



Little Learners
NURSERY GROUP

Safeguarding in Nurseries Model Policy

Reviewed: February 2018

To be reviewed: March 2019

Safeguarding Policy for Nursery 2018/2019

The Nurseries of St Mary's and St Saviour's

Named personnel with designated responsibility for Safeguarding

Note: All Nurseries should appoint a member of the senior leadership team to coordinate safeguarding arrangements.

Academic Year	Designated Safeguarding Lead	Deputy Designated Safeguarding Lead	Advanced Safeguarding Trained Staff
2018/19	Emma Cowie (SM) Dawn Hodge (SS)	Aston Healey (SM) Gina Arnell (SS)	Elaine James Beverley Hall Leann Valiquette Sarah Smith Kashca Dunn Tracy D'Vaz (School staff) Andrea Robinson

Named personnel with designated responsibility regarding allegations against staff

Academic Year	Designated Senior Manager	Deputy Designated Senior Manager	Directors
2018/19	Beverley Hall	Leann Valiquette	Laurence Jones Emma Cowie Elaine James June Heath

Dates the Safeguarding Policy is reviewed and dates of any safeguarding audits

Review Date	Changes made/Details of action plan	Due Date	By Whom
March 2019	Names changes – training completed by new staff	Autumn 2019	Senior Leadership

Dates of Staff training and details of course title and training provider

Whole	Designated	Deputy Designated Safeguarding Lead
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Nursery	Safeguarding Lead		
Induction Training	Emma Cowie (1 st)	Tracy D'Vaz	Gina Arnell
	Dawn Hodge (1 st)	Aston Healey (2 nd)	Kashca Dunn (2 nd)
		Elaine James	Sarah Smith
		Leann Valiquette	Beverley Hall

INTRODUCTION

This policy has been developed in accordance with the principals established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications. [Section 175 of the Education Act 2002 requires local education authorities and the governors of maintained Nurseries and further education (FE) colleges to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children.]

Section 157 of the same act and the Education (Independent Nurseries Standards) (England) Regulations 2003 require proprietors of independent Nurseries (including academies and city technology colleges) to have arrangements to safeguard and promote the welfare of children who are children at the Nursery.

This policy is in line with statutory guidance for Nurseries and colleges; [Keeping Child Safe in Education \(2015\)](#), [Working Together to Safeguard Children \(2015\)](#), [London Child Protection Procedures \(5th Edition\)](#), ['What to do if You are Worried a Child is Being Abused' 2015](#) and [WF Early Help and Threshold Criteria for Intervention](#)

- The statutory guidance **Keeping Children Safe in Education 2015** is issued under Section 175 of the Education Act 2002, the Education (Independent Nursery Standards) Regulations 2014 and the Education (Non-Maintained Special Nurseries) (England) Regulations 2011. Settings must have regard to this guidance when carrying out their duties to safeguard and promote the welfare of children. Guidance relates to their responsibilities to children under the age of 18.

All staff must read Part One of this guidance and staff can find a copy on the staffroom notice board.

Everyone working in or for our Nursery shares an objective to help keep children safe by contributing to:

- providing a safe environment for children to learn and develop in our setting;
- Identifying children who are suffering or likely to suffer significant harm, and taking appropriate action with the aim of making sure they are kept safe both at home and in our Nursery setting.

NURSERY COMMITMENT

The Nurseries of St. Mary's and St. Saviour's are committed to safeguarding and promoting the welfare of all of its children. Each child's welfare is of paramount importance.

We recognise that:

- Some children may be especially vulnerable to abuse
- Children who are abused or neglected may find it difficult to develop a sense of self worth and to view the world in a positive way. Whilst at Nursery, their behaviour may be challenging
- Children can be victims and perpetrators of abuse

- Children who harm others may have been abused themselves
- Allegations can be made against staff, however careful and safe our recruitment practices

This policy will be updated annually and known to everyone working in the Nursery and the Directors. The Directors take seriously their responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our Nursery to identify, assess, and support those children who are suffering harm.

The Nursery's safeguarding arrangements are inspected by Ofsted.

This policy is available on the Nursery website and is included in the staff induction.

It will also be available to parents on request.

PROVIDING A SAFE AND SUPPORTIVE ENVIRONMENT

Safer Recruitment and Selection

- The Nursery pays full regard to the statutory guidance for Nurseries and colleges; [Keeping Child Safe in Education \(2015\)](#). We ensure that all appropriate measures are applied in relation to everyone who works in the Nursery and who is therefore likely to be perceived by the children as a safe and trustworthy adult. This includes volunteers, supervised volunteers and staff employed by contractors. Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and checks with the [Disclosure and Barring Service](#) (DBS).

[See Appendix 2 – Flowchart of Disclosure and Barring Service criminal record checks and barred list checks](#)

Our Nursery endeavours to ensure that we do our utmost to employ safe staff by following the guidance in Keeping Children Safe in Education (2015) together with the LSCB and the Nursery's Recruitment policy and procedures.

Safer recruitment means that applicants will:

- complete an application form which includes their employment history and explains any gaps in that history
- provide two referees, including at least one who can comment on the applicant's suitability to work with children
- provide evidence of identity and qualifications
- if offered employment, be checked in accordance with the Disclosure and Barring Service (DBS) regulations as appropriate to their role. This will include an enhanced DBS check and a barred list check for those engaged in Regulated Activity
- if offered employment, provide evidence of their right to work in the UK
- be interviewed, if shortlisted.

The Nursery will also:

- verify the preferred candidate's mental and physical fitness to carry out their work responsibilities
- obtain references for all shortlisted candidates, including internal candidates
- carry out additional or alternative checks for applicants who have lived or worked outside the UK
- ensure that applicants for teaching posts are not subject to a prohibition order issued by the Secretary of State.

At least one member of each recruitment panel will have attended safer recruitment training.

All new members of staff will undergo an induction that includes familiarisation with the Nursery's child protection policy and identification of their child protection training needs.

All staff sign to confirm they have received a copy of the child protection policy.

All staff are made aware of the disqualification and disqualification by association legislation and their obligations to disclose relevant information to the Nursery. All members of staff have signed this disclosure.

The Nursery obtains written confirmation from supply agencies or third party organisations that agency staff or other individuals who may work in the Nursery have been appropriately checked.

Trainee practitioners will be checked either by the Nursery or by the training provider, from whom written confirmation will be obtained.

The Nursery maintains a single central record of recruitment checks undertaken.

Regulated Activity

The majority of Nursery staff and volunteers will be engaged in regulated activity. A fuller explanation of regulated activity can be found in Keeping Children Safe in Education (2015) part three.

Volunteers

Volunteers, including Directors, will undergo checks commensurate with their work in the Nursery and contact with children. Under no circumstances will a volunteer who has not been appropriately checked be left unsupervised or be allowed to engage in regulated activity.

Supervised volunteers

Volunteers who work only in a supervised capacity and are not in regulated activity will undergo the safe recruitment checks appropriate to their role, in accordance with the Nursery's risk assessment process and statutory guidance.

Contractors

The Nursery checks the identity of all contractors working on site and requests DBS checks and barred list checks where required by statutory guidance. Contractors who have not undergone checks will not be allowed to work unsupervised or engage in regulated activity.

This Nursery is committed to keeping an up to date single central record detailing a

range of checks carried out on our staff.

Safe Practice

Our Nursery will comply will comply with the current [Guidance for Safer Working Practice for Adults who work with Children and Young People](#) and ensure that information in this guidance regarding conduct, is known to all staff, visitors and volunteers who come into the Nursery.

Safe working practice ensures that children are safe and that all staff:

- are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions;
- work in an open and transparent way;
- work with other colleagues where possible in situations that could be open to question
- discuss and/or take advice from Nursery management over any incident which may give rise for concern;
- record any incidents or decisions made;
- apply the same professional standards regardless of diversity issues;
- be aware of information-sharing and confidentiality policies;
- are aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

Helping children to keep themselves safe

Children are taught to understand and manage risk through our curriculum and through all aspects of Nursery life. Our approach is designed to help children to think about risks they may encounter and with the support of staff work out how those risks might be reduced or managed. Discussions about risk are empowering and enabling for all children and promote sensible behaviour rather than fear or anxiety. Children are taught how to conduct themselves and how to behave in a responsible manner. The Nursery continually promotes an ethos of respect for children, and children are encouraged to speak to a member of staff of their choosing about any worries they may have.

Partnership with Parents

The Nursery shares a purpose with parents to educate and keep children safe from harm and to have their welfare promoted. We are committed to working with parents positively, openly and honestly. We ensure that all parents are treated with respect, dignity and courtesy. We respect parents' rights to privacy and confidentiality and will not share sensitive information unless we have permission or it is necessary to do so in order to protect a child.

The Nursery will, in most circumstances, endeavour to discuss all concerns with parents about their children. However, there may be exceptional circumstances when the Nursery will discuss concerns with Social Care and/or the Police without parental knowledge (in accordance with the London Child Protection procedures). The Nursery will, of course, always aim to maintain a positive relationship with all parents. The Nursery's safeguarding policy is available on request.

Partnerships with others

Our Nursery recognises that it is essential to establish positive and effective working relationships with other agencies that are partners of the Waltham Forest Safeguarding Children Board. There is a joint responsibility on all these agencies to share information to ensure the safeguarding of all children.

Nursery Training and Staff Induction

The Nursery's designated safeguarding lead and deputies will undertake child protection training for designated safeguarding leads and refresher training at two yearly intervals.

All other Nursery staff, including non teaching staff, will undertake appropriate induction training and safeguarding/child protection training to enable them to carry out their responsibilities for safeguarding effectively, which will be updated regularly.

All staff (including temporary staff, volunteers, supervised volunteers and staff employed by contractors) are provided with the Nursery's safeguarding policy and informed of Nursery's safeguarding arrangements on induction.

Support, Advice and Guidance for Staff

Staff will be supported by Jess Elliot Designated DSL and her deputies. The DSL will be supported by (see above.)

[The DSL will know how to access the on-line London Child Protection Procedures.](#)

If you are not sure whether or not to make a referral to Children's Social Care, you can contact the Waltham Forest Multi Agency Safeguarding Hub (MASH) Team/Children's Referral and Advice Team [based at Juniper House.](#)

[See Appendix 3 – Key Contacts for Child Protection Issues in Waltham Forest](#)

Related Nursery Policies

Safeguarding covers more than the contribution made to child protection in relation to individual children. It also encompasses issues such as child health and safety and a range of other issues, for example, arrangements for meeting the medical needs of children, providing first aid, Nursery security, positive behaviour etc. There may also be other safeguarding issues that are specific to the local area or population.

Bullying

While bullying between children is not a separate category of abuse and neglect, it is a very serious issue that can cause considerable anxiety and distress. At its most serious level, bullying can have a disastrous effect on a child's wellbeing.

All incidences of bullying and prejudice-based bullying should be reported and will be managed through our tackling-bullying procedures. All children and parents receive a copy of the procedures on joining the Nursery and the subject of bullying is addressed. If the bullying is particularly serious, or the tackling bullying procedures are deemed to be ineffective, the DSL will consider implementing child protection procedures.

Photography and Images

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children through taking or using images, so we must ensure that we have some safeguards in place.

To protect children we will:

- seek their consent for photographs to be taken or published (for e.g. on our website or in newspapers or publications)
- seek parental consent
- use only the child's first name with an image
- ensure children are appropriately dressed
- encourage children to tell us if they are worried about any photographs that are taken of them

Children Missing from Nursery and Education

Attendance and absence are closely monitored. A child going missing from education is a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation. The DSL will monitor absence and take appropriate action including notifying the local authority, particularly where children go missing on repeated occasions and/or are missing for periods during the Nursery day. Staff must be alert to signs of children at risk of travelling to conflict zones and female genital mutilation.

The Nursery follows the London Child Protection Procedures and will refer all cases of concern to Children's Social Care.

Off-Site Arrangements

When our children attend off-site activities, including day visits, we will check that effective safeguarding arrangements are in place.

Confidentiality

The Nursery will operate with regard to [Information Sharing: Guidance for practitioners and managers \(2015\)](#), and have a clear and explicit confidentiality policy.

“Where there is a concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.”

The Nursery policy should indicate:

- a) When information must be shared with police and social care where the child/young person is / may be at risk of significant harm
- b) When the child's and/or parent's confidentiality must not be breached
- c) That information is shared on a need to know basis

Child Information

The Nursery's record-keeping policy for child welfare and child protection is consistent with DfE guidance, which is known to all staff.

In order to keep children safe and provide appropriate care for them, our Nursery requires accurate and up to date information regarding:

- names and contact details of persons with whom the child normally lives
- names and contact details of all persons with parental responsibility (if different from above)
- emergency contact details (if different from above)
- details of any persons authorised to collect the child from Nursery (if different from above)
- any relevant court orders in place including those, which affect any person's access to the child (e.g. Residence Order, Contact Order, Care Order, Injunctions etc.)
- if the child is or has been subject to a child protection or care plan
- name and contact detail of G.P.
- any other factors which may impact on the safety and welfare of the child

The Nursery will collate, store and agree access to this information.

All child protection documents will be retained in a 'Child Protection' file, separate from the child's main file. The main file will clearly show an alert that a child protection file exists and the location of this. This child protection file will be locked away and only accessible to the head Practitioner and the designated safeguarding lead. These records will be copied and transferred to any Nursery or setting the child moves to, clearly marked 'Child Protection, Confidential, for attention of Designated Person Child Protection. Original copies will be retained according to Nursery policy on retention of records.

