Any concerns about the welfare of a child are discussed with the designated person without delay and a written record is made of the concern.
- If there are concerns that a child is in immediate danger or at risk of significant harm, this will be responded to immediately and if a referral is necessary this will be made on the same working day.

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 member of staff concerned will listen carefully and calmly, allowing the child time to express what they want to say.
- Staff will 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 will speak immediately to the designated safeguarding lead. They will not further question or attempt to interview the 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, 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 person will make a professional judgement about referring to other agencies, including Social Care.
- Level 1: Child's needs are being met. Universal support.
- Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
- Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
- Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.

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

When a referral for early help is necessary, the designated person will 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 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 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 person will contact the parents (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 should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents 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 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 to seek their consent may cause delay to the referral being made

The designated safeguarding lead will make a professional judgment regarding whether consent (from a parent) 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. Advice can also be sought from the designated officer.

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 the disagreement cannot be resolved with the designated person and the educator continues to feel a safeguarding referral is required then they discuss this with the pre-school owner.
- If issues cannot be resolved the whistle-blowing policy should be used.
- Supervision sessions are also used to discuss concerns but this must not delay making safeguarding referrals.

This policy will be updated annually
Next update due: OCTOBER 2026