

# [ Setting Name ]

## Safeguarding Policy for Early Years

---

Version	v.[ insert number ]
Developed by	[ insert DSL name ]
Date developed	[ insert date ]
Ratified by	[ insert governing body chair / setting lead ]
Ratified on	[ insert date ]
Review date	[ insert date ]

# Key Setting Information

<b>Name of Setting</b>	
<b>Setting Type</b>	[ e.g., school, nursery, etc. ]
<b>Setting Main Phone Number</b>	
<b>Setting Main Email</b>	
<b>Setting Address</b>	
<b>Designated Safeguarding Lead</b>	[ include Phone / Mobile / Email ]
<b>Deputy Designated Safeguarding Lead</b>	[ add all DDSLs & their contact details ] [ include Phone / Mobile / Email ]
<b>Named Person responsible for Allegations against staff in setting</b>	[ include role – usually Proprietor or similar & Phone / Mobile / Email ]
<b>SENCo / Special Needs Lead</b>	[ include Phone / Mobile / Email ]
<b>Manager / Owner</b>	[ include Title / Phone / Mobile / Email ]
<b>Chair of Governors / Management Board or equivalent</b>	[ include Title / Phone / Mobile / Email ]
<b>Governance Lead for Safeguarding</b>	[ include Title / Phone / Mobile / Email ]

# 1. Purpose & Scope

Children learn and thrive best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them. [ insert setting name ] aims to offer an environment where children feel welcome, safe, stimulated and where children are able to enjoy learning and developing in confidence.

In order to take all necessary steps to keep children safe and well, [ insert setting name ] will safeguard children; ensure the suitability of adults who have contact with children; promote good health; manage behaviour; and maintain records, policies and procedures.

The purpose of this policy is to safeguard and promote the welfare of children at [ insert setting name ]. Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

- Protecting children from maltreatment;
- Preventing impairment of children’s health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes.

This policy applies to all staff, including paid staff, volunteers and sessional workers, agency staff, one-off visitors, students or anyone working on behalf of [ insert setting name ].

This policy relates to all children (anyone up to their 18th birthday) with whom [ insert setting name ] works.

This policy will be readily available via our website [ insert website ] for professionals, parents and partners. The policy will be given to parents prior to children commencing, and following each update. Support and consideration will be given to those parents for whom English is not a first language.

All staff must read, understand and put the policy into practice. Furthermore, all staff must read the statutory guidance [Keeping Children Safe in Education](#) (2018) and [Working Together to Safeguard Children](#) (2018). The DfE departmental guidance [What to do if you’re worried a child is being abused](#) (2015) is also highly recommended.

Education professionals are an important part of the wider safeguarding system for children. This system is described in statutory guidance [Working Together to Safeguard Children](#) (2018).

[ insert setting name ] believes that no child or young person should ever experience abuse, maltreatment or neglect of any kind, and that it is our responsibility to keep children safe. We are committed to practise in such a way that both prevents and protects.

We recognize our role as educators to support parents and the community at wide to develop more effective parenting and behavior management strategies, and to challenge any behavior that puts children at risk.

## Guiding principles

### Be observant and alert to signs of abuse

- You are in a unique position to be able to observe signs of abuse or neglect, or changes in behaviour which may indicate a child may be being abused or neglected.

### Be curious and question

- Be alert to the signs of abuse and neglect, and question behavior / accounts of children and parents/carers; don't necessarily take what you are told at face value.

### Ask for support

- Safeguarding is most effective when it is a collaborative process.
- Make sure you know where to turn to if you need to ask for help.
- If no help is at hand, be sure that you refer to children's social care (e.g., MASH or LADO) or to the police/ambulance without delay.

### Follow local and setting policy & guidance

- You must work within Waltham Forest's multi-agency safeguarding arrangements as set out within the local strategic partnership boards, including Waltham Forest safeguarding children board

### Always be guided by the following key principles

- All children have a right to be safe and should be protected from all forms of abuse and neglect
- Safeguarding children is everyone's responsibility
- It is better to help children as early as possible, before issues escalate and become more damaging
- Work together with other agencies: children and families are best supported and protected when there is a coordinated response from all relevant agencies.

### Constructive process of inquiry and support

- Don't let other considerations, like the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect.
- If you think that referral to children's social care is necessary, you must not delay.
- See child protection and safeguarding as the beginning of a process of inquiry, not as an accusation or punishment.

## Everyone's Responsibility

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children.

If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

No single professional can have a full picture of a child's needs and circumstances.

### The voice of the child

All professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child. We must try to understand the lived experience of a given child in a given classroom/family/neighbourhood at this moment; this necessarily involves giving the child a voice within their own safeguarding. Even non-verbal children can express preference and wishes, and it is our job as professionals to ensure that these are understood and incorporated in our plans.

### Obligatory practice for ALL staff

The statutory guidance [Keeping Children Safe in Education](#) (2018) and [Working Together to Safeguard Children](#) (2018), and departmental guidance [What to do if you're worried a child is being abused](#) (2015) are each clear that **all staff**:

- is individually responsible for safeguarding
- must be able to identify concerns (Early Help / Child in Need / Child Protection / Allegations Against Professionals)
- must be familiar with internal reporting procedures and processes (reporting safeguarding concerns to DSLs, and allegations only to Proprietor/similar)
- must refer concerns to children's social care in the absence of DSLs
- must ensure that all safeguarding concerns are shared promptly with DSLs
- must be able to challenge professional safeguarding decisions internally and with other agencies
- must refer a case if disagree with DSL not to refer, with respect and transparency
- must be able to whistleblow when required

Each member of staff, regardless of where they work within the organizational structure of a setting must take responsibility for reading and reviewing the safeguarding policies.

## Equality Statement

We are committed to contributing to a fairer society by promoting equality and good relations for children, young people, parents and carers, partner organisations, staff and job applicants. We believe in giving every individual the opportunity to fulfil their potential. We are committed to treating all individuals with respect and dignity.