Roles and Responsibilities

Our Directors will ensure that:

- the Nursery has a safeguarding policy and procedures in place that are in accordance with local authority guidance and locally agreed inter-agency procedures, and the policy is made available to parents on request;
- the Nursery operates safer recruitment procedures and makes sure that all appropriate checks are carried out on staff and volunteers who work with children;
- the Nursery follows the London Child Protection procedures for dealing with allegations of abuse against staff and volunteers
- a senior member of the Nursery's leadership team is designated to take lead responsibility for safeguarding (and deputy);
- staff undertake appropriate safeguarding/child protection training, at regular intervals;
- they remedy, without delay, any deficiencies or weaknesses regarding safeguarding arrangements;
- a director will be responsible for liaising with the LA and /or partner agencies in the event of allegations of abuse being made against the Head of Early Years ;
- where services or activities are provided on the Nursery premises by another body, the body concerned has appropriate policies and procedures in place in regard to safeguarding children and liaises with the Nursery on these matters where appropriate;
- they review their policies and procedures annually and provide information to the LA about them and about how the above duties have been discharged

Our Head of Early Years will ensure that:

- The policies and procedures adopted by the Governing Body or Proprietor are fully implemented, and followed by all staff;
- Sufficient resources and time are allocated to enable the designated person and the deputy to carry out their roles effectively including the assessment of children and attendance of strategy discussions and other necessary meetings; for e.g. child protection conferences and core group meetings;
- All staff and volunteers feel able to raise concerns about poor or unsafe practice in regard to children, and such concerns are addressed sensitively and effectively in a timely manner in accordance with the agreed [Whistle Blowing Policy \(Appendix 4\)](#);
- All children are provided with opportunities throughout the curriculum to learn about safeguarding, including keeping themselves online;
- They have completed the on-line Safer Recruitment training;
- The procedure for managing allegations against staff is known to staff and displayed in staff rooms;
- Operate the procedure for managing allegations effectively and refer relevant concerns to the Local Authority Designated Officer (LADO);
- That anyone who has harmed or may pose a risk to a child is referred to the DBS;
- A deputy senior manager is appointed to deal with allegations against staff in the absence of the Head of Early Years.

Senior Member of Staff with Designated Responsibility for Child Protection will:

Referrals

- Refer cases of suspected abuse or allegations to children's social care and maintain a record of all referrals;
- Act as a source of support, advice and expertise within the educational establishment and have access to the online London Child Protection Procedures;

Training

- Recognise how to identify signs of abuse and know when it is appropriate to make a referral;
- Have knowledge of the escalation policy, the Local Authority Designated Officer (LADO) role, conduct of a child protection case conference and be able to attend and contribute to these;
- Ensure that all staff have access to and understand the Nursery's safeguarding policy;
- Ensure that all staff have induction training;
- Keep detailed, accurate and secure written records;
- Obtain access to resources and attend any relevant or refresher training courses every two years.

Raising Awareness

- Ensure the safeguarding policy is updated and reviewed annually and work with the Governing Body regarding this;
- Ensure parents are made aware of the safeguarding policy which alerts them to the fact that referrals may be made and the role of the establishment in this to avoid conflict later;
- Where a child leaves the establishment, ensure the child protection file is copied for the new establishment ASAP and transferred to the new Nursery separately from the main child file, as well as ensure the child's social worker is informed.

All staff and volunteers will:

Fully comply with the Nursery's policies and procedures, attend appropriate training and inform the designated safeguarding lead of any concerns.

IDENTIFYING CHILDREN AND YOUNG PEOPLE WHO MAY BE SUFFERING SIGNIFICANT HARM

Practitioners and other adults in Nursery are well placed to observe any physical, emotional or behavioural signs, which indicate that a child may be suffering significant harm. The relationships between staff, children, parents and the public which foster respect, confidence and trust can lead to disclosures of abuse, and/or Nursery staff being alerted to concerns.

As in the Children Acts 1989 and 2004, a **child** is anyone who has not yet reached his/her 18th birthday.

Harm means ill-treatment or impairment of health and development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another; **Development** means physical, intellectual, emotional, social or behavioural development; **Health** includes physical and mental health; **Ill-treatment** includes sexual abuse and other forms of ill-treatment which are not physical.

Abuse and Neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults, another child, children or young people. **There are four categories of abuse; physical abuse, emotional abuse, sexual abuse and neglect.**

Child protection procedures

Recognising abuse

To ensure that our children are protected from harm, we need to understand what types of behaviour constitute abuse and neglect.

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone, or leaving knives or matches within reach of an unattended toddler.

Abuse may be committed by adult men or women and by other children and young people.

Four categories of abuse:

Physical Abuse

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or

deliberately induces, illness in a child. (This used to be called Munchausen's Syndrome by Proxy, but is now more usually referred to as fabricated or induced illness).

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Definitions taken from *Keeping Children Safe in Education 2015*.

Children who may be particularly vulnerable

Some children may have an increased risk of abuse. It is important to understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures that fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment or circumstances. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion,

communication issues and a reluctance on the part of some adults to accept that abuse can occur.

To ensure that all of our children receive equal protection, we will give special consideration to children who are:

- disabled or have special educational needs
- young carers
- affected by parental substance misuse, domestic violence or parental mental health needs
- asylum seekers
- living away from home
- vulnerable to being bullied, or engaging in bullying
- living in temporary accommodation
- live transient lifestyles
- living in chaotic and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality
- at risk of sexual exploitation
- do not have English as a first language
- at risk of female genital mutilation (FGM)
- at risk of being drawn into extremism.

This list provides examples of additionally vulnerable groups and is not exhaustive. Special consideration includes the provision of safeguarding information and resources in community languages and accessible formats for children with communication needs.

Female Genital Mutilation (FGM)

FGM is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

FGM refers to procedures of any alteration involving partial or total removal of the external female genital organs. The procedure may lead to short term and long-lasting harmful consequences such as death, trauma, infections, flashbacks, infertility, kidney problems, sexual dysfunctions, incontinence, post-traumatic stress disorder etc. It is known to be practised in the North African countries, the Middle-East, Indonesia, Malaysia, India and Pakistan. However, with migration worldwide it is also practised in the UK, the USA, Canada, Australia etc.

One of the prominent reasons for the practice is to suppress women's sexual desire. There is a social pressure on women to undergo the procedure otherwise they may be segregated by their peers, or labelled "unclean". Furthermore, FGM is often a requirement for getting married in practicing communities. FGM is not a religious practice.

Indicators

There is a range of potential indicators that a girl may be at risk of FGM.

FGM often takes place in the summer holidays, as the recovery period after FGM can be 6 to 9 weeks. Professionals should be mindful of at risk times when children go on long

holidays and/or are getting a visit by female elder from their country of origin. Additionally, girls are considered at risk where their mother or sisters have undergone FGM, and girls are talking about a 'special' event or procedure to 'become a woman.'

The post FGM symptoms include, but are not limited to, difficulty in walking, sitting or standing, spending longer than normal in the bathroom or toilet, unusual behaviour after a lengthy absence, reluctance to undergo normal medical examinations, and asking for help but not be explicit about the problem due to embarrassment or fear. They can sometimes ask about their friend's problem rather than their problem. **Professionals should raise an alert to child social care via the MASH if they have any FGM concerns.**

Further information on warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines , and Chapter 9 of those Guidelines (pp42-44), which focuses on the role of Nurseries and colleges.

Actions

The United Nations addresses FGM as violation of human rights. In the UK FGM is a criminal offence and a harmful form of child abuse. It is illegal to practice in the UK and/or anyone involved in taking girl outside of the UK to have FGM carried out will be punished under the FGM act 2003 and Serious Crime Act 2015. LBWF follows a comprehensive approach comprising prevention, punishment, enforcement, support and protection measures to safeguard young girls from FGM.

If staff have a concern they should activate local safeguarding procedures via the MASH, using existing national and local protocols for multi-agency liaison with police and children's social care. When mandatory reporting commences in October 2015 (see below) these procedures will remain when dealing with concerns regarding the potential for FGM to take place. Where a Practitioner discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police.

Mandatory Reporting Duty

Section 5C of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015) gives the Government powers to issue statutory guidance on FGM to relevant persons. Once the government issues any statutory multi-agency guidance this will apply to Nurseries and colleges.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon Practitioners¹, along with social workers and healthcare professionals, to report to the police where they discover (either

¹"Practitioner" means—

(a) in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at Nurseries and other institutions in England);

(b) in relation to Wales, a person who falls within a category listed in the table in paragraph 1 of Schedule 2 to the Education (Wales) Act 2014 (anaw 5) (categories of registration for purposes of Part 2 of that Act) or any other person employed or engaged as a Practitioner at a Nursery (within the meaning of the Education Act 1996) in Wales.

through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for Practitioners to see visual evidence, and they should not be examining children – it is likely that discovery will be made by disclosure by the student, parent or otherwise. These cases **must be referred to police** (via the local CAIT team or by calling 101). **Immediate reporting is required if FGM has been performed recently, and in historical cases, reporting must take place within one month.**

Mandatory reporting duty will commence in October 2015. Unless the Practitioner has a good reason not to, they should still consider and discuss any such case with the Nursery's designated safeguarding lead and involve children's social care as appropriate.

Training:

- We have provided staff training on FGM (2016)
- We have offered parent workshops on FGM (2016)

Nurseries can also:

- Circulate and display materials about FGM
- Display relevant information (for example, details of the NSPCC's Helpline and appropriate black and minority ethnic women's groups)
- Inform colleagues/raise awareness of the issues around FGM – as well as including appropriate training in continuing professional development

Reference and further information

- [Keeping children safe in education, DfE](#) (see pages 14-15)
- [Multi-agency practice guidelines: FGM, Home Office, DfE](#) (see pages 8, 16, 17 and 42)
- <http://www.londonscb.gov.uk/fgm/>

For support around training around FGM for Practitioners and students, please contact:

Hibo Wardere
FGM Mediator

Tel: 020 8496 6952

Hibo.Wardere@walthamforest.gov.uk

PREVENT

At The Nurseries of St. Mary's and St. Saviour's, we are fully aware and committed to the on-going protection and safety of our children, staff and wider community in accordance with DfE guidance '*Working together to Safeguard Children*' (2015) and '*Keeping Children Safe in Education*' (2015). An integral part of that work relates to the governments PREVENT strategy and the duties it places on academic institutions. We have provided staff training in April 2016.

Our Nursery is committed to providing a secure environment for children, where children feel safe and are kept safe. All adults in our Nursery recognise that safeguarding is everyone's responsibility irrespective of the role they undertake or whether their role has direct contact or responsibility for children or not. Staff will be alert to issues including:

- Disclosures by children of their exposure to the extremist actions, views or materials of others outside of Nursery, such as in their homes or community groups
- Parental requests for assistance
- Use of extremist or 'hate' terms to exclude others or incite violence
- Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture

By continually developing our leadership and accountability practices, staff training opportunities (primarily the Home Office developed WRAP Training), referral systems and management of those referrals, we strive to demonstrate a pro-active and diligent approach to this aspect of our responsibilities as educators and safe-guarders.

Aligned with a consistent delivery of a broad and balanced curriculum and use of the Local Authority-sanctioned Self-Assessment framework, we strive to protect our children - and the wider community - against the threats of extremism, through the promotion of both fundamental values and cohesion amongst our communities.

We also recognise that further information and support is available from the Multi-Agency Safeguarding Hub (0208 496 2310) and the Local Authority's Community Safety Team (0208 496 3000).

Honour-based violence

The terms "honour crime" or "honour-based violence" or "izzat" embrace a variety of crimes of violence (mainly but not exclusively against women and girls), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour.

In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family. It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/ community members. Victims will have multiple perpetrators not only in the UK; HBV can be a trigger for a forced marriage.

Forced Marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

[The Anti-social Behaviour, Crime and Policing Act 2014](#) makes it a criminal offence to force someone to marry. This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)
- Breaching a Forced Marriage Protection Order is also a criminal offence
- The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted
- Details of the new law can be found on the [Legislation website](#)

Young people and adults with support needs are particularly vulnerable to forced marriage because they are often reliant on their families for care, they may have communication difficulties and they may have fewer opportunities to tell anyone outside the family about what is happening to them.

Safeguards for young people and adults with support needs from forced marriage are essentially the same as those without support needs, however agencies do have a role to play in ensuring they are safeguarded, via the MASH. In cases of forced marriage, involving the family and the community may increase the risk of significant harm to the child or young person. The family may deny that the child or young person is being forced to marry and they may expedite any travel arrangements and bring forward the marriage.

Any discussion and agreement-seeking between the family and the Local Authority children's social care should only be done where it will not place a child at increased risk of significant harm. **In cases of forced marriage, discussion with the family or any type of family involvement will often place the child or young person at greater risk of harm.**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf

What is Child Abuse linked to faith and belief?

There is no agreed definition of or consensus about the concept of 'child abuse linked to faith or belief'. Child abuse linked to faith or belief can be separated into four areas as follows;

- Abuse that occurs as a result of a child being accused of witchcraft or of being a witch
- Abuse that occurs as a result of a child being accused of being 'possessed by spirits' that is, 'spirit possession'
- Ritualistic abuse
- Satanic abuse

The forms the abuse can take include;

- **Physical abuse:** beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes
- **Emotional abuse:** in the form of isolation {e.g. not allowing a child to eat or share a room with family members or threatening to abandon them}. The child may also be persuaded that they are possessed
- **Neglect:** failure to ensure appropriate medical care, supervision, Nursery attendance, good hygiene, nourishment, clothing or warmth

- **Sexual abuse;** within the family or community, children abused in this way may be particularly vulnerable to sexual exploitation

Where does it take place?

