Beechoak Farm Montessori Pre-school

Safeguarding children

1.1 Safeguarding Children and Child Protection

Policy statement

We create an environment that encourages each child to reach their potential and fulfil their right to be strong, resilient individuals whom have their views, beliefs and needs listened to. We help our children to build and sustain warm, satisfying relationships within the nursery, their families and their peer groups. We are committed to the principles of safeguarding the children that attend Beechoak Farm and enabling them to have the confidence and vocabulary to resist inappropriate approaches.

Procedures

- Our Designated Safeguarding Lead's (DSL) are Samantha Shorter & Lisa-Jane Shepherd.
- Their work is also overseen by the Manager, who is line manager to the designated coordinators.
- All staff understand that safeguarding is their responsibility.
- All staff have an up-to-date knowledge of safeguarding issues, are alert to potential indicators and signs of abuse and neglect and understand their professional duty to ensure safeguarding and child protection concerns are reported to the local authority children's social care team or the NSPCC. They receive updates on safeguarding at least annually.
- All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.
- All staff understand the principles of early help (as defined in *Working Together to Safeguard Children*) and are able to identify those children and families who may be in need of early help and enable them to access it.
- All staff understand their responsibilities under the General Data Protection Regulation and the Data Protection Act 2018, and understand relevant safeguarding legislation, statutory requirements and local safeguarding partner requirements and ensure that any information they may share about parents and their children with other agencies is shared appropriately and lawfully.
- All staff follow procedures of their Local Safeguarding Partners (LSP) 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.

Training

- All staff receive safeguarding training every two years at a minimum, with our DSL's attending level 3 designated training also every two years as a minimum.
- All staff additionally receive safeguarding training relating to key themes such as FGM, The Prevent Duty, Breast flattening and abuse linked to Faith & Belief.
- All staff and parents are aware of our safeguarding policies and procedures.
- Safeguarding training for all practitioners will include – what is meant by the term safeguarding, the main categories of abuse, harm and neglect, the factors, situation and actions that could ;lead or contribute to abuse, harm or neglect, how to work on ways that safeguard children from abuse, harm and neglect, how to identify possible signs of harm, abuse and neglect at the earliest opportunity which may include changes in behaviour, decline in a child's well-being, unexplained bruising, marks or signs of possible abuse or neglect, concerning comments from children, inappropriate behaviour from adults and any other reason to suspect neglect or abuse outside the setting, how to respond, record and effectively refer concerns or allegations related to safeguarding in a timely and appropriate way and current legislation and national policies in relation to safeguarding.
- In additional to the training for all practitioners, DSL training will also cover:
  - How to build a safer organisational culture
  - How to ensure safer recruitment
  - How to develop and implement safeguarding policies and procedures
  - How to support and work with other practitioner to safeguard children
  - Local protection procedures and how to liaise with local services
  - How to refer and escalate concerns
  - How to manage and monitor allegations of abuse against other staff
  - How to ensure internet safety

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 on an accident form, which is signed by the parent/carer.
- The member of staff informs the DSL/ manager 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/ manager decides the course of action to be taken after reviewing the information.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the DSL/ manager.

- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the DSL/ manager decides the course of action required.
- If there is a likelihood that the injury is recent and occurred at the setting, an accident form is completed, 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/ manager.
- 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 on the accident form and an accurate record made of the discussion is made on the accident form.

Responding to the signs and symptoms of abuse

- Concerns about the welfare of a child are discussed with the DSL/ manager without delay.
- A written record is made of the concern.
- 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.

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 staff listen 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 safeguarding coordinator/ manager. 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 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 lead/ manager make a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
    - 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.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the safeguarding coordinator/ manager.

Seeking consent from parents/carers to share information before making a referral for early help (level 2/3)

When a referral for early help is necessary, the designated person 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 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, we still have a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated person contacts 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 safeguarding coordinator/ manager makes a professional judgment regarding whether consent 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 safeguarding coordinator/ manager follows the LSP procedures for making a referral.
- If the safeguarding coordinator/ manager 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.

Reporting a serious child protection incident

The DSL/ manager is responsible for seeking advice if required prior to making a referral as described above.

- Confidential records are made by all involved and stored securely in the child's file.
- Further briefings are sent to the safeguarding coordinator/ manager when updates are received until the issue is concluded.

Further recording

- All discussions with parents and any further discussion with social care is recorded. When recording a conversation with parents that is significant, regarding the incident or a related issue, parents are asked to sign and date 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.
- Each member of staff who has witnessed an incident or disclosure should also make a written statement.
- 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 designated officer to allow continuity of support during closures or holiday periods.

Professional disagreement/escalation process

- If a staff member disagrees with a decision made by the DSL/ manager 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 DSL/ manager and the educator continues to feel a safeguarding referral is required then they discuss this with the owner.
- If issues cannot be resolved the whistle-blowing policy should be used, as set out below.
- Supervision sessions are also used to discuss concerns, but this must not delay making safeguarding referrals.

Whistleblowing

The whistle blowing procedure must be followed in the first instance if:

- a criminal offence has been committed, is being committed or is likely to be committed
- a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements
- a miscarriage of justice has occurred, is occurring or is likely to occur
- the health and safety of any individual has been, is being or is likely to be endangered
- the working environment has been, is being or is likely to be damaged;
- that information tending to show any matter falling within any one of the preceding clauses has been, is being or is likely to be deliberately concealed

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with the manager.
2. Staff who are unable to raise the issue with the manager should raise the issue with a member of the senior leadership team.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with the manager/ senior team member they should raise it with the owners Charlotte Muggleton/ Steve Crosby.