Research clearly shows that **diversity in safe environments** produces more creative and effective work products than homogenous groups. We recognise that differences and diversity enrich society and practice, and celebrating diversity is always at the heart of our practice.

All staff is committed to anti-discriminatory practice, and to giving all children and young people the same offer of support, response and protection regardless of:

- Age
- Cultural identity
- Disability / ability / SEND
- Ethnicity
- Financial status
- Gender
- Gender identity (e.g., Trans / gender nonspecific)
- Gender reassignment status
- Health status (e.g., mental health / HIV / substance misuse)
- Housing status
- Immigration status
- Political beliefs
- Pregnancy / maternity / parenthood
- Sexual orientation (e.g., LGBTQ)
- Social class
- Social status
- Relationship status
- Religion / beliefs

## 2. Requirements for ALL Staff

[ insert setting name ] is committed to safeguarding and promoting the welfare of all of its pupils. Each pupil's welfare is of paramount importance.]

### Systems for ALL staff

As such, **ALL staff** should be aware of systems within their [ insert setting name ] which support safeguarding. These should be covered during training sessions and should be explained as part of staff induction. This should include:

- the safeguarding policy;
- the behaviour policy;
- the staff behaviour policy (code of conduct);
- the safeguarding response to children who go missing from education; and
- the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).
- **Part 1** and **Annex A** of [Keeping Children Safe in Education](#) (2018) and **Chapter 1** of [Working Together to Safeguard Children](#) (2018)

### Support for ALL Staff

In order to achieve this, all staff will receive:

- appropriate safeguarding and child protection training which is regularly updated.
- In addition, all staff should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- **Training will ensure that ALL staff:**
- Are aware of their local early help process and understand their role in it.
- Are aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989
- Are aware of the process for making referrals of allegations against professionals to the local authority's **Designated Officer** (usually known as the LADO)
- Know what to do if a child tells them he/she is being abused or neglected.
- Know how to manage the requirement to maintain an appropriate level of confidentiality.

### **ALL staff to demonstrate particular alertness to potential for need in children who:**

- Are disabled and has specific additional needs
- Have special educational needs (whether or not they have a statutory EHC plan)
- Are young carers
- Are showing signs of anti-social or criminal behaviour, including gangs, organised crime groups
- Are frequently missing/goes missing from care or from home
- Are misusing drugs or alcohol themselves
- Are at risk of modern slavery, trafficking or exploitation
- Live in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse
- Have returned home to their family from care
- Are showing early signs of abuse and/or neglect
- Are at risk of being radicalised or exploited, including their families
- Are a privately fostered child.

### **ALL Staff Awareness of Indicators**

- **All** staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.
- Departmental advice [What to Do if You Are Worried a Child is Being Abused - Advice for Practitioners](#) (2015) provides more information on understanding and identifying abuse and neglect
- Staff working with children are advised to maintain an attitude of **'it could happen here'** where safeguarding is concerned.
- When concerned about the welfare of a child, staff should always act in the **best** interests of the child.
- Knowing what to look for is vital to the early identification of abuse and neglect.
- If staff are unsure, they should **always** speak to the designated safeguarding lead (or deputy).



## Information sharing

The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe.

Clear and comprehensive advice on information sharing can be found in [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#) 2018.

Serious case reviews (SCRs) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children's social care (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child's safety or welfare.

- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern.
- Practitioners must never assume that someone else will pass on information that they think may be critical to keeping a child safe, even if another has agreed to make a referral.
- All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost
- Practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm.
- Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the [Data Protection Act](#) 2018 and the [General Data Protection Regulation](#) 2016 (GDPR).

To share information effectively:

- all practitioners should be confident of the processing conditions under the [Data Protection Act](#) 2018 and the [General Data Protection Regulation](#) 2016 (GDPR).
- which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'

- Practitioners should always report a breach of data protection to their lead data officer in the organisation so that it can be considered for referral to the Information Commissioner's Office.

The [Data Protection Act](#) 2018 allows practitioners to share information without consent when –

- it is not possible to gain consent,
- it cannot be reasonably expected that a practitioner gains consent
- if to gain consent would place a child at risk

## The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are **not barriers to justified information sharing**, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. **Be open and honest** with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice from other practitioners, or your information governance lead**, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. **Where possible, share information with consent**, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. **Consider safety and well-being**: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, adequate, accurate, timely and secure**: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. **Keep a record of your decision and the reasons for it** – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

## 2. The Legislative & Guidance Framework

### All Staff & Volunteers

Everyone working in or for [ insert setting name ] shares an objective to help keep children and young people safe by contributing to:

- providing a safe environment for children and young people to learn and develop
- identifying children and young people 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 setting

This policy adheres to the [London Child Protection Procedures](#). This policy has been drawn up on the basis of legislation aimed to protect children:

- [Children Act 1989](#)
- [UN Convention of the Rights of the Child 1991](#)
- [General Data Protection Regulations 2016](#)
- [Data Protection Act 2018](#)
- [Human Rights Act 1998](#)
- [Education Act 2002](#)
- [Sexual Offences Act 2003](#)
- [Children Act 2004](#)
- [Safeguarding Vulnerable Groups Act 2006](#)
- [Childcare Act 2006](#)
- [Protection of Freedoms Act 2012](#)
- [Children & Families Act 2014](#)

It also should be applied alongside the following statutory guidance:

- [Keeping Children Safe in Education \(2018\)](#)
- [Working together to safeguard children: A guide to interagency working to safeguard and promote the welfare of children 2018](#)
- [Early Years Foundation Stage \(EYFS\) \(2017\)](#)
- [Special Educational Needs & Disability \(SEND\) code of practice for 0 to 25 years: Statutory guidance 2014](#)
- Section 39 (1) (b) of the [Childcare Act 2006](#) places a duty on childcare and early years providers to comply with the safeguarding and welfare requirements of the [Statutory Framework for the Early Years Foundation Stage 2017](#). All childcare providers should also refer to [Keeping Children Safe in Education \(2018\)](#)

And departmental guidance:

- [What to Do if You Are Worried a Child is Being Abused - Advice for Practitioners \(2015\)](#)
- [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018](#)

See [further safeguarding guidance](#) for education settings.

## Basic Statutory Requirements

- All staff must read s3 of the [EYFS 2017](#)
- Part One of [Keeping Children Safe in Education \(2018\)](#) is also recommended reading

## Related policies

This policy should be read alongside [ insert setting name ]'s policies and procedures on:

- Information sharing guidance
- Safeguarding training including induction
- Online safety (also see Annex C)
- Opportunities to teach safeguarding
- Inspection
- Safer Recruitment
- Concerns about a member of staff
- Peer on Peer abuse
- Child-focused practice
- Safe Child's wishes
- LAC & previously LAC
- Virtual Head
- Care Leavers
- SEND
- Reasonable force (also see use of reasonable force in schools guidance)
- Safer Recruitment
- Health & Safety
- Training, supervision & support
- Lone working
- Quality assurance
- Suicide / self-harm prevention & intervention

# 3. Governance & Leadership

Everyone is individually responsible for safeguarding. However, safeguarding is never a clear-cut matter, and requires expertise and experience to guide practice.

Therefore, alongside this shared individual responsibility, there should be a safeguarding lead within each setting to support both staff and children & young people, and to monitor compliance, ensure adequate and appropriate training, act as a liaison with other agencies and make difficult and complex decisions.

In turn, the safeguarding leadership within [ insert setting name ] should be held to account by the governing body and the lead governor for safeguarding.

## Governing Body

The governing body will appoint a Lead for Safeguarding for strategic oversight and governance of safeguarding practice and policies.

Where services or activities are provided on the setting premises by another body, the body concerned has appropriate policies and procedures in place in regard to safeguarding children and liaises with the setting on these matters where appropriate.

### Key Tasks of Governing Bodies & Proprietors

It is the task of the governing body (Governors Board, Board of Trustees, management committee, etc.) to test and challenge [ insert setting name ]'s senior leadership team.

See Chapter 2 of [Working together to safeguard children: A guide to interagency working to safeguard and promote the welfare of children 2018](#): 'Organisational Responsibilities'; and Part 2 of [Keeping Children Safe in Education 2018](#): 'Management of Safeguarding'.

Here are some of the Safeguarding areas of which governors / trustees should have oversight:

- Ensure effective policies and procedures
- Appoint senior DSLs
- Ensure effective multi-agency working
- Information sharing guidance
- Safeguarding training including induction
- Online safety (also see Annex C)
- Opportunities to teach safeguarding
- Inspection
- Safer Recruitment
- Concerns about a member of staff
- Peer on Peer abuse
- Child-focused practice
- Safe Child's wishes
- LAC & previously LAC
- Virtual Head
- Care Leavers
- SEND
- Reasonable force (also see use of reasonable force in schools guidance)
- Safer Recruitment

EY Providers should pay due regard to the school's guidance, [Keeping Children Safe in Education](#) (2018).

Annex B of [Keeping Children Safe in Education](#) (2018) states that:

- *Governing bodies, proprietors and management committees should ensure an appropriate senior member of staff, from the [ insert setting name ] leadership team, is appointed to the role of designated safeguarding lead.*
- *The designated safeguarding lead should take lead responsibility for safeguarding and child protection (including online safety). This should be explicit in the role holder’s job description.*
- *This person should have the appropriate status and authority within the school to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other staff to do so, and to contribute to the assessment of children.*

## Safeguarding Leadership

Just as we act as role models for children and young people, and impart leadership skills to them, so too does [ insert setting name ]’s leadership team with all staff, sharing and passing on skills and knowledge and supporting the learning of others.

## The Designated Safeguarding Lead Role

This person should have the appropriate status and authority within the setting to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other staff to do so, and to contribute to the assessment of children.’

### Key Tasks of the Designated Safeguarding Lead (DSL) Role

- Work with others
- Raising Safeguarding Awareness with children, professionals and parents
- Managing the child protection file & transfers for incoming and leaving pupils
- Ensure availability and cover
- Managing referrals to children’s social care and the Channel programme
- Supporting staff around referrals
- Policy development, review & compliance
- Raising awareness
- Managing annual safeguarding training of all staff
- Take a lead on decision-making in relation to blemished DBS disclosures of candidates and referring cases to the DBS

See Annex B of [Keeping Children Safe in Education \(2016\)](#) for details of the role of the Designated Safeguarding Lead.

## School Transfers: child protection file

- Where children leave [ insert setting name ] the designated safeguarding lead should ensure their child protection file is transferred to the new setting as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit, and confirmation of receipt should be obtained.
- Receiving schools / settings should ensure key staff such as designated safeguarding leads and SENCOs or the named person with oversight for SEN in colleges, are aware as required.
- In addition to the child protection file, the designated safeguarding lead should also consider if it would be appropriate to share any information with the new setting in advance of a child leaving. For example, information that would allow the new setting to continue supporting victims of abuse and have that support in place for when the child arrives.

## Availability

- When the setting is open, the designated safeguarding lead (or a deputy) should always be available (during operational hours) for staff in [ insert setting name ] to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, it is a matter for individual settings, working with the designated safeguarding lead, to define what “available” means and whether in exceptional circumstances availability via phone and or Skype or other such media is acceptable.
- It is a matter for individual settings and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

## Deputy Designated Leads

- Settings can choose to have one or more deputy designated safeguarding lead(s) who can cover and deputise. Any deputies should be trained to the same standard as the designated safeguarding lead.
- Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate **lead responsibility** for child protection, as set out above, remains with the designated safeguarding lead, this **lead responsibility** should not be delegated.

## 4. Understanding & Identifying Abuse

All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

**Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.**

Child welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness:

- Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet.
- In the case of female genital mutilation, children may be taken out of the country to be abused.
- They may be abused by an adult or adults, or another child or children.
- An abused child will often experience more than one type of abuse, as well as other difficulties.
- Abuse reduces resilience in children and puts them at further risk of abuse throughout their lives.

**Abuse and neglect** can happen over a period of time, but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.

### Contextual Safeguarding

Safeguarding incidents and/or behaviours can be associated with factors outside the setting and/or can occur between children outside the setting. All staff, but especially DSLs should consider the context within which such incidents and/or behaviours occur. Examples may be recruitment and exploitation via criminal gangs.

This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

Children's social care assessments should consider such factors so it is important that settings provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.

## Definitions

### Abuse

**Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by 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 others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

There are four main categories of abuse and neglect:

- physical abuse
- emotional abuse
- sexual abuse
- neglect.

## Physical Abuse

**Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.**

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.

Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

*Indicators may include:*

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained bruises or cuts, burns or scalds; or bite marks.

## Emotional Abuse

**Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.**

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities. 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 from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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.

*Indicators may include:*

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child;
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

## Sexual Abuse & Exploitation

**Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong.**

Sexual abuse can have a long-term impact on mental health. Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch 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 commit acts of sexual abuse, as can other children.

*Indicators may include:*

- Children who display knowledge or interest in sexual acts inappropriate to their age
- Children who use sexual language / have sexual knowledge that you wouldn't expect them to have
- Children who ask others to behave sexually or play sexual games
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for Money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A

significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

*Indicators may include:*

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late
- Children who regularly miss education or don't take part in education.

## Neglect

**Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.**

**There are many different aspects in which neglect can manifest: educational neglect, medical neglect, emotional neglect, physical neglect, and so on.**

**Neglect usually indicates a relationship issue between the parent and child. Emotional neglect can be as detrimental if not worse than physical neglect.**

**Emotional Neglect** is a parent's failure to respond *enough* to a child's emotional needs; it's a failure to notice, attend to or respond appropriately to a child's feelings. It results in children having difficulty trusting or knowing their own feelings or others because theirs were never validated.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

*Indicators may include:*

- Children who are living in a home that is indisputably dirty or unsafe
- Children who are left hungry or dirty

- Children who are left without adequate clothing – e.g. not having a winter coat
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured

## Specific Safeguarding Issues

**All** staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as **youth produced sexual imagery**) put children in danger.

**All** staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

**All** staff should be clear as to the setting's policy and procedures with regards to peer on peer abuse.

## Indicators

The **warning signs and symptoms** of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child.

**Parental behaviours** may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours:

- This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.
- By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.
- There are a number of warning indicators which might suggest that a child may be being abused or neglected.

Some of the following **signs might be indicators of abuse or neglect**:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed
- Children with clothes which are ill-fitting and/or dirty
- Children with consistently poor hygiene
- Children who make strong efforts to avoid specific family members or friends
- Children who don't want to change clothes in front of others or participate in physical activities
- Children who are having problems in the setting
- Children who appear to be tired and hungry
- Children who talk about being left home alone, with inappropriate carers or with strangers
- Children who reach developmental milestones late, with no medical reason
- Children who are regularly missing from education
- Children who are reluctant to go home after nursery
- Children with poor attendance and punctuality / consistently late being picked up
- Parents who are dismissive and non-responsive to practitioners' concerns
- Parents who collect their children when drunk, or under the influence of drugs
- Children who drink alcohol regularly from an early age
- Children who are concerned for younger siblings without explaining why
- Children who talk about running away
- Children who shy away from being touched or flinch at sudden movements.

## **Children with special educational needs & disabilities (SEND) and other additional needs**

Additional barriers can exist when recognising abuse and neglect in this group of children. This can include;

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration
- Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs
- Communication barriers and difficulties
- Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child)
- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased
- A disabled child's understanding of abuse
- Lack of choice/participation
- Isolation

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

- Young carers
- Transgender children / young people
- 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 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 forced marriage
- 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.

## 5. Thresholds for intervention

### MASH

Waltham Forest has a Single Request for Help, Support and Protection via the Multi-agency Safeguarding Hub (MASH). This means that referrers do not need to make a thresholds assessment **when referring children for concerns beyond the universal level.**

A referral for Early Help and for acute concerns will go to the same point of contact: the MASH. These referrals will be assessed by professionals from social care, the police, and health. This process helps to ensure that there is:

- Timeliness of screening decisions
- Consistency of threshold decisions
- Outcomes from the single request
- Responses to referrers
- Timeliness of allocations following screening decisions

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](#) if there has been a disclosure and/or allegation of abuse or there are clear grounds for concerns about the child's safety and well-being
- Review Action when a child has suffered or is likely to suffer harm (Appendix 5) and [Early help and threshold criteria for intervention](#)
- Consult with a member of Waltham Forest MASH Team if uncertain whether or not a referral is required

### Early help

WF [Early Help and Threshold Criteria for Intervention](#) lays out the agreed thresholds for intervention at different levels of risk to children and young people within Waltham Forest.

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to:



- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

### **Identifying children and families who would benefit from early help**

Practitioners must be able to identify new and emerging threats, including online abuse, grooming, sexual exploitation, criminal exploitation and radicalisation. To enable this, the three safeguarding partners should consider what training is needed locally and how they will monitor and evaluate the effectiveness of any training they commission.

### **Effective assessment of the need for early help**

Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from coordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an inter-agency assessment.

These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the [Children Act 1989](#).

A lead practitioner should undertake the assessment, provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services.

For an early help assessment to be effective:

- It should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living
- Practitioners should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen

In cases where consent is not given for an early help assessment, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, as defined in the [Children Act 1989](#), or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any practitioner.