Child Abuse linked to faith and/or belief is not confined to one faith, nationality or ethnic community. Examples have been recorded worldwide among Europeans, Africans, Asians and elsewhere as well as in Christian, Muslim, Hindu and pagan faiths among others.

Not all those who believe in witchcraft or spirit possession harm children. Data on numbers of known cases suggests that only a small minority of people with such beliefs go on to abuse children.

Common factors that put a child at risk of harm include;

- **Belief in evil spirits:** this is commonly accompanied by a belief that the child could 'infect' others with such 'evil'. The explanation for how a child becomes possessed varies widely, but includes through food that they have been given or through spirits that have flown around them;
- **Scapegoating** because of a difference: it may be that the child is being looked after by adults who are not their parents (i.e. privately fostered), and who do not have the same affection for the child as their own children;
- **Rationalising misfortune** by attributing it to spiritual forces and when a carer views a child as being 'different' because of disobedience, rebelliousness, over-independence, bedwetting, nightmares, illness or because they have a perceived or physical abnormality or a disability; Disabilities involved in documented cases included learning disabilities, mental ill health, epilepsy, autism, a stammer and deafness;
- **Changes and / or complexity in family structure or dynamics:** there is research evidence (see Stobart, Child Abuse linked to Accusations of Spirit Possession - see related links) that children become more vulnerable to accusations of spirit possession following a change in family structure (e.g. a parent or carer having a new partner or transient or several partners). The family structure also tended to be complex so that exact relationships to the child were not immediately apparent. This may mean the child is living with extended family or in a private fostering arrangement (see Children Living Away from Home Procedure, Private Fostering - see related link). In some cases, this may even take on a form of servitude;
- **Change of family circumstances for the worse:** a spiritual explanation is sought in order to rationalise misfortune and the child is identified as the source of the problem because they have become possessed by evil spirits. Research evidence is that the family's disillusionment very often had its roots in negative experiences of migration:

In the vast majority of identified cases in the UK to date, the families were first or second generation migrants suffering from isolation from extended family, a sense of not belonging or feeling threatened or misunderstood. These families can also have significantly unfulfilled expectations of quality of life in the UK;

- **Parental difficulties:** a parent's mental ill health appears to be attributed to a child being possessed in a significant minority of cases. Illnesses typically involved include post-traumatic stress disorder, depression and schizophrenia.

The Law in relation to child abuse linked to faith and belief

There are sufficient existing laws within the UK with which to prosecute those responsible for child abuse linked to faith and/or belief thereby negating any need for further more specific offences.

What to do if you suspect a child is at risk from abuse linked to faith and/or belief

Concerns about a child's welfare can vary greatly in terms of their nature and seriousness. If you have concerns about a child, you should ask for help. You should discuss your concerns with your manager, a named or designated professional or a designated member of staff.

For example

- for early years practitioners, the Early Years Foundation Stage sets out that providers should ensure that they have a practitioner who is designated to take a lead responsibility for safeguarding children who should liaise with local statutory children's services agencies:

Private fostering arrangements

A private fostering arrangement occurs when someone other than a parent or a close relative cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16, or aged under 18 if the child is disabled. Children looked after by the local authority or who are placed in a residential Nursery, children's home or hospital are not considered to be privately fostered.

Private fostering occurs in all cultures, including British culture and children may be privately fostered at any age.

Most privately fostered children remain safe and well but safeguarding concerns have been raised in some cases so it is important that Nurseries are alert to possible safeguarding issues, including the possibility that a child has been trafficked into the country.

By law, a parent, private foster carer or other persons involved in making a private fostering 1`

Where a member of staff becomes aware that a child may be in a private fostering arrangement they will raise this with the DSL and the Nursery should notify the local authority of the circumstances.

Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse. It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers.

Witnessing domestic abuse is really distressing and scary for a child, and causes serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways. They might:

- see the abuse
- hear it from another room
- see a parent's injuries or distress afterwards
- be hurt by being nearby or trying to stop the abuse.

Domestic abuse can happen in any relationship, and it affects young people too. They may not realise that what's happening is abuse. Even if they do, they might not tell anyone about it because they're scared of what will happen, or ashamed about what people will think.

Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

A common feature of sexual exploitation is that the child often doesn't see themselves as a victim. Staff must act on their concerns, as they would for any other type of abuse.

All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the DSL.

The MASE is the Multi-Agency Sexual Exploitation meeting, which is held on a monthly basis and is co-chaired by Children's Social Care and the Metropolitan Police. The MASE has two purposes:

1. For professionals to refer young people who are at risk of or are experiencing sexual exploitation: who are subject to a plan (Child Protection, Multi-agency or Child in Need) but for whom the risks are not decreasing and specialist advice or support is required
2. To refer information/intelligence about possible venues/people involved in sexual exploitation. This information will then contribute to developing a strategic overview and understanding of sexual exploitation in Waltham Forest

Please see relevant documents below:

- [MAP \(multi-agency planning\) and MASE \(multi-agency sexual exploitation\) meetings](#)
- local guidance document
- [WFSCB CSC referral letter](#)
- [WFSCB MASE referral form](#)
- [Pan-London Child Sexual Exploitation operating protocol \(February 2014\)](#)

TAKING ACTION TO ENSURE THAT CHILDREN ARE SAFE AT NURSERY AND AT HOME

All staff should follow the statutory guidance for Nurseries and colleges; [Keeping Children Safe in Education \(2015\) – Part One: Safeguarding information for all staff](#).

It is **not** the responsibility of the Nursery staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff; however, have a duty to recognise concerns and maintain an open mind. Accordingly all concerns regarding the welfare of children will be recorded and discussed with the designated safeguarding lead with responsibility for safeguarding (or the deputy designated safeguarding lead in the absence of the designated person) prior to any discussion with parents.

Staff must immediately report:

- Any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play
- Any explanation given which appears inconsistent or suspicious
- Any behaviours which give rise to suspicions that a child may have suffered harm
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment
- Any concerns that a child is presenting signs or symptoms of abuse or neglect
- Any significant changes in a child's presentation, including non-attendance
- Any hint or disclosure of abuse about or by a child / young person
- Any concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present)
- Information which indicates that the child is living with someone who does not have parental responsibility for them (private fostering)

If you are concerned about a child's welfare

There will be occasions when staff may suspect that a child may be at risk, but have no 'real' evidence. The child's behaviour may have changed, their artwork could be bizarre, they may tell stories that reveal confusion or distress, or physical but inconclusive signs may have been noticed. In these circumstances, staff will try to give the child the opportunity to talk. The signs they have noticed may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill or an accident has occurred. It is fine for staff to ask the child if they are OK or if they can help in any way.

Staff should use the **welfare concern form** to record these early concerns. If the child does begin to reveal that they are being harmed, staff should follow the advice below.

Following an initial conversation with the child, if the member of staff remains concerned, they should discuss their concerns with the DSL.

Concerns which do not meet the threshold for child protection intervention will be managed through the Early Help process.

Responding to Disclosure

Disclosures or information may be received from children, parents or other members of the public. The Nursery recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Accordingly all staff will handle disclosures with sensitivity. Such information cannot remain confidential and staff will immediately communicate what they have been told to the designated person and make a contemporaneous record.

Principles

Staff will not investigate but will, wherever possible, listen, record and pass on information to the designated safeguarding lead in order that s/he can make an informed decision of what to do next.

Staff will:

- Listen to and take seriously any disclosure or information that a child may be at risk of harm
- Clarify the information

- Make a written record of what the child has said using the [Record Form found in the staffroom or \(Appendix 5\)](#)
- Try to keep questions to a minimum and of an 'open' nature e.g. 'Can you tell me what happened?' rather than 'Did x hit you?'
- Try not to show signs of shock, horror or surprise
- Not express feelings or judgements regarding any person alleged to have harmed the child
- Explain sensitively to the person that they have a responsibility to refer the information to the designated safeguarding lead
- Reassure and support the person as far as possible
- Explain that only those who 'need to know' will be told
- Explain what will happen next and that the person will be involved as appropriate

Action by the Designated Safeguarding Lead (or the Deputy Designated Safeguarding Lead in their absence)

Key points for staff to remember for taking action are:

- in an emergency take the action necessary to help the child, if necessary call 999
- report your concern as soon as possible to the DSL, definitely by the end of the day
- do not start your own investigation
- share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family
- complete a record of concern
- seek support for yourself if you are distressed.

Following any information raising concern, the designated safeguarding lead will:

- Consider the child's wishes and feelings, but not promise confidentiality
- Consider any urgent medical needs of the child
- Make an immediate referral to Waltham Forest MASH Team/Children's Referral and Advice Team if there has been a disclosure an/or allegation of abuse or there are clear grounds for concerns about the child's safety and well-being
- Consult with a member of Waltham Forest MASH Team/Children's Referral and Advice Team at Juniper House if they are uncertain whether or not a referral is required or review [Action when a child has suffered or is likely to suffer harm \(Appendix 6\)](#) or [Early help and threshold criteria for intervention](#)

In consultation with Waltham Forest MASH Team at Juniper House, decide:

- Wherever possible, to talk to parents, unless to do so may place a child at risk of significant harm, impede any police investigation and/or place the member of staff or others at risk
 - Whether to make a child protection referral to social care because a child is suffering or is likely to suffer significant harm and if this needs to be undertaken immediately
 - Contact the designated officer for safeguarding in another agency if that agency is working with the family
- OR**
- Not to make a referral at this stage, but retain the information in written notes on the child's Nursery file

- If further monitoring is necessary and agree who and how this will be undertaken
- If it would be appropriate to undertake an assessment (e.g. Early Help) and/or make a referral for other services

All information and actions taken, including the reasons for any decisions made, will be fully documented. All referrals to social care for children living in Waltham Forest needs to be completed using the [Multi-agency Referral of a Child in Need form \(Appendix 7\)](#).

Action following a child protection referral

The designated safeguarding lead or other appropriate member of staff will:

- Maintain contact with the allocated Social Worker
- Contribute to the Strategy Discussion and Strategy Meeting
- Provide a report for, attend and contribute to any Initial and Review Child Protection Conference
- Share the content of this report with the parent, prior to the meeting
- Attend Core Group Meetings for any child subject to a Child Protection Plan or Child in Need Meeting for any child subject to a Child in Need Plan
- Where a child on a Child Protection Plan moves from the Nursery or goes missing, immediately inform the key worker in Social Care

Dealing with Disagreement and Escalation of Concerns

The designated safeguarding lead or other appropriate member of staff will:

- Contact the line manager in children's social care if they consider that the social care response to a referral has not led to the child being adequately safeguarded and follow this up in writing
- Contact the line manager in children's social care if they consider that the child is not being adequately safeguarded by the child protection plan and follow this up in writing
- Use the [Escalation Policy \(Appendix 8\)](#) if this does not resolve the concern

Supporting the Child and working in Partnership with Parents

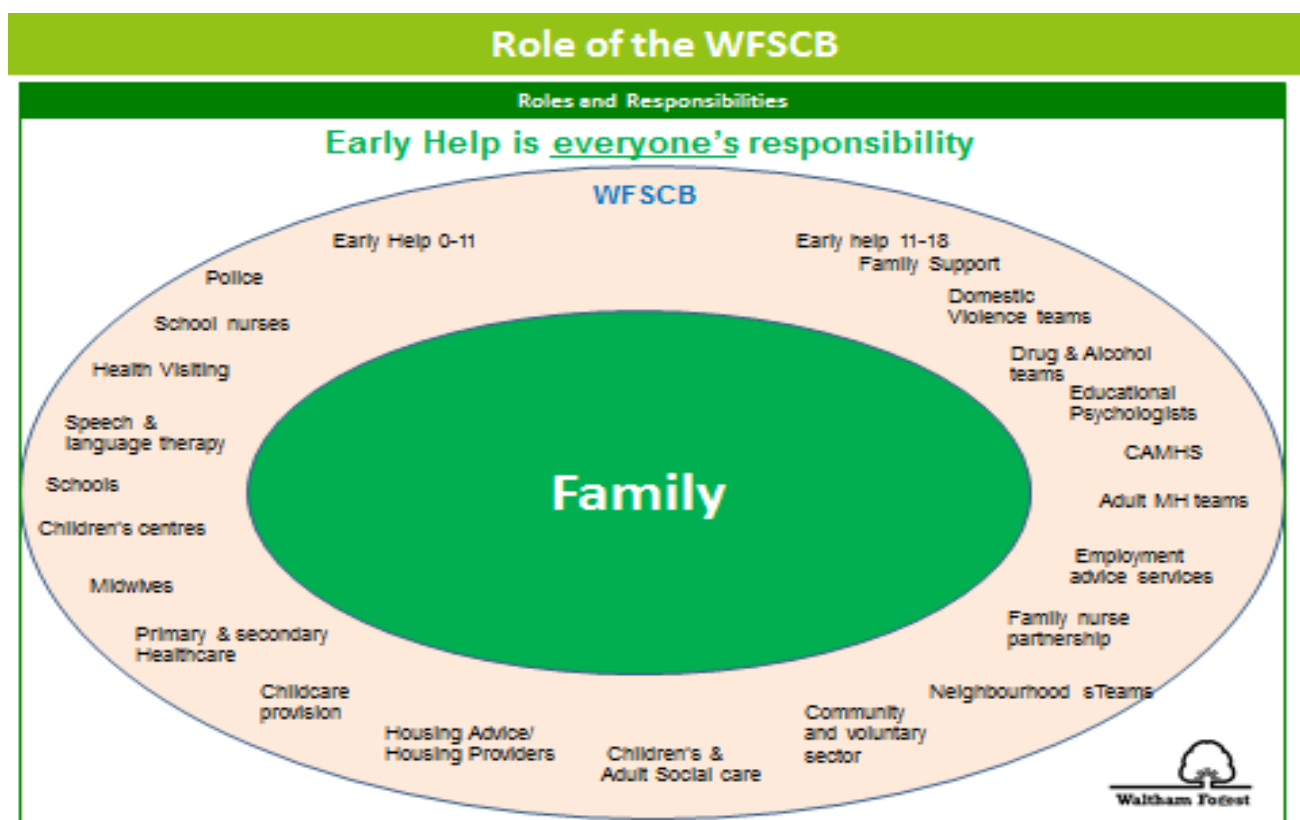
- We will provide a secure, caring, supportive and protective relationship for the child
- The Nursery recognises that the child's welfare is paramount. Good child protection practice and a good outcome for the child relies on a positive, open and honest working partnership with parents
- Whilst we may, on occasion, need to make referrals without consultation with parents, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect any child
- Children will be given a proper explanation (appropriate to age & understanding) of what action is being taken on their behalf and why
- We will endeavour always to preserve the privacy, dignity and right to confidentiality of the child and parents. The Designated Safeguarding Lead will determine which members of staff "need to know" personal information and what they "need to know" for the purpose of supporting and protecting the child

Early Help

Early Help is everyone's business and practitioners working in universal and targeted services need to be aware of their role in delivering Early Help so that Children and Families receive the right help, at the right time, by the right people, for the right reasons, where they can access it best.