Ultimately, if an issue cannot be resolved and the member of staff believes a child remains at risk because the setting or the local authority have not responded appropriately, the NSPCC have introduced a whistle-blowing helpline 0800 028 0285 for professionals who believe that:

- their own or another employer will cover up the concern
- they will be treated unfairly by their own employer for complaining
- if they have already told their own employer and they have not responded

Domestic Abuse

- All forms of domestic abuse - psychological, economic, emotional and physical - come from the abuser's desire for power and control over other family members or intimate partners. Although every situation is unique, there are common factors involved. Anyone can be a victim of domestic abuse and it happens in all communities to people from all backgrounds. The effects of domestic abuse on survivors/victims include the direct effects on them and their relationships with other people, particularly their children.
- Staff are aware of the impact of domestic abuse to children, any person who makes a disclosure of domestic abuse to a member of staff will be supported to contact the appropriate agencies.
- Where we believe that a child in our care or that is known to us may be affected by any of the above factors we follow these procedures for reporting child protection and child in need concerns and follow the LSP procedures.

Children and young people vulnerable to extremism or radicalisation

Early years settings, schools and local authorities have a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism. LSP's have procedures which cover how staff should respond to concerns that children or young people may be at risk of being influenced by or being made vulnerable by the risks of extremism.

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/ manager is required to familiarise themselves with LSP procedures
- All staff receive online training regarding extremism and radicalisation, including The Prevent Duty.
- The DSL/ manager should follow LSP 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/ manager must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The DSL/ manager 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.

Parental consent for radicalisation referrals

- LSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult that may be at risk of being drawn into terrorism. It is good practice to seek the consent of the child's 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.
- 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-Text/phone 0800 0324 539. Police can be contacted on 101.

Female genital mutilation (FGM)

- All staff receive training at least annually relating to FGM.
- Staff are alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. The DSL/ manager 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. LSCB guidance will be followed in relation to FGM.
- 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

- NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk
- Government help and advice: www.gov.uk/female-genital-mutilation

Low level concerns and allegations of serious harm or abuse against staff

Concerns may come from a parent, child, colleague or member of the public. Allegations or concerns must be referred to the safeguarding coordinator/ manager without delay - even if the person making the allegation later withdraws it.

What is a low-level concern?
The NSPCC defines a low-level concern as *'any concern that an adult has acted in a way that:*

- *is inconsistent with the staff code of conduct, including inappropriate conduct outside of work*
- *doesn't meet the threshold of harm or is not considered serious enough to refer to the local authority.*

Low-level concerns are part of a spectrum of behaviour. This includes:

- *inadvertent or thoughtless behaviour*
- *behaviour that might be considered inappropriate depending on the circumstances*
- *behaviour which is intended to enable abuse*

Examples of such behaviour could include:

- *being over friendly with children*
- *having favourites*
- *adults taking photographs of children on their mobile phone*
- *engaging with a child on a one-to-one basis in a secluded area or behind a closed door*
- *using inappropriate sexualised, intimidating or offensive language'*

(NSPCC Responding to low-level concerns about adults working in education)

Responding to low-level concerns

Any low-level concerns about the conduct of staff or students must be shared with the designated person and recorded. The safeguarding coordinator/ manager should be informed of all low-level concerns and make the final decision on how to respond.

Reporting low-level concerns about the conduct of a colleague or student contributes towards a safeguarding culture of openness and trust. It helps ensure that adults

consistently model the setting's values and helps keep children safe. It protects adults working in the setting from potential false allegations or misunderstandings.

If it is not clear that a low-level concern meets the local authority threshold, the designated person should contact the LADO (Local Authority Designated Officer) for clarification.

In most instances, low-level concerns about staff conduct can be addressed through supervision, training, or disciplinary processes where an internal investigation may take place.

Identifying

An allegation against a member of staff, volunteer or agency staff constitutes serious harm or abuse if they:

- behaved in a way that has harmed, or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

Informing

All staff report allegations to the DSL/ manager.

- The DSL/ manager contacts the owner, together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to have an understanding of what explicitly is being alleged.
- The DSL/ manager must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- The Local Authority Designated Officer (LADO) is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.
- A child protection referral is made by the designated person if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- The DSL asks for clarification from the LADO on the following areas:

- what actions the DSL/ manager must take next and when and how the parents of the child are informed of the allegation
- whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so who will inform them
- whether the LADO is happy for the setting to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
- whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the children and staff attending the setting

- The DSL/ manager records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents are not normally informed until discussion with the LADO has taken place, however in some circumstances the DSL/ manager may need to advise parents of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- If after discussion with the DSL/ manager, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
- If notification to Ofsted is required the designated person will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated person will liaise with the DSL about notifying Ofsted.
- Avenues such as supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- Risk assessments will be reviewed if necessary.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

Allegations against the designated safeguarding coordinator

- If a member of staff has concerns that the designated person has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the manager/ owner who will investigate further.
- During the investigation, the owner/ manager will identify another suitably experienced person to take on the role of designated person.

Disclosure and Barring Service

- If a member of staff is dismissed because of a proven or strong likelihood of child abuse, inappropriate behaviour towards a child, or other behaviour that may indicate they are unsuitable to work with children such as drug or alcohol abuse, or other concerns raised during supervision when the staff suitability checks are done, a referral to the Disclosure and Barring Service is made.

Escalating concerns

- If a member of staff believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the DSL/ manager.
- If after discussions with the DSL/ manager, they still believe that appropriate action to protect children has not been taken they must speak to the owner.
- If there are still concerns then the whistle blowing procedure must be followed.

This policy was adopted by staff at Beechoak Farm Montessori preschool.
Held on 2nd December 2025
Date to be reviewed December 2026
Signed on behalf of Beechoak Farm Montessori by

Charlotte Muggleton & Hayley Majeika
Proprietor Manager