## Child In Need (s17)

**“A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989”.**

## Child Protection (s47)

**“The processes for children where there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm (this includes immediate protection for children at serious risk of harm)”**

## Referrals

**Referrals to local authority children’s social care should be made immediately when concerns arise about a child’s welfare if there is a concern that the child is suffering significant harm or is likely to do so.**

Practitioners who make a referral should always follow up their concerns if they are not satisfied with the response.

In [ insert setting name ] the DSL ordinarily takes responsibility for deciding whether to refer and they should be consulted prior to making a referral, where possible.

If the DSL is not available, the referral should be made without delay by any other member of staff as a matter of priority.

When practitioners refer a child, they should include any information they have on the child’s developmental needs, the capacity of the child’s parents or carers to meet those needs and any external factors that may be undermining their capacity to parent.

Failure to accurately transmit the level of concern regarding a child by way of evidence (e.g., chronology, body map, disclosure) may result in the referral failing to meet threshold for statutory intervention; in turn, the child is not adequately safeguarded.

If practitioners have concerns that a child may be a potential victim of modern slavery or human trafficking then a referral should be made to the National Referral Mechanism, as soon as possible.

Feedback should be given by local authority children’s social care to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold and

offer suggestions for other sources of more suitable support. Practitioners should always follow up their concerns if they are not satisfied with the local authority children's social care response and should escalate their concerns if they remain dissatisfied.

### Referral guides

- [Multi-agency referral form/single request for help and support or protection](#)
- [MASH information sharing guidance](#)
- [MASH practice guide](#)

## **6. Procedures for reporting concerns**

### **If you are concerned about a child's welfare**

There will be occasions when staff may suspect that a pupil may be at risk. The child's behaviour may have changed, their artwork could be concerning, they may write stories or poetry that reveal confusion or distress, or display physical but inconclusive indicators of abuse. In these circumstances, staff will try to give the child/young person the opportunity to talk.

Staff should use the welfare concern form to record these early concerns, with a view to ongoing monitoring and assessment by the DSL, and can be referred to Early Help as required.

### **Staff Response**

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.

- Listen to and take seriously any disclosure or information that a child may be at risk of harm
- Clarify the information by asking open questions (usually beginning with words such as 'what', 'when', 'where', 'how' – in other words, questions that do not predict the answer). Sometimes just repeating the last statement made with a question intonation can keep someone talking.
- Make a written record of what the child has said (do not ask a child to write a statement)
- Try not to show signs of shock, horror, disbelief or surprise
- Not express feelings or judgements regarding any person alleged to have harmed the child
- 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 keep them informed
- Report your concern as soon as possible to the DSL, definitely by the end of the day

### **Designated Safeguarding Lead Response**

- In an emergency take the action necessary to help the child; if necessary call 999
- Without delay, inform social care by phone that a referral is on its way
- Gather information from staff in the setting
- Produce detailed chronology from CP recording system
- 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

## Decision-Making

In consultation with Waltham Forest MASH Team if necessary, [ insert setting name ] DSLs and involved staff will decide together:

- 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 confidential child protection file
- If further monitoring is necessary and agree who and how this will be undertaken
- If it would be appropriate to undertake an Early Help Assessment 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 [Request for Help, Support and Protection](#).

## 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 setting or goes missing, immediately inform the key worker in Social Care

# Procedures for Reporting Concerns in Setting



## Disclosures by a child

Disclosures or information may be received from pupils, parents or other members of the public.

[ insert setting name ] recognises that those who disclose may do so with difficulty, having chosen carefully to whom they will speak. Accordingly, all staff will handle disclosures with sensitivity.

Staff cannot promise complete confidentiality as staff must report any disclosure of abuse or harm to a child or young person. However, children, young people and others can be reassured that only those who need to know will be told.

Staff must immediately report any disclosure to the designated safeguarding lead and make a contemporaneous record.

Often a child will disclose information that causes concern but insufficient to making a referral. In such cases, it's important to ensure that staff seek sufficient information to refer successfully to children's social care, and thereby to effectively safeguard the child. In order to do this, staff will have to ask the child open questions that do not lead.

# 7. Allegations against professionals

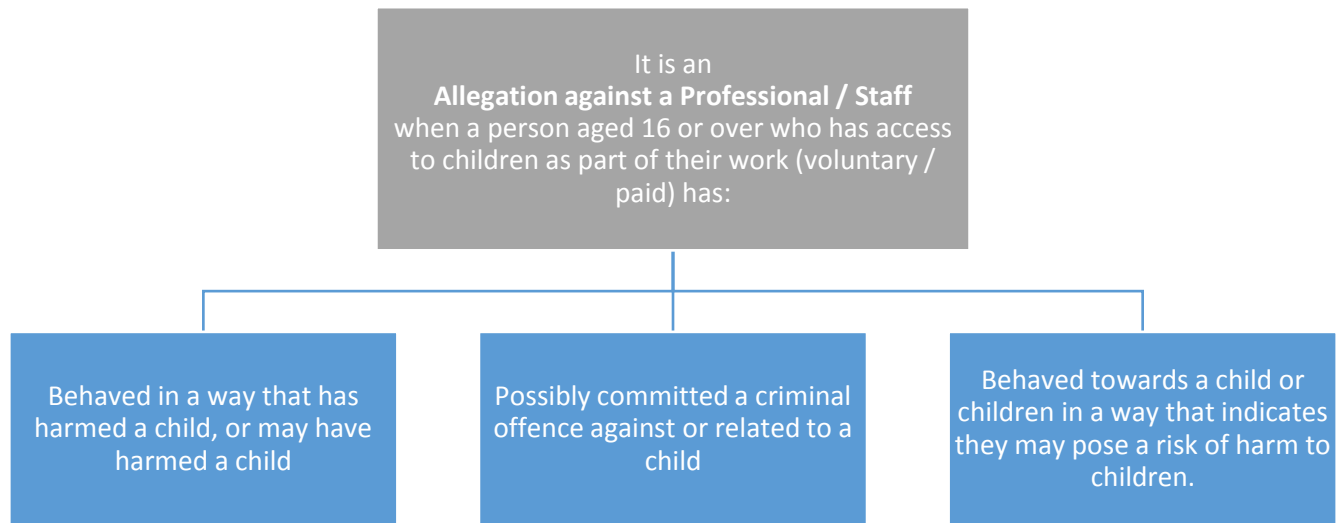
## Role of the local authority's Designated Officer (LADO)

- Oversee the consistent, fair, unbiased management of allegations against adults who work with children
- Provide advice and guidance to employers
- Liaise with the police, other agencies, incl. Ofsted & professional bodies
- Chair Allegations Meetings and establish agreed outcomes
- Liaise with other local authorities in cross-boundary cases
- Have oversight of reports to ensure safeguarding is met
- Collect strategic data and share & disseminate learning





## What's an Allegation?



It is relatively rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events do happen.