Nursery Practitioners need to assess need using the Early Help Assessment Form and ensure that assessed need is recorded. Assessments carried out with the family provide a better analysis and Plans can be developed with families to help them achieve better outcomes.

Practitioners need to use the process of assessment as a way of engaging with other practitioners who may already be working with the child and their family, or to bring on board new practitioners who would be able to provide support and advice to the family. This work should be coordinated via team around the child/family meetings, chaired by the lead professional.



Practitioners can assess further advice and information from the website <http://www.walthamforest.gov.uk/earlyhelp> where a copy of the Early Help Assessment Form can be found. All the information for Early Help is on the hub and on the website <http://www.walthamforest.gov.uk/Pages/Services/Social-care-Common-Assessment-Framework.aspx>

Assessed need is recorded on the actual Early help Assessment and will be stored centrally by the Early Help Service when submitted to the inbox: EarlyHelp@walthamforest.gov.uk

The Early Help Co-ordinators will assist you with your EHA and convening initial Team around the Family Meetings (TAFs) where a case is complex. In most cases, this will allow for the co-ordination of all appropriate services with an identified Lead Professional for the family. Early Help Co-ordinators and their email addresses:

North: Janice Bryden Janice.Bryden@walthamforest.gov.uk

Central: Jo McBride Joanne.McBride@walthamforest.gov.uk

South: Rebecca Whitney Rebecca.Whitney@walthamforest.gov.uk

It is recognised that for some families to “receive the right help at the right time”, additional support may be needed from the LA's Early Help service or from Children's Social Care before an Early Help Assessment has been concluded by using the single request for help and support or protection. The request for Help, Support and Protection form also acts as the first part one of the Early Help Assessment and dovetails with it so that the assessment can be continued by the Nursery practitioner if appropriate, in the future.

There will be varying degrees of consent in some cases i.e. consent to do the EHA but only shared with certain people. Consent should always be discussed with parents and their wishes respected. Communication and engagement with parents is critical to informed consent. It is hoped in the majority of cases parents will see the EHA as something supportive and helpful.

The request for Help, Support and Protection form is available for the website:

<http://www.walthamforest.gov.uk/earlyhelp>

<https://www.walthamforest.gov.uk/pages/servicechild/mash-professionals.aspx#ReferralstoMASH>

Contact MASH

MULTI AGENCY SAFEGUARDING HUB (MASH) – CONTACT:

Phone: 020 8496 2310 (Monday - Thursday 9am-5.15pm and Fri 9am-5pm)

Mob: Tel: 020 8496 3000 (Out of Hours)

Fax: 020 8496 2313

Email: MASHrequests@walthamforest.gov.uk

Waltham Forest Multi Agency Safeguarding Hub

221 Hoe Street,

Walthamstow

London

E17 9PH

Phone: 020 8496 2310 (Mon-Thurs, 9am-5.15pm and Fri, 9am-5pm)

Mob: 020 8496 3000 (out of hours)

Txt:

Fax: 020 8496 2313

Email: MASHrequests@walthamforest.gov.uk

Allegations regarding person(s) working in or on behalf of the Nursery (including volunteers)

When an allegation is made against a member of staff, set procedures must be followed. It is rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events do happen.

A child may also make an allegation against an innocent party because they are too afraid to name the real perpetrator. Even so, we must accept that some professionals do pose a serious risk to children and we must act on every allegation.

Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. Suspension is not the default option and alternatives to suspension will always be considered. In some cases, staff may be suspended where this is deemed to be the best way to ensure that children are protected. In the event of suspension the Nursery will provide support and a named contact for the member of staff.

The full procedures for dealing with allegations against staff can be found in *Keeping Children Safe in Education (DfE, 2015)* and in the Nursery's Allegations of Abuse Against Staff and Volunteers policy and procedures.

Staff, parents and governors are reminded that publication of material that may lead to the identification of a Practitioner who is the subject of an allegation is prohibited by law. Publication includes verbal conversations or writing, including content placed on social media sites.

Allegations concerning staff who no longer work at the Nursery, or historical allegations will be reported to the police.

Where an allegation is made against any person working in or on behalf of the Nursery that he or she has:

- a. behaved in a way that has harmed a child or may have harmed a child;
- b. possibly committed a criminal offence against or related to a child; or
- c. behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children (refer to statutory guidance for Nurseries and colleges; **Keeping Children Safe in Education (2015)**)

We will apply the same principles as in the rest of this document, as well as always follow the procedures outlined in the above-mentioned document. This includes allegations against staff in their personal lives.

Whilst we acknowledge such allegations, (as all others), may be false, malicious or misplaced, we also acknowledge they may be founded. It is, therefore, essential that all allegations are investigated properly, in line with agreed procedures and outcomes recorded.

Initial Response to an allegation or concern:

Initial Action by person receiving or identifying an allegation or concern

- Treat the matter seriously and keep an open mind
- Make a written record of the information using the [Record Form \(Appendix 5\)](#), including the time, date and place of incident/s, persons present and what was said and sign and date this
- Immediately report the matter to the most senior person in the organization.

Initial Action by the Designated Safeguarding Lead (The DSL will normally be the Head Practitioner). If the DSL is the subject of the allegation, then the Chair of Governors will take the following action.

- Obtain written details of the concern or allegation, but do not investigate or interview child, adult or witnesses
- Contact the LADO within 1 working day
- Discuss with the LADO next steps using the [London Child Protection Procedures Flow Charts Allegations/Concerns Against Staff \(Appendix 9\)](#)
- Inform the Chair of Governors of the allegation

Subsequent Action by the Designated Safeguarding Lead

- Conduct a disciplinary investigation, if an allegation indicates the need for this
- Contribute to the child protection process by attending professional strategy meetings
- Maintain contact with the LADO
- Ensure clear and comprehensive records regarding the allegation, and action taken and outcome are retained on the staff member's personnel file
- Consider along with Human Resources and the LADO whether a referral to the DBS should be made

Children who harm others

Our Nursery recognises that the harm caused to children by the harmful and bullying behaviour of other children can be significant.

Children who harm others should be held responsible for their harmful behaviour and the Nursery staff alerted to the fact that they are likely to pose a risk to other children in the Nursery, home and community.

Where this harm involves sexual abuse, serious physical or serious emotional abuse, the safeguarding procedures set out in this policy will be applied.

This Nursery recognises that children who harm others are likely to have considerable needs themselves and may have experienced or be experiencing significant harm themselves.

Harmful Sexual Behaviour in Education Settings

If a Nursery or education setting has concerns about a child or young person exhibiting sexualised or harmful sexual behaviour they should first screen the incident(s) using the 'AIM for Education Settings' tool (unless the incident warrants immediate police intervention). The outcome of this assessment will guide the Nursery with regard to subsequent referrals, internal risk management, strategies and intervention. If there is no AIM trained member of staff available to complete this assessment, the Nursery can refer to key officers in the local authority (currently Krishna Ridley-Lee, HSB lead and Julia Kent, Social Inclusion Service).

Unless the outcome of the assessment is 'Healthy', the Nursery should then compile a chronology of relevant incidents to support pattern mapping. This will then inform the Nursery's Safety and Support plan both for the child that *has* harmed and the child that *has been* harmed. Throughout the process it is desirable that parents are engaged and informed. The local authority HSB lead, the Education Co-ordinator and other key officers are available to provide support, which is supplemented by detailed guidance and support in the AIM for Education Settings manual.

Please see the attached flow chart in Appendix for further guidance

Harmful Sexual Behaviour (HSB): Local Authority Support

This section is designed to show

1 The support currently available to Nurseries for responding to and managing problematic and harmful sexual behaviour and sexual bullying.

2 The route to follow if you are responding to an incident or pattern of HSB.

Much of the assessment guidance and resources derive from the AIM Project, who provide a range of training in this area. Most Nurseries will have a member of staff trained in the AIM Education Guidelines and an AIM Manual: if you are unsure who this is, or would like further information about training, please don't hesitate to contact me.

Key Contacts

Julia Kent	HSB Education Co-ordinator	020 8496 1742
Julia.Kent@walthamforest.gov.uk		
Tracey Goddard	LA Lead, HSB	07974 768 433
Tracey.Goddard@walthamforest.gov.uk		
Lisa Witherden	LA Lead, Child Sexual Exploitation (CSE)	07715 901 256
LisaWitherden@saferlondonfoundation.org		
Amy Coates	Public Health, Healthy Nurseries	
Amy.coates@walthamforest.gov.uk		
Samantha Norwood	Family Planning Nurse	07872 048 256
Samantha.Norwood@nelft.nhs.uk		
Sue Hargreaves	Targeted Youth Support Service	
Sue.Hargreaves@walthamforest.gov.uk		
Dwayne Gumbs	Creative Director, Diverse Voices	
dwayne@diversevoices.co.uk		
Jessica Aldridge	NIA - Young Women and Girls' Advocate	020 7683 1270
Jaldridge@niaendingviolence.org.uk		

Restorative Intervention Officers: Contact Julia Kent or Peter Akubuko (Central Area Secondary Nurseries)

Peter.Akubuko@walthamforest.gov.uk

Grit Kalkowski (North Area Secondary Nurseries)

Grit.Kalkowski@walthamforest.gov.uk

Estella Maselino (South Area Secondary Nurseries)

Estella.Maselino@walthamforest.gov.uk

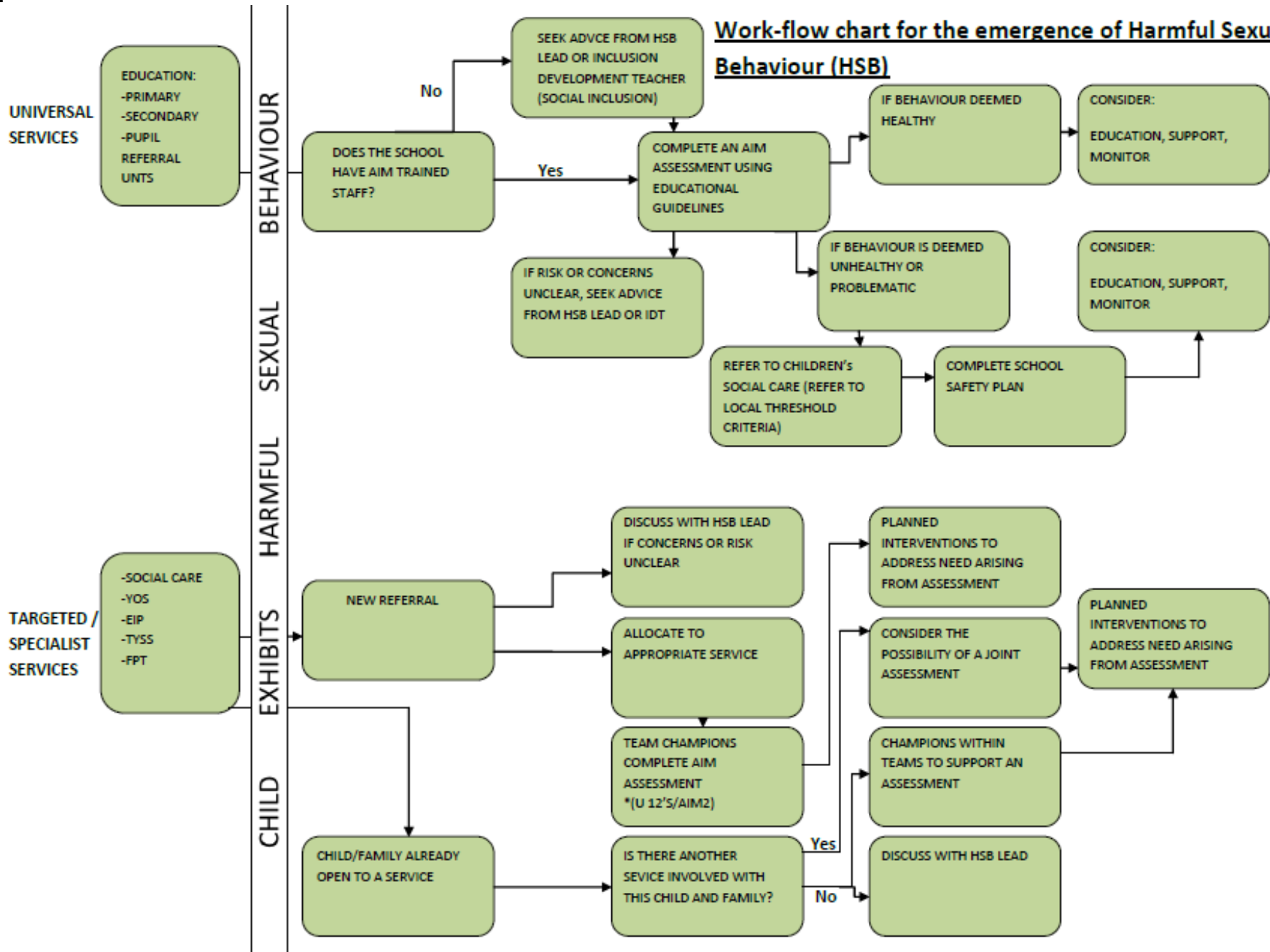
Referrals

Where a child has caused significant harm to another child, through sexual abuse or serious physical or emotional abuse, the Nursery will make separate referrals to children's social care of the victim(s) and perpetrator(s).

Our Nursery will be mindful of the sections in the London Child Protection Procedures concerning "Harming Others" and "Sexually Active Children" and work closely with social care, the police and other agencies following the investigation of a referral.

Appendix 1

Work-flow chart for the emergence of Harmful Sexual Behaviour (HSB)



Appendix 2

Response	UNIVERSAL	TARGETED	SPECIALIST
<p>PROTECTIVE</p>	<p>Project in development with London Met University: protective group work around CSE/coercion and control.</p>	<p>Group work delivered by Nursery staff or in partnership with RIOs, IDT, TYSS etc*</p>	
<p>ASSESSMENT</p>	<ul style="list-style-type: none"> • Whole-Nursery HSB/Sexual bullying training (Julia Kent and Mary Neilson) • Individual Nursery responses to AIM/HSB resources • Curriculum support Mary Neilson (Public Health) • Diverse Voices Performance and workshops (Practitioners' 	<ul style="list-style-type: none"> • AIM: Nursery staff trained (100% secondary Nurseries at least 1 person trained, 75% primary Nurseries) • AIM Follow-Up Training (Julia Kent and Mary Neilson) • Additional support available from Tracey Goddard (HSB Lead), Julia Kent, Restorative Intervention Officers (RIOs) 	<ul style="list-style-type: none"> • AIM 2 – assessment and intervention (delivered by Tracey Goddard) where there is significant concern with young person over 12. • HSB champions: practitioners from key services trained in AIM Under 12s and AIM 2. <ul style="list-style-type: none"> • See AIM 2 above • Tracey Goddard and RIOs: specialist training in Restorative Justice and HSB

<p>INTERVENTION (including those harmed)</p>		<p>Group and 1:1 work delivered by Nursery staff or in partnership with RIOs, IDT, Safer London, TYSS etc*</p>	
<p>MANAGEMENT</p>		<p>External agencies: NIA, PACE, The Haven*</p>	

* This list is not exhaustive; refer to practitioners named for more information.

Waltham Forest VAWG Referral Pathways 2015, version 1

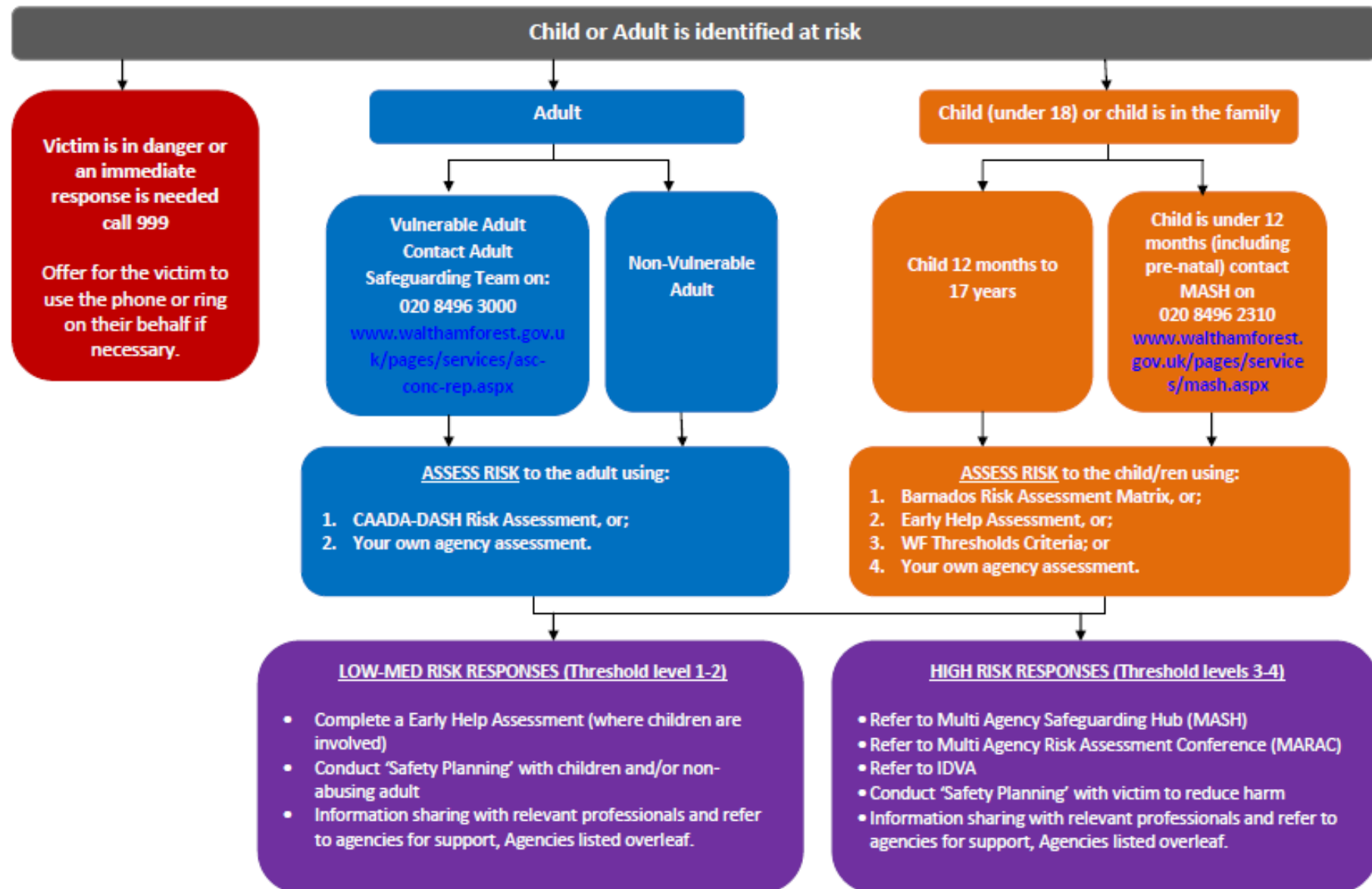
(VAWG includes: Forced Marriage, FGM, honour based violence, faith based abuse, DV, sexual assault/rape, stalking/harassment, trafficking, exploitation & prostitution)

	Domestic Violence	Sexual Violence	Forced Marriage & Honour Based Violence	Faith Based Abuse	Female Genital Mutilation	Prostitution & Sexual Exploitation	Trafficking & Sexual Exploitation	Stalking & Harassment
Recognise (Indicators)	<p><u>Adult:</u></p> <ul style="list-style-type: none"> Always missing appointments Withdrawn Distressed Partner always with them Evidence of injuries Substance Misuse <p><u>Child in family:</u></p> <ul style="list-style-type: none"> Use violence to solve problems Self harm Low self esteem Truancy Poor school performance Withdrawn PTSD symptoms Running away Substance Misuse Bed wetting Temper tantrums Anxious Disobedient 	<ul style="list-style-type: none"> STI Unwanted pregnancy Physical injuries, bruises, bleeding from genital areas Abdominal or breast pain Self destructive behaviour Sleep disturbance or nightmares Acting out Saying they 'have a secret' Inappropriate sexual play Fear of certain people/situations Sexual aggression Unexplained money or gifts Withdrawal Eating issues 	<ul style="list-style-type: none"> Appear anxious, depressed, withdrawn Taken to doctor for examination Self Harm Attempted suicide Acid attack Early/unwanted pregnancy FGM Siblings forced to marriage Running away DV or SV Not allowed to work Persistent absence Poor school/work performance Prevented from further education Sudden engagement announcements Surveillance by family members Other siblings reported missing Threats to kill/Attempts to kill 	<ul style="list-style-type: none"> Unexplained bruises or marks on the body Incision marks on the body Says he or she will go to hell or is a bad person Does not go to school or does not go to school regularly Has limited freedom of movement Is malnourished or steals food Claims to be fasting for many days at a time Is not taken to hospital when ill Looks unkempt and uncared for Looks sad, miserable and lonely Does not have any friends or is ignored by other children Radicalisation 	<ul style="list-style-type: none"> Level of family's integration into the UK Daughter or sister of a woman/girl who has been subjected to FGM Girls withdrawn from PSHE Girl makes reference to FGM A female elder from community overseas is visiting Girl talks about 'special procedure' or 'becoming a woman' Girl talks about a long holiday to country or origin (which is a high risk country) Already taken place: Difficulty walking, sitting, standing, long periods of time in bathroom, prolonged absence 	<ul style="list-style-type: none"> Unexplained absence from school Presence of older boyfriend Access to material things they can't afford Substance Misuse Missing for days at a time Sexualised behaviour Secretive Changes in behaviour STI/unwanted or early pregnancy Bruises DV and Family breakdown Poor physical & sexual health Sexual Violence/rape Homelessness 	<ul style="list-style-type: none"> Excessive fear Much older boyfriend Adult is not a legal guardian History of going missing No money but has a mobile False document or entered country illegally Not enrolled at school or with GP Reluctant to provide personal details Response seems coached Adult not a legal guardian but insists staying with child Child never in when you visit Symptoms of abuse 	<ul style="list-style-type: none"> Hyper-intimacy e.g. persistent phone calls, letters or texts Surveillance or pursuit Intimidation, harassment Vandalising property Assault/violence Following Waiting outside home or workplace Perpetrator gathers images/photos of the victims without consent Threats to family, friends, pets, property Unwanted gifts
Risk Assesses	<ol style="list-style-type: none"> CAADA-DASH Barnado's DV-RIM WF Thresholds Criteria 	<ol style="list-style-type: none"> Early Help Assessment WF Thresholds Criteria Your own agency assessment 	<ol style="list-style-type: none"> Early Help Assessment WF Thresholds Criteria Your own agency assessment 	<ol style="list-style-type: none"> Early Help Assessment WF Thresholds Criteria Your own agency assessment 	<ol style="list-style-type: none"> Early Help Assessment WF Thresholds Criteria Your own agency assessment 	<ol style="list-style-type: none"> Early Help Assessment WF Thresholds Criteria LSCB CSE Risk Ass Your own agency assessment 	<ol style="list-style-type: none"> Early Help Assessment WF Thresholds Criteria LSCB CSE Risk Ass Your own agency assessment 	<ol style="list-style-type: none"> Early Help Assessment WF Thresholds Criteria Your own agency assessment
Respond	<ul style="list-style-type: none"> Police MARAC IDVA MASH DV Helpline 	<ul style="list-style-type: none"> Police ISVA Havens -SARC Rape Crisis MASH 	<ul style="list-style-type: none"> Police MASH Forced Marriage Unit MARAC 	<ul style="list-style-type: none"> Police – Project Violet MASH 	<ul style="list-style-type: none"> Police – Project Azure MASH FGM Helpline MARAC 	<ul style="list-style-type: none"> MASH Police Havens –SARC MASE 	<ul style="list-style-type: none"> MASH Police National Referral Mechanism MASE 	<ul style="list-style-type: none"> Police Stalking Helpline IDVA

Indicator lists are not exhaustive and do not always indicate a specific form of violence/abuse, however they still indicate a multi-agency response is required.