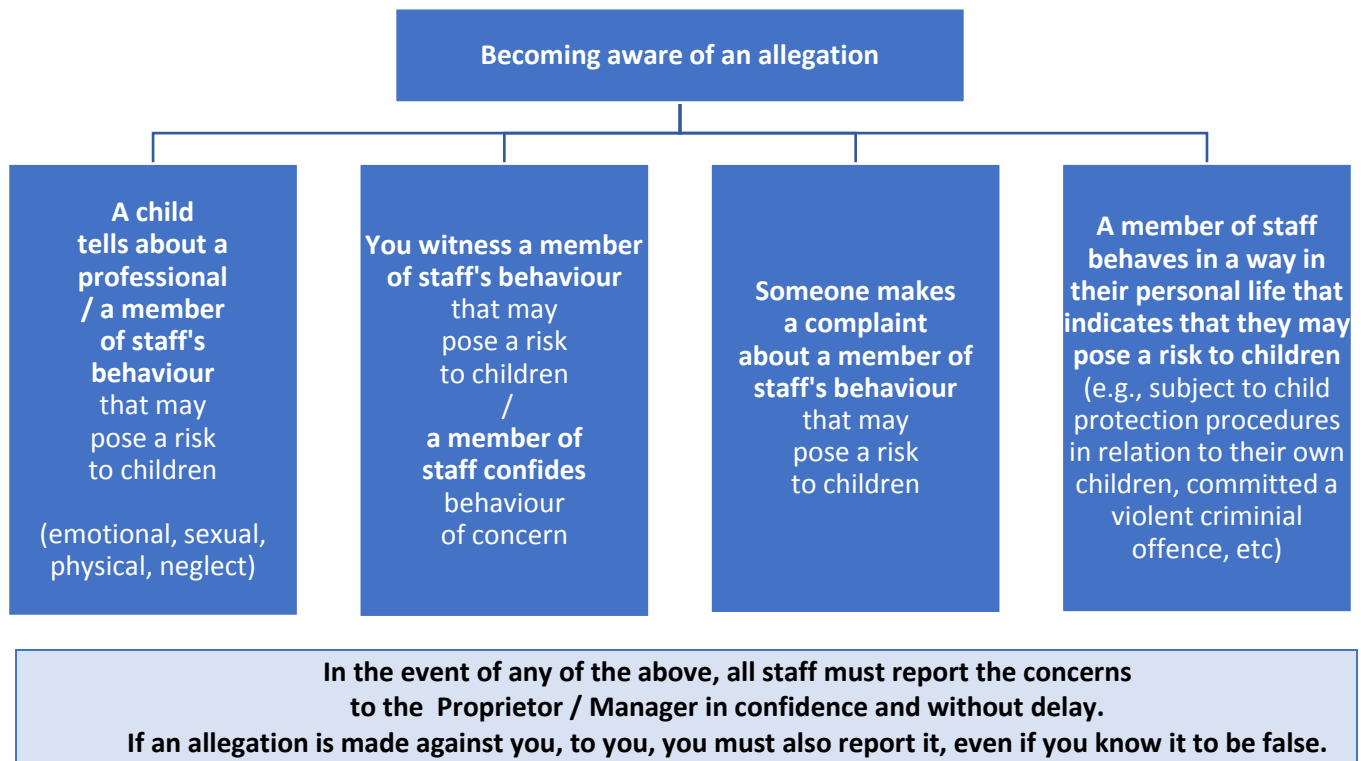
If a child does make a false allegation, there may be other concerns regarding their welfare.

The full procedures for dealing with allegations against staff can be found in [Keeping Children Safe in Education \(2018\)](#).

## Recognising an Allegation

Sometimes it is those in positions of trust and responsibility for children who cause the harm. It's crucial that all staff can correctly identify allegations in order to report them.

Allegations procedures differ from reporting safeguarding concerns.



## Initial Action by person receiving or identifying an allegation or concern

- Whilst allegations may be false, malicious or misplaced, they may also be founded in truth; all staff must report allegations even if they believe them to be false.
- All allegations must be investigated properly, in line with agreed procedures and outcomes recorded.
- Staff must treat all allegations seriously and keep an open mind.
- Make a written record of the information, 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 **Proprietor / Manager**.
- Do not share allegations with any other member of staff, including the subject of the allegation.

## Unusual Circumstances

- If the allegation is against the **Proprietor / Manager**, staff must report to chair of governors

- If there is a lack of faith in the safeguarding governance, all staff can contact the local authority's Designated Officers (also known as LADOs) directly, without delay.
- For independent advice, please contact the **NSPCC whistleblowing advice line: [0800 028 0285](tel:08000280285)**

## Initial Action by Proprietor / Manager

- The Lead for Allegations is normally the Proprietor / Manager. If the Proprietor / Manager is the subject of the allegation, then the **Chair of Governors/Chair of Trustees** 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](#)
- Inform the Chair of Governors of the allegation
- Settings with EY Ofsted registration, including Childminders, must contact Ofsted as soon as possible but at least within 14 days on: 0300 1234666 or online.
- **[ insert setting name ]** will keep record of the whole process.