Waltham Forest VAWG Referral Pathways 2015, version 1

(VAWG includes: Forced Marriage, FGM, honour based violence, faith based abuse, DV, sexual assault/rape, stalking/harassment, trafficking, exploitation & prostitution)

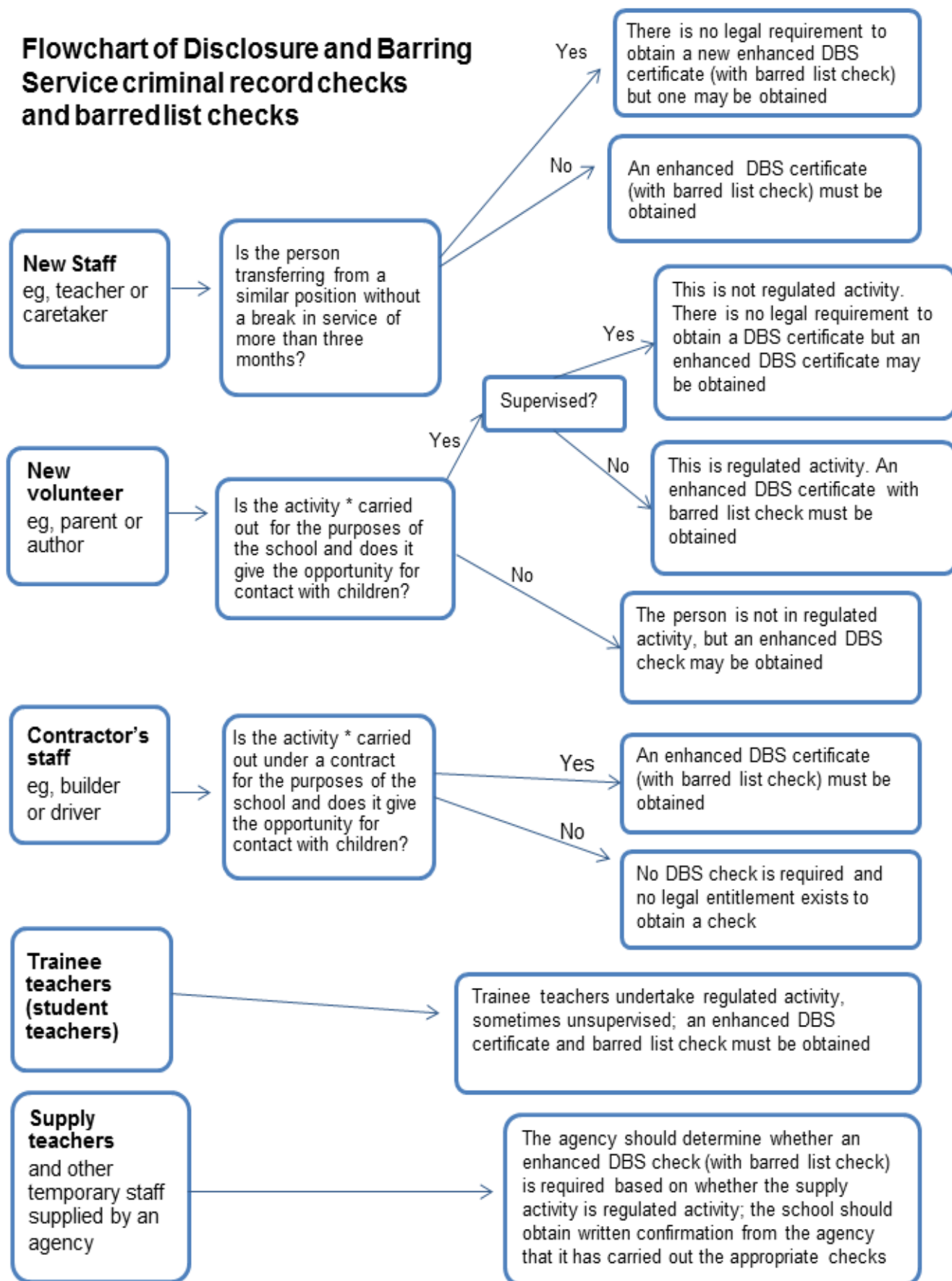


Waltham Forest VAWG Referral Pathways 2015, version 1

(VAWG includes: Forced Marriage, FGM, honour based violence, faith based abuse, DV, sexual assault/rape, stalking/harassment, trafficking, exploitation & prostitution)

Waltham Forest Services		National/London Services	
Waltham Forest Victim Support (IDVA)	020 8550 2807	National DV Helpline	0808 2000 247
Multi Agency Risk Assessment Conference Coordinator	020 3276 0956	Forced Marriage Unit	0207 008 0151
Waltham Forest Community Safety Unit	0203 276 0961	Stalking Helpline	0300 636 0300
Waltham Forest Multi Agency Safeguarding Hub (MASH)	020 8496 2310	FGM Helpline	0800 028 3550
Waltham Forest Adult Services	020 8496 3000	National LGBT DV Helpline Broken Rainbow	0300 999 5428
Waltham Forest Out-of-Hours for Safeguarding Children & Adults	020 8496 3000	Galop (LGBT)	020 7704 2040
Ashiana Network (South Asian, Turkish & Iranian women)	020 8539 0427	RESPECT (Perpetrators)	0845 802 4040
Haven the Survivors Network (historic and current sexual abuse)	020 8539 4157	Men's Advice Line	0808 801 0327
Kiran Project (women & children from BAMER communities)	020 8558 1986	FORWARD (for FGM)	020 8960 4000
Stay Safe East (for deaf and disabled victims)	SMS: 07587 134 122	Honour Network Helpline	0800 5999 247
Imece (Turkish, Kurdish and Turkish Cypriot women)	020 7354 1359	Project Azure (Police) for FGM	0207 161 2888
The Haven, Sexual Assault Referral Centre (SARC)	020 7247 4787	Rape Crisis	0808 802 9999
East London Rape Crisis Centre (Nia)	020 7683 1210	Eaves Poppy Project (for trafficked victims)	020 7735 2062
Empower (CSE and gangs)	020 7021 0301	Deaf Hope UK	SMS: 07970 350 366
Multi-Agency Sexual Exploitation Meeting (MASE)	07715 901256	Ascent Legal Advice Line	020 7608 1137
East London Out Project (LGBT)	020 8509 3898	Project Violet (Police) for Faith based abuse	projectviolet- SCD5@met.police.uk
Domestic Violence Perpetrator Programmes	020 7401 9181		
Community Mental Health Services	0300 555 1200		
Waltham Forest Citizens Advice Bureau (CAB)	020 8521 5125		
Waltham Forest Housing Advice	020 8496 3000		
Waltham Forest Lifeline (substance misuse service)	020 3826 9600		
722 Young Peoples Services (young persons substance misuse service)	0300 555 1158		
Waltham Forest One-Stop-Shop: Every Wednesday 10-12pm, CBHA 7 Saxon Close, Walthamstow E17 8LE			

Flowchart of Disclosure and Barring Service criminal record checks and barred list checks



Appendix 3

Key contacts for child protection issues in Waltham Forest

The following details relate to key personnel in Child Protection who can be contacted should any child protection issues arise.

Name	Agency	Contact details
Designated Doctor for Child Protection	North East London Foundation Trust (NELFT)	020 8430 7893 07795 548987
Named Nurse for Safeguarding – Community Health Services, Nursery Nursing, Health Visitors and Child & Adolescent Mental Health Services (CAHMS)	North East London Foundation Trust (NELFT)	020 8430 7827/7822 07568 130143 Fax: 020 8430 7981
Named Nurse for Safeguarding	Barts Health at Whipps Cross University Hospital Paediatric A&E	020 8535 6855 bleep 514 Pager: 08700555500 ask for 850122 Secretary: Ext 5072
Police Referral Desk	Metropolitan Police Child Abuse & Investigation Team (CAIT)	020 8345 3633 020 8345 3693
Designated Nurse for Safeguarding Children – GP Services	Clinical Commissioning Group (CCG)	020 3688 2638
Divisional Director for Children & Families Services	Waltham Forest Children & Families Services	020 8496 3206
Head of Service – Quality Assurance (QA) Service	Waltham Forest Children & Families Services	020 8496 3685
Deputy Head of Service – Quality Assurance (QA) Service	Waltham Forest Children & Families Services	020 8496 3250
Duty Child Protection Co-ordinators – Quality Assurance (QA) Service	Waltham Forest Children & Families Services	020 8496 8279
Local Authority Designated Officer (LADO) – Quality Assurance (QA) Service	Waltham Forest Children & Families Services	020 8496 3646
Safeguarding in Education Service	Waltham Forest Children & Families Services	020 8496 6310 020 8496 8277
Head of Service – Children's Safeguarding & Family Support Service	Waltham Forest Children & Families Services	020 8496 8393
Deputy Heads of Service – Children's Safeguarding & Family Support Service	Waltham Forest Children & Families Services	020 8496 1375 020 8496 2338

Name	Agency	Contact details
Waltham Forest Multi Agency Safeguarding Hub (MASH) Team/Children's Referral & Advice Team	Waltham Forest Children & Families Services	cscreferrals@walthamforest.gov.uk 020 8496 2313 (Fax) 020 8496 2307/10/11/16/17
Team Manager – Waltham Forest Multi Agency Safeguarding Hub (MASH) Team/Children's Referral & Advice Team	Waltham Forest Children & Families Services	020 8496 2317 020 8496 3000
Team Manager – Children's Emergency Duty		

Appendix 4

SAFEGUARDING CHILDREN: WHISTLE BLOWING

A MODEL POLICY FOR LONDON BOROUGH of WALTHAM FOREST

This guidance is written for staff¹ working with children and young people in education settings including maintained Nurseries.

Staff must acknowledge their individual responsibility to bring matters of concern to the attention of senior management and/or relevant agencies. Although this can be difficult this is particularly important where the welfare of children may be at risk.

You may be the first to recognise that something is wrong but may not feel able to express your concerns out of a feeling that this would be disloyal to colleagues or you may fear harassment or victimisation. These feelings, however natural, must never result in a child or young person continuing to be unnecessarily at risk. Remember it is often the most vulnerable children or young person who is targeted. These children need someone like you to safeguard their welfare.

Don't think what if I'm wrong - think what if I'm right?

Reasons for whistle blowing

Page 1 of 10

- Each individual has a responsibility for raising concerns about unacceptable practice or behaviour
- To prevent the problem worsening or widening
- To protect or reduce risks to others
- To prevent becoming implicated yourself

What stops people from whistle blowing

- Fear of starting a chain of events which spirals out of control
- Disrupting the work or project
- Fear of getting it wrong
- Fear of repercussions or damaging careers
- Fear of not being believed

How to raise a concern

- You should voice your concerns, suspicions or uneasiness as soon as you feel you can. The earlier a concern is expressed the easier and sooner action can be taken
 - Try to pinpoint exactly what practice is concerning you and why
 - Approach your immediate manager, Designated Practitioner for Child Protection, or Head Practitioner
 - If your concern is about your immediate manager/Head Practitioner, speak to the Chair of Governors or if you feel you need to take it to someone outside the Nursery, contact the Education Safeguarding Service
 - Make sure you get a satisfactory response - don't let matters rest
 - Ideally, you should put your concerns in writing, outlining the background and history, giving names, dates and places wherever you can
- A member of staff is not expected to prove the truth of an allegation, but will need to demonstrate sufficient grounds for the concern.**

¹Staff includes any adult, paid or voluntary, who works in a Nursery or educational establishment within the Local Authority.

What happens next

- You should be given information on the nature and progress of any enquiries
- Your employer has a responsibility to protect you from harassment or victimisation.
- No action will be taken against you if the concern proves to be unfounded and was raised in good faith
- Malicious allegations may be considered as a disciplinary offence

Self reporting

There may be occasions where a member of staff has a personal difficulty, perhaps a physical or mental health problem, which they know to be impinging on their professional competence. Staff have a responsibility to discuss such a situation with their line manager so professional and personal support can be offered to the member of staff concerned. Whilst such reporting will remain confidential in most instances, this cannot be guaranteed where personal difficulties raise concerns about the welfare or safety of children.

Further advice and support

It is recognised that whistle blowing can be difficult and stressful. Advice and support is available from your line manager, HR department and/or your professional or trade union.

"Absolutely without fail- challenge poor practice or performance. If you ignore or collude with poor practice it makes it harder to sound the alarm when things go wrong" (reproduced with acknowledgement to "Sounding the Alarm" – Barnardos)

Safeguarding in Education Service
Tel: 020 8496 4368

With acknowledgement to Surrey Children's Services for their Model Policy on 'Whistle Blowing'.

RECORD FORM

Date: _____

Safety and Welfare Concern Form (to be written ASAP after not during your conversation with the child)

Child's Name:	Class:	DOB:	Gender:

Date:	Time:	Place:	Name of person completing this form (please print):

Nature of Concern/Conversation (continue on a separate sheet if necessary)

--

Describe any marks you may have seen – noting size and position (refer to body map)

--

Name of person you reported your concerns to

--

Action to be taken / recommendations from the designated member of staff

--

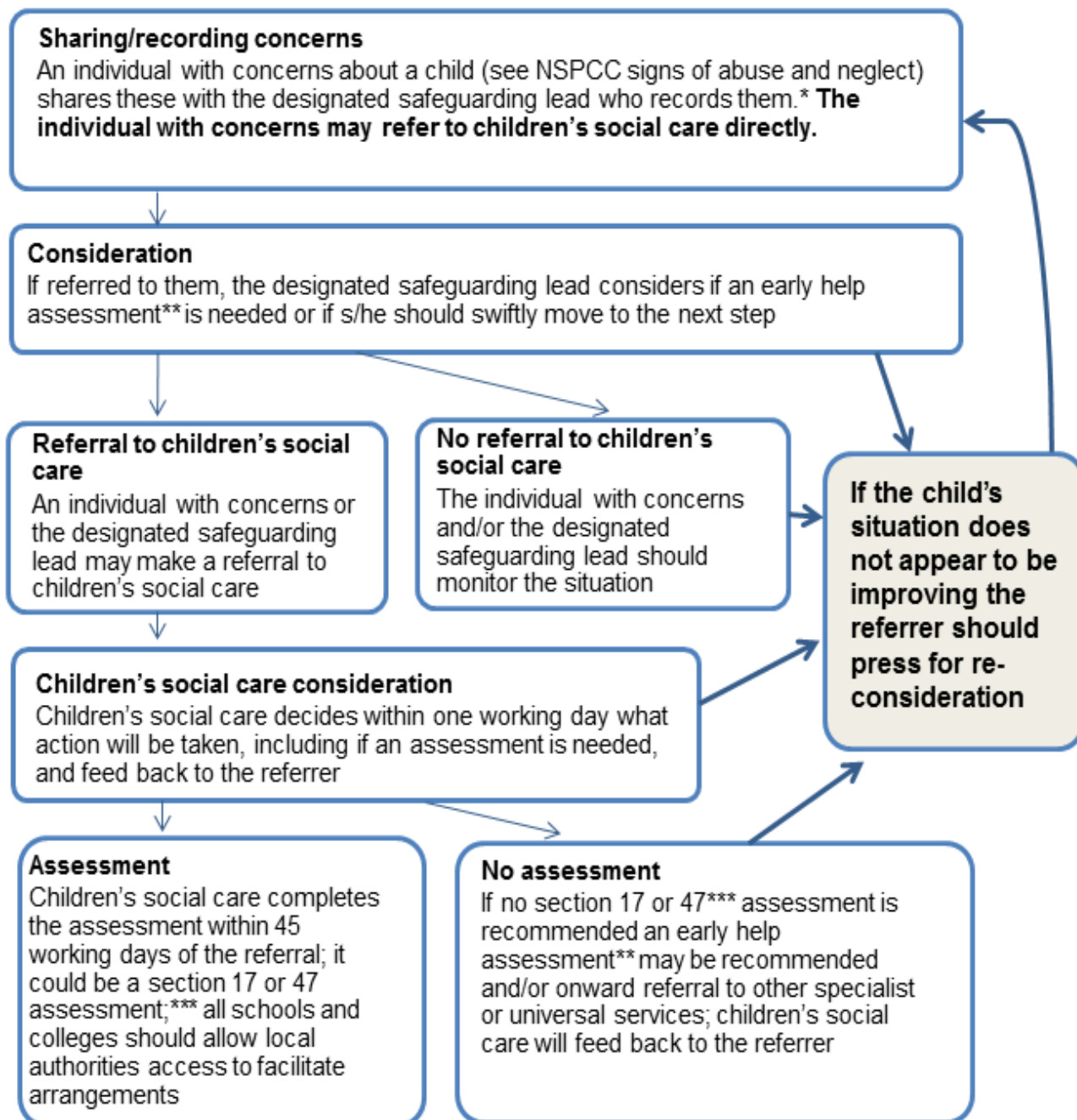
Signed: _____ Position: _____

Return the completed form to the Designated Safeguarding Lead ASAP

Action when a child has suffered or is likely to suffer harm

This diagram illustrates what action should be taken and who should take it when there are concerns about a child. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately.

Anybody can make a referral.



* In cases which also involve an allegation of abuse against a staff member, see part four of this guidance which explains action the school or college should take in respect of the staff member

** Where a child and family would benefit from coordinated support from more than one agency (eg, education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special educational needs coordinator, General Practitioner (GP), family support worker, and/or health visitor.

*** Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns local authority services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.



Early Help Assessment Form

Guidance

This is the Waltham Forest Early Help Assessment Form to provide early help for children and their families. This form is to support sufficient analyses or focus on what the child and family need.

This form should be completed and sent to: **Tel:** 020 8496 2310 | **Email:** EarlyHelp@walthamforest.gov.uk

Please ensure that you complete this form for all members of the family to ensure that as full a picture as possible is gained of their needs, risks and strengths and an appropriate level of co-ordinated, multi-agency support is therefore provided"

If at any time during the course of this assessment you feel that a child in the family has been harmed or abused or is at risk of harm or abuse, you must follow the local safeguarding children board procedures. Record details of unborn baby, infant, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name e.g. unborn baby of Ann Smith.

If you encounter any difficulties in relation to your Early Help Assessment, please contact the Early Help Co-ordinators as part of the MASH Team, on telephone: 020 8496 2310

For further guidance, please refer to the Early Help web page: <http://www.walthamforest.gov.uk/earlyhelp>

For urgent matters, please contact the Waltham Forest Multi-Agency Safeguarding Hub (MASH) on 020 8496 3000

Section A – Contact Details

Details of person making contact

Name:	
Agency / Team:	
Role / Job title:	
Address	
Contact Number(s):	
Date of this request:	

Consent / Information sharing:

Note: Consent must always be sought unless it puts a child at further risk to do so.

Has the parent or child / young person consented to the requested being made	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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The child / young person knows about the referral:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, please state the reason(s):				

The parent / carer knows why the referral is being made:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, please state the reason(s):				

The parent / carer understands and agrees to agencies sharing information:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, please state the reason(s):				

Section B– Family details

Add details of all subject(s) Child / Young Person.

- UPN - Unique Child Number
- Other Name(s) – Aliases/ Also Known As/ Previous Name(s)
- DOB – Date of Birth
- EDD – Expected Date of Delivery
- EHC – Education, Health & Care plan

Note: A statement of special Educational Needs, has been replaced by an EHC plan as of 1st Sep 2014

Details of subject child / young person:

NHS ID	UPN ID	First name	Surname	DOB / EDD	Age	Gender	Address	Ethnicity	Religion	Has EHC plan

Does the child/children have any known disabilities?

Details of family / household members:

First Name	Surname	DOB / EDD	Age	Gender	Address	Relationship with subject(s)	Parental Responsibility	Ethnicity	Religion

Details of other significant people not living in the household:

First Name	Surname	DOB / EDD	Age	Gender	Address	Relationship with subject(s)	Parental Responsibility	Ethnicity	Religion

Communication needs (including language) regarding any of the people named above

Legal status / Immigration status regarding any of the people names above:

Presenting issues

Please select all presenting issues that apply

Pre-selected presenting issues come from the 'Contacts and Referral' form

Abuse / Neglect Emotional Abuse	<input type="checkbox"/>	Abuse/ Neglect – Neglect	<input type="checkbox"/>	Abuse / Neglect – Physical Abuse	<input type="checkbox"/>
Abuse / Neglect Sexual Abuse	<input type="checkbox"/>	Alcohol Misuse	<input type="checkbox"/>	Emotional Neglect	<input type="checkbox"/>
Beyond Parental Control	<input type="checkbox"/>	Challenging Behaviour	<input type="checkbox"/>	Child / Young Person In Need	<input type="checkbox"/>
Child Missing Education	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>	Drugs Misuse Forced	<input type="checkbox"/>
Elective Home Education	<input type="checkbox"/>	Female Genital Mutilation	<input type="checkbox"/>	Marriage Intentionally	<input type="checkbox"/>
Gangs	<input type="checkbox"/>	Honour Based Violence	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Missing from Education	<input type="checkbox"/>
Missing from Home	<input type="checkbox"/>	No Recourse to Public Funds	<input type="checkbox"/>	Physical Disability or illness	<input type="checkbox"/>
Privately Fostered	<input type="checkbox"/>	Protection / At Risk	<input type="checkbox"/>	Self-Harm	<input type="checkbox"/>
Sexual Harmful Behaviour	<input type="checkbox"/>	Sexual Exploitation	<input type="checkbox"/>	Socially Unacceptable Behaviour	<input type="checkbox"/>
Trafficking	<input type="checkbox"/>	Unaccompanied Asylum Seeking Children	<input type="checkbox"/>	Under 16 Year Old Pregnancy	<input type="checkbox"/>
Violent Extremism/Radicalisation	<input type="checkbox"/>	Young Carer	<input type="checkbox"/>	Anti-social Behaviour	<input type="checkbox"/>

Parent / Carer

Alcohol Misuse	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>	Drug Misuse	<input type="checkbox"/>
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Intentionally Homeless	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Intentionally Homeless	<input type="checkbox"/>
No Recourse to Public Funds	<input type="checkbox"/>	Physical Disability or illness	<input type="checkbox"/>		

General:

Alcohol Misuse	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>	Drug Misuse	<input type="checkbox"/>
Family Breakdown	<input type="checkbox"/>	Family Dispute	<input type="checkbox"/>	Financial Support	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Physical Disability or illness	<input type="checkbox"/>

Details of lead professional:

Name:	
Agency / Team	
Role / Job title	
Address	
Contact Number(s):	
E-mail Address	

Details of practitioner undertaking this assessment (if not the lead professional):

Name:	
Agency / Team	
Role / Job title	
Address	
Contact Number(s):	
E-mail Address	

Services / Involved Professionals working with the family at present:

Key agencies involved: *Add name, agency and contact details of all professional involved at present*

Name	Role	Agency	Address	Contact number(s)	Email address

Section- C Assessment Information

Type of assessment	Initial	<input type="checkbox"/>	Review	<input type="checkbox"/>
Date of this assessment				

People present and/ or engaged in this assessment:

--

Child/Young person's development needs

Consider each of the elements to the extent they are appropriate in the circumstances for each child in the family. Please ensure information is included on each member of the family and please include strengths as well as needs

Health	Child 1	Child 2	Child 3	Child 4	Child 5
Child's Name					
General Health:					

Physical development					
Speech, language and communication:					
Emotional and social development:					
Behavioural development:					
Identity, self-esteem, self-image and social presentation:					
Family and social relationships:					
Self-care skills and independence:					

Learning	Child 1	Child 2	Child 3	Child 4	Child 5
Understanding, reasoning and problem solving:					
Participation in learning, education and development:					
Progress and achievement in learning:					
Aspirations:					

Family & Environmental Factors	
Family history, relationships and well-being	
Wider Family:	

Housing, employment and financial considerations:	
Social and community resources, including education:	

Parenting	Child 1	Child 2	Child 3	Child 4	Child 5
Parent/Carer Name					
Basic care, ensuring safety and protection:					
Emotional warmth and stability:					
Guidance, boundaries and stimulation:					

Early Help Assessed Issues: assessed issues are in addition to any presenting issues identified during the assessment process.					
Adult in family with a learning difficulty	<input type="checkbox"/>	Adult offender in the household	<input type="checkbox"/>	Adult in the family on out of work benefits	<input type="checkbox"/>
Antisocial behaviour in the household	<input type="checkbox"/>	Nursery attendance issues	<input type="checkbox"/>	Adult with a physical or debilitating illness	<input type="checkbox"/>
Abuse / Neglect Emotional Abuse	<input type="checkbox"/>	Abuse/ Neglect – Neglect	<input type="checkbox"/>	Abuse / Neglect – Physical Abuse	<input type="checkbox"/>
Abuse / Neglect Sexual Abuse	<input type="checkbox"/>	Alcohol Misuse	<input type="checkbox"/>	Emotional Neglect	<input type="checkbox"/>
Child Mental health issues	<input type="checkbox"/>	Child substance misuse (Alcohol)	<input type="checkbox"/>	16/17 Year old not in employment, education or training	<input type="checkbox"/>
Child with a learning difficulty	<input type="checkbox"/>	Child with a physical illness	<input type="checkbox"/>	Child substance misuse (Drugs)	<input type="checkbox"/>
Domestic Abuse – Victim	<input type="checkbox"/>	Gang Affiliation	<input type="checkbox"/>	Domestic Abuse – Perpetrator	<input type="checkbox"/>
Parental Mental health issues	<input type="checkbox"/>	Parental substance misuse	<input type="checkbox"/>	Parental or older sibling in prison	<input type="checkbox"/>
Previous looked after child	<input type="checkbox"/>	Risk of Eviction	<input type="checkbox"/>	Parental Substance Misuse (Drugs)	<input type="checkbox"/>

Teenage Parent	<input type="checkbox"/>	Young offender	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)				

Assessment Tools

Name	Tool:	Completed:	Completed by:	Date Completed:

Conclusion and Actions

Conclusion:

Now the assessment is completed you need to record conclusions, solutions and actions. Work with the family and take account of their ideas, Solutions and goals

What are the child / young person and/or family strengths and resources? What are their needs? E.g. no additional needs or complex needs. What are your conclusions?

Needs, Analysis and evaluation

What are your conclusions and analysis: *What are the child / young person and/or family strengths and resources? What are their needs? E.g. no additional needs or complex needs.*

What needs to change: *Include the Child / Young persons, Parent's / Carer's and Practitioner's views.*

Child / Young person's comment(s) on the assessment:

Persons Name

Comments

Parent's / Carer's comment(s) on the assessment:

Persons Name

Comments

Outcomes

Please select all the outcomes that apply

Education and Training	<input type="checkbox"/>	Improved Attainment	<input type="checkbox"/>	Behavioural Support	<input type="checkbox"/>
Improved family functioning	<input type="checkbox"/>	Improved Health and Well-being	<input type="checkbox"/>	Improved Housing and conditions	<input type="checkbox"/>
Improved Mental health	<input type="checkbox"/>	Improved parenting	<input type="checkbox"/>	Improved presentation	<input type="checkbox"/>
Improved Nursery attendance	<input type="checkbox"/>	Improved speech and language	<input type="checkbox"/>	Improved management of behaviour	<input type="checkbox"/>
Parent into path to work	<input type="checkbox"/>	Parent into work	<input type="checkbox"/>	Reduced Alcohol and Drug misuse	<input type="checkbox"/>
Reduced ASB	<input type="checkbox"/>	Reduced debt	<input type="checkbox"/>	Reduced isolation	<input type="checkbox"/>
Reduced Offending	<input type="checkbox"/>	Reduced risk taking behaviour	<input type="checkbox"/>	Reduced safeguarding concerns	<input type="checkbox"/>
Reduced Nursery exclusions	<input type="checkbox"/>	Stabilising care arrangements	<input type="checkbox"/>	Young person into work	<input type="checkbox"/>
Other (specify below)					

Actions

Please select all actions that apply

Accessing identified services	<input type="checkbox"/>	Advice and information	<input type="checkbox"/>	Behavioural support	<input type="checkbox"/>
Bronze programme	<input type="checkbox"/>	Carers / Young carer's assessment	<input type="checkbox"/>	Case closed	<input type="checkbox"/>
Disability support	<input type="checkbox"/>	Domestic abuse support	<input type="checkbox"/>	Drug and alcohol misuse support	<input type="checkbox"/>
Education and Training Support	<input type="checkbox"/>	Financial advice and support	<input type="checkbox"/>	Functional Family Therapy	<input type="checkbox"/>
Housing support	<input type="checkbox"/>	Parenting programme	<input type="checkbox"/>	Mental health support	<input type="checkbox"/>
Moved out of area	<input type="checkbox"/>		<input type="checkbox"/>	Transferred to another service	<input type="checkbox"/>
Signpost to team (specify below)	<input type="checkbox"/>	Signpost to Agency (specify below)	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>

Signpost to Team:

Signpost to Agency:

Early Help Plan

People involved in this plan:

Agency or Family	Name (Full Name and Surname)	Role

Date of this plan		

Action Plan

Family member Name	Outcomes	Actions	Comments	Who will be responsible	Date to be completed

Final Summary

Additional information:

Comment(s) *Child / Young person's comments on the outcomes / actions identified:*

Comment(s) *Parent / Carer's comments on the outcomes / actions identified:*

Arrangements for review:

Planned Date:

Planned Time:

Venue

Children's social care Multi Agency Referral Form (MARF)

GUIDANCE NOTES TO REFERRERS

- Colleagues in other agencies should always use this form to make a referral to Children's Social Care, inclusive of a Child in Need (under Section 17 of the Children Act 1989) and a Child in Need of protection (under Section 47 of the Children Act 1989).
- This form should be used to record whether a parent or young person's consent has been obtained to a referral being made.
- Using this format enables the service to respond promptly by supplying necessary information.
- Urgent referrals where a child is at risk of significant harm can be made by telephone, and then immediately followed up with this form.
- Please see the leaflet 'Making a Good Referral and What Happens Next; A Threshold Criteria Tool' which provides information and advice about how to make a good referral.
www.walthamforest.gov.uk/Pages/ServiceChild/mash-professionals.aspx
- Waltham Forest has accepted the London Safeguarding Children Board thresholds for referral to children's social care www.londonscb.gov.uk.