## If you are the subject of an 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.
- Proprietor / Manager will notify the subject of an allegation as soon as possible. They will not be able to share the nature of the allegation, who made the allegation or other concerns at this point.
- Proprietor / Manager must consider the nature of the allegation and how to protect both the child and the professional involved and to prevent further allegations. Usually, proprietors will attempt to redeploy employed staff to ensure that they do not come into contact with the child(ren) involved, and to ensure that safeguards are in place to prevent further concerns.
- 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 setting will provide support and a named contact for the member of staff.
- Proprietor / Manager are not able to share any details of the allegation with other members of staff.

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

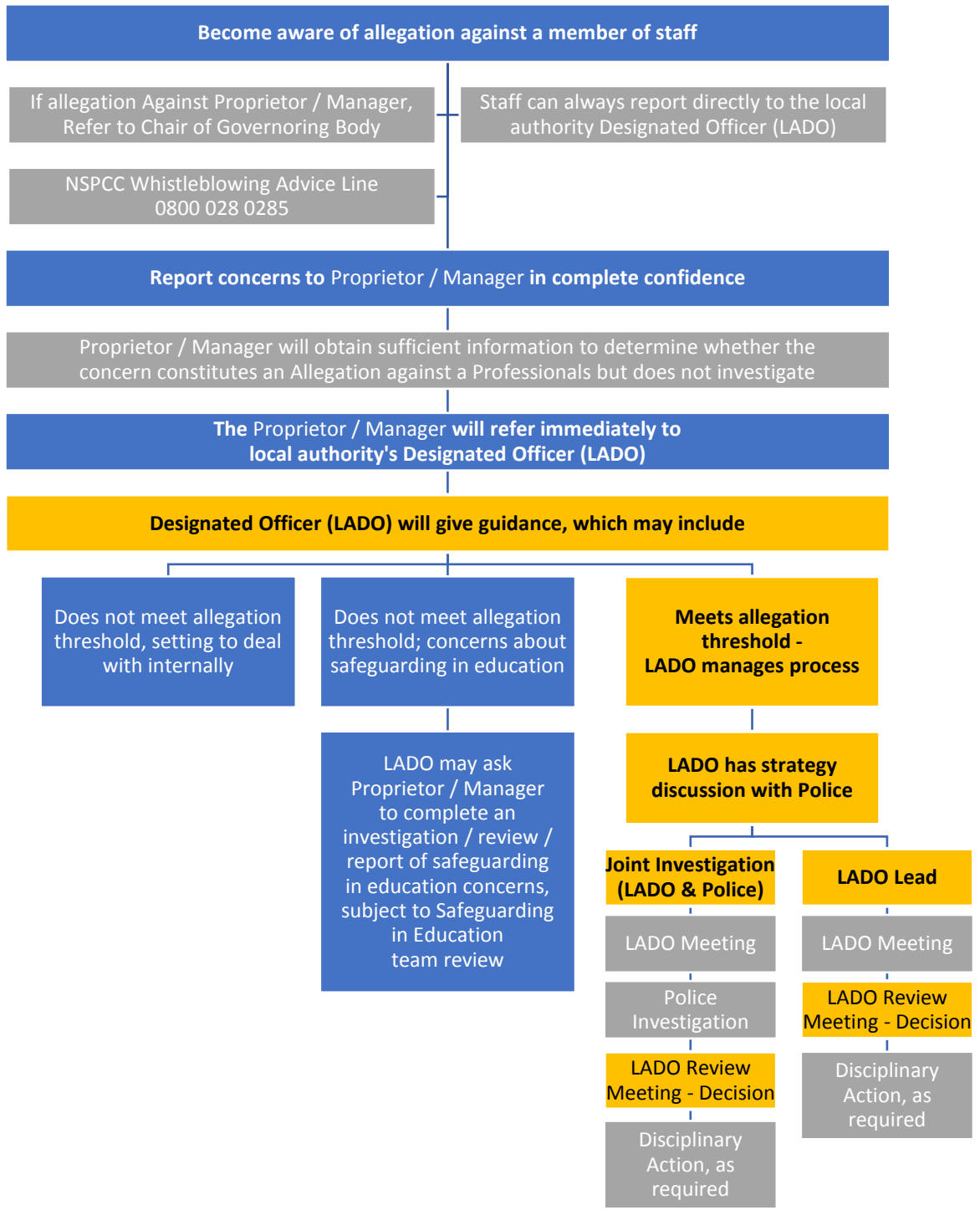
## **Non-recent & historical allegations of abuse**

Allegations concerning staff who no longer work at the setting or historical allegations will be reported to the police without delay.

## **After LADO & Police Process, Subsequent Action by the Proprietor / Manager**

- Conduct a disciplinary investigation, if an allegation outcome indicates it
- Contribute to the child protection process by attending professional strategy meetings
- Maintain contact with the LADO (referred to as the Designated Officer(s) in updated guidance)
- 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

# Allegations Procedures in Setting



- For an allegation to proceed to its conclusion, the police investigation must be completed.
- For the disciplinary process to commence within the setting, the LADO process must be concluded.



## Whistleblowing

Whistleblowing is ‘making a disclosure in the public interest’ and occurs when a worker (or member of the wider community) raises a concern about danger or illegality that affects others, for example children or members of the public.

All staff are made aware of the duty to raise concerns about the attitude or actions of staff in line with the Code of Conduct / Whistleblowing policy.