Colleagues should also make reference to The London Borough of Waltham Forest Safeguarding Children's Board '**Early Help and Threshold Criteria for Intervention**' document which provides a locality response to our children and young people's needs. www.walthamforest.gov.uk/Pages/ServiceChild/mash-professionals.aspx

- Before referring a child to children's social care, professionals who work with children and families should consider where appropriate undertaking a Common Assessment Framework or Team around the child meeting, that includes relevant referrals to appropriate specialist services for support and assistance.
- If a Common Assessment Framework (CAF) has been completed on the child, please attach this to the referral form and complete only the sections on the referral form that are not covered by the CAF.
- If this course of action does not address the issues effectively or needs and risks increase, referral to social care should then be considered.
- If a child is at risk of harm an immediate referral can be made, however any CAF information would still be relevant and contribute to the on-going assessment.

**This form should be emailed, faxed or posted to the MASH team:
MASH, Juniper House, 221 Hoe Street, Walthamstow, E17 9PH**

Tel: 0208 496 2310

Fax : 0208 496 2313

Email: cscreferrals@walthamforest.gov.uk

FEEDBACK TO REFERRERS

- We will ensure that your referral reaches the correct team and that you receive a written response to your referral within 24 hours. This is automatically generated by Framework i
- If you do not hear back from us regarding the outcome and/or progress of your referral, please contact the MASH Administrator on 0208 496 2310 who will inform you of the outcome of your referral.
- If you encounter any difficulties in relation to your referral that you wish to bring to the attention of a senior manager, please contact the Head of Service for Safeguarding and Family Support on 0208 496 2310

DETAILS OF THE CHILD/REN BEING REFERRED			Ethnicity	Language spoken
First name	Surname	Date of birth	Gender	
			Male <input type="checkbox"/> Female <input type="checkbox"/>	
			Male <input type="checkbox"/> Female <input type="checkbox"/>	
			Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address			Telephone	
Postcode				
Page 1 of 10				
CHILD/YOUNG PERSON'S PRINCIPLE CARERS				
FULL NAME	DOB If Known	Relationship to child	Ethnicity Code	Y / N
				Y / N
				Y / N
				Y / N
First Language of carers: interpreter or signer required?				Is an
Y / N				
Person making the referral:				
Name		Agency		
Address			Telephone	

Postcode

As a rule the referring professional:

- needs to explain to parent/carer (who has parental responsibility) why they are making a referral to Children's Services;
- needs to explain to the parent/carer (who has parental responsibility) that when the referral will be processed by Children's Services, various agencies may be contacted and asked to share information to get a better picture of the child's circumstances and to inform decision making;
- needs to justify not seeking parental consent to referral/ information sharing

	Y / N	If no, please state reason
The child/young person knows about the referral		
The parent/carer knows about why the referral is being made		
The parent/ carer understands and agrees to agencies sharing information		

KEY AGENCIES INVOLVED

Insert name of professional if involved	Telephone number	Insert Name of professional if involved	Telephone number
Health Visitor		General Practitioner	Page 1 of 10
Nursery		Education Welfare Officer	
Nursery		Police	
Youth Offending Team		Dentist	
Community Mental Health		Community Paediatrician	
Nursery Nurse		Housing	
Probation		Other	

REASON FOR REFERRAL/REQUEST FOR SERVICES

If an allegation of possible physical abuse, please give specific details of any injury including dates and explanations given

INFORMATION SUPPORTING THIS REFERRAL

The purpose of this section is to assist the inter-agency assessment. Where you have no information about a particular area please write - N/K. Record strengths as well as areas of need or risk so that resources can be directed appropriately.

Child/young person's developmental needs and identified risk factors:
Consider health, emotional and behavioural development, education, identity, family and social relationships, social presentation and self-care.

Parent/carers' capacities to respond to child/young person
 Consider basic care, ensuring safety, emotional warmth, stimulation, provision of guidance and boundaries, and stability.

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Issues affecting parent/carer's capacity to respond appropriately to child/young persons needs.

--

Family and environmental factors which impact on the child
Consider family history & functioning, the wider family, housing employment, income, the family's social integration and the availability of community resources to provide support.

--

DETAILS OF REFERRER AND SOCIAL WORKER TAKING REFERRAL

Name Of worker completing referral (please print)			
AGENCY			
ADDRESS	Page 1 of 10		
TELEPHONE NUMBER			
SIGNATURE		DATE	

NAME OF SOCIAL WORKER TAKING REFERRAL
--

TEAM		DATE	
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Appendix 8



BUSINESS MANAGER: Suzanne Elwick
Tel: 020 8496 3683
suzanne.elwick@walthamforest.gov.uk
www.walthamforest.gov.uk/lscb

June 2015

Dear
Colleague,

Re: How to escalate professional concerns about a child

I would like to advise you and staff in your organisation who have a child protection responsibility how to take action using the appropriate channels when you believe that your professional opinions have not been acted on appropriately. Please disseminate this advice widely to appropriate staff.

For example, if you have concerns regarding the lack of response to professional opinions and judgements expressed by your staff about safeguarding matters including concerns that social care services are not taking appropriate actions regarding the well-being of a child, or are not responding in a timely fashion to your concerns.

In the first instance please raise any concerns directly with the manager of the allocated social worker. If there is no allocated social worker please speak to the manager of referral and advice as below:

Children Social Care and Education

Team Manager MASH/Referral and Advice	020 8496 2317
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If you feel your concerns have still not been acted on appropriately then please escalate your concerns to the relevant head of service:

Head of Safeguarding and Family Support	020 8496 1907
Deputy Head of Safeguarding and Family Support	020 8496 1375
Head of Children in Care	020 8496 8388
Deputy Head of Children in Care	020 8496 2184
Head of Placement and Resources	020 8496 2136
Deputy Head of Placement and Resources	020 8496 2478
Head of Quality Assurance	020 8496 3685
Deputy Head of Quality Assurance	020 8496 8250

Where you remain concerned following your discussion with the head of service, a senior member of staff in your organisation should then speak to:

Divisional Director of Children and Families	020 8496 3206
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If you remain concerned, the most senior manager in your organisation should speak to the Deputy Chief Executive, Families Directorate:

Deputy Chief Executive, Families Directorate	020 8496 3501
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In the event that your concerns involve children social care in another local authority area, the above staff will contact the relevant staff in that organisation.

It is important that concerns are speedily escalated within the management structure for children's social care until a satisfactory resolution of the concern is secured.

If you have any concerns related to the safeguarding practice of any other agencies, in the first instance please speak to the team manager of the practitioner, and if you remain concerned please contact the following. If you do not receive a satisfactory response please ask for the next appropriate manager to speak to.

Nurserys

Divisional Director Educational Improvement	020 8496 3221
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Barts Health at Whipps Cross Hospital

Named Nurse for Safeguarding	020 8535 6855
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Police

Detective Inspector, Sexual Offences, Exploitation and Child Abuse Command or next stage Detective Chief Inspector	020 8217 6411/6471
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Community health services, Nursery nursing, health visitors, child and adolescent mental health services

Page 1 of 10

Named Nurse for Safeguarding, NELFT	020 8430 7827 M: 07738 803104
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Community health Child Protection Doctor

Designated Doctor for Child Protection, NELFT	0208 430 7883 M:07795 548987
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Waltham Forest Clinical Commissioning Group (WFCCG)

Designated Nurse for Safeguarding, WFCCG	020 3688 2681 M:07538798129
Designated Nurse for Looked After Children, WFCCG	020 3688 2670 M:07930195306

If you have any general enquiries about the contents of this letter, please contact Suzanne Elwick, Waltham Forest Safeguarding Children Board, Business Manager, 020 8496 3683, suzanne.elwick@walthamforest.gov.uk.

Please bring this letter to the attention of all staff.

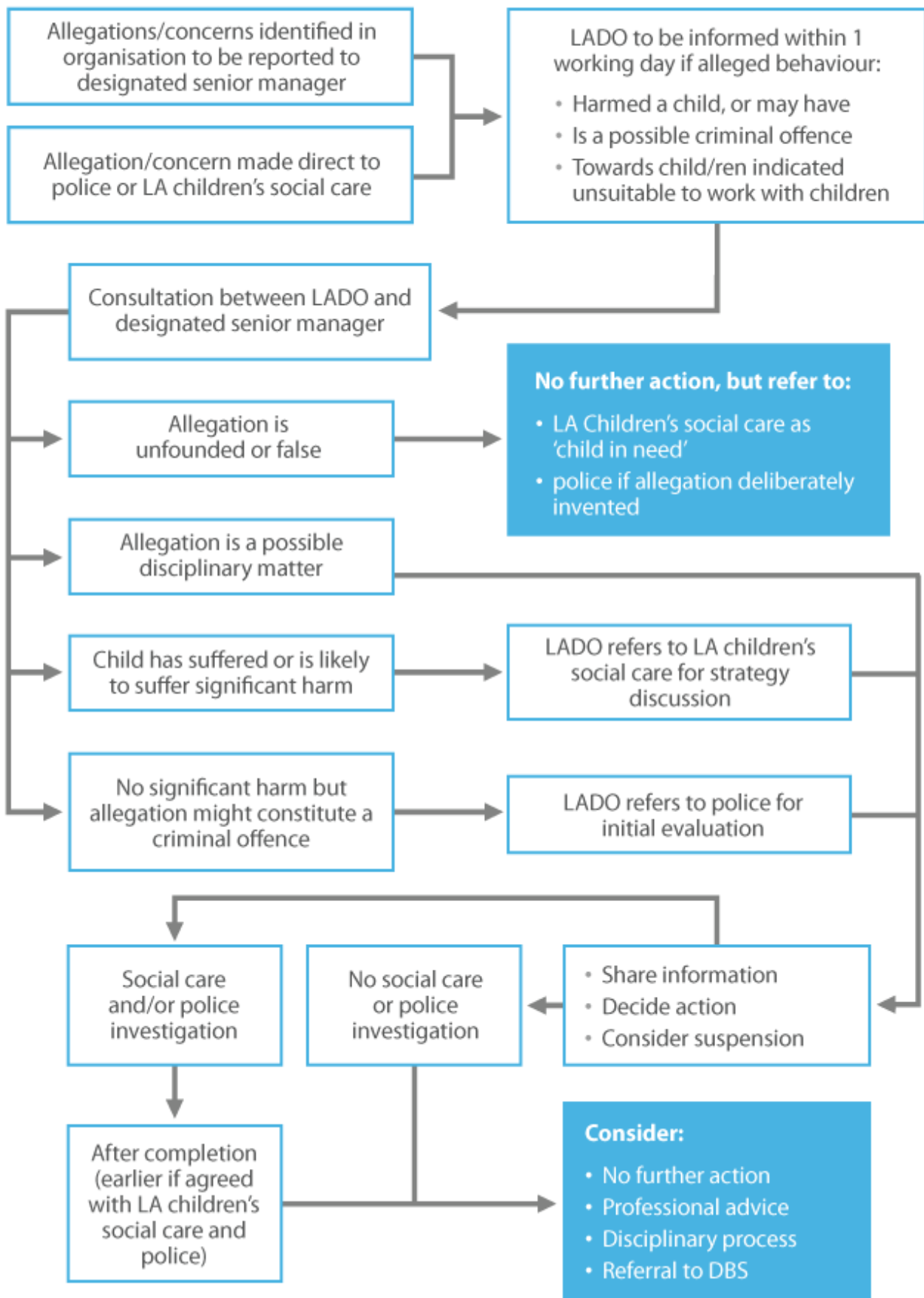
Yours sincerely

A handwritten signature in black ink that reads "Frances Pearson". The signature is written in a cursive, flowing style.

Fran Pearson WFSCB Independent Chair

Appendix 9

Allegations / Concerns Against Staff Child Protection Process



Allegations / Concerns Against Staff Disciplinary / Suitability Process