We want everyone to feel able to report any child protection / safeguarding concerns. However, for members of staff, parents or others who feel unable to raise these concerns internally, they can call the NSPCC whistleblowing helpline on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

Staff are also able to contact the Local Authority Designated Officer [lado@walthamforest.gov.uk](mailto:lado@walthamforest.gov.uk) or 0208 496 3646

# Appendix 1. Key Safeguarding Contacts in Waltham Forest

Name	Agency	Contact details
Police Referral Desk	Metropolitan Police Child Abuse & Investigation Team (CAIT)	020 8345 3633 020 8345 3693
Designated Nurse for Safeguarding Children	Clinical Commissioning Group (CCG) – GP Services	020 3688 2638
Duty Child Protection Coordinators	Waltham Forest Children & Families Services	020 8496 8279
Team Manager, Children’s Emergency Duty	Waltham Forest Children & Families Services	020 8496 3000
Local Authority Designated Officer (LADO) & Safeguarding in Education	Waltham Forest Children & Families Services	020 8496 3646
Waltham Forest Multi Agency Safeguarding Hub (MASH) Team  Team Manager, MASH	Waltham Forest Children & Families Services	<a href="mailto:csc referrals@walthamforest.gov.uk">csc referrals@walthamforest.gov.uk</a> 020 8496 2307/2310/2311/2316  020 8496 2317
Designated Doctor for Child Protection	North East London Foundation Trust (NELFT)	020 8430 7893 07795 548987
Named Nurse for Safeguarding Community Health Services, School 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, Whipps Cross Paediatric A&E	020 8535 6855 bleep 514 Pager: 08700555500 ask for 850122 Secretary: Ext 5072

Please print and display this page next to every staff phone in your setting.

## Appendix 2. Related Policies

This policy should be read alongside [ insert setting name ]'s policies and procedures on:

- Information sharing guidance
- Safeguarding training including induction
- Online safety (also see Annex C)
- Opportunities to teach safeguarding
- Inspection
- Safer Recruitment
- Concerns about a member of staff
- Peer on Peer abuse
- Child-focused practice
- Safe Child's wishes
- LAC & previously LAC
- Virtual Head
- Care Leavers
- SEND
- Reasonable force (also see use of reasonable force in schools guidance)
- Safer Recruitment
- Health & Safety
- Training, supervision & support
- Lone working
- Quality assurance
- Suicide / self-harm prevention & intervention



# Appendix 3. MASH Referral form

[Guide for threshold and practice](#) | [MASH Referral form](#) | [Early Help Information](#)

**Request for Help and Support or Protection**

**Childhood**

If you do not have access to Waltham Forest Families Information system, then this form should be completed and emailed to the MASH team, which can be contacted on:

Tel: 0208 496 2310    Email: [MASHrequests@walthamforest.gov.uk](mailto:MASHrequests@walthamforest.gov.uk)  
(for NHS.net account please can you send to [MASHrequests@walthamforest.gov.uk.cism.net](mailto:MASHrequests@walthamforest.gov.uk.cism.net))

Requests for Help and Support or Protection must be made via this form and all relevant sections **MUST** be completed in order to support a good referral. Advice and guidance on a Request for Help and Support of Protection: [https://directory.walthamforest.gov.uk/ks5/walthamforestdirectory/advice.page?id=271vEua\\_Gzo](https://directory.walthamforest.gov.uk/ks5/walthamforestdirectory/advice.page?id=271vEua_Gzo)


You can make a 'Request for Help and Support' if you think a child or family has additional emerging, complex or acute needs which require a multi-agency intervention; for example, persistent truanting, chronic/recurring health problems, or behaviour is harmful to self and others. Before making this request you should **gain consent** of the child/young person or family concerned.

However, if you are worried that a child is at risk of significant harm i.e. through abuse or neglect, or their condition is acute, you should make a 'Request for Protection'. In this case you should inform the parents unless this will endanger the child's safety.

Any decision made by the MASH team will be in line with the [Early Help and Threshold Criteria for Intervention](#) which outlines and defines different levels of need (including emerging, multiple, complex and acute).

**WHEN TO EXPECT A RESPONSE**

- We will make sure that you receive an automatically generated written response to your referral within 24 hours
- If you do not hear back from us regarding the outcome and/or progress of your referral, please contact the MASH
- 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 MASH Deputy Head of Service



Waltham Forest

**Contact details and personal information**

Details of the person making contact:      What type of request is this?  Help and support     Protection     Information

Name: \_\_\_\_\_      Agency/Team: \_\_\_\_\_

Role/Job title: \_\_\_\_\_      Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_      Date of request: \_\_\_\_\_

Does the parent/carer or child/young person know about the referral?      Y/N: \_\_\_\_\_      Details: \_\_\_\_\_

Has the child/young person or parent consented to the request being made?      Y/N: \_\_\_\_\_      Details: \_\_\_\_\_

**Details of the child/young person:**

NHS ID	UPN ID	First Name	Surname	Date of Birth/Expected Due Date	Age	Gender	Address	Ethnicity	Religion	Do they have an EHC plan?

**Details of family/household members or other significant people:**

Name	Other Name(s)	DOB/EDD	Age	Gender	Address	Contact Number	Relationship with Subject	Parental Responsibility	Disabilities	Ethnicity	Religion

If there are more than four family/household members or significant people please continue on separate sheet and attach

**Presenting issues**

**Child/young person**

<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Domestic abuse	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Violent extremism/Radicalisation	<input type="checkbox"/> Challenging/ Anti-Social Behaviour	<input type="checkbox"/> Child Missing Education	<input type="checkbox"/> Missing from home	<input type="checkbox"/> Under 16 Year old pregnancy	<input type="checkbox"/> Self-Harm	<input type="checkbox"/> Alcohol or drug Misuse
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Gang-violence	<input type="checkbox"/> FGM	Please give any details on the presenting issues: _____								

**Parent/Carer**

<input type="checkbox"/> Alcohol Misuse	<input type="checkbox"/> Housing	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Domestic Abuse	<input type="checkbox"/> Drug Misuse	<input type="checkbox"/> No Recourse to Public Funds	<input type="checkbox"/> Intentionally Homeless	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Acute or emerging Physical Disability or illness	<input type="checkbox"/> Gang-violence	<input type="checkbox"/> Other (specify)
Please give any details on the presenting issues: _____										

**General issues**

<input type="checkbox"/> Housing	<input type="checkbox"/> Family dispute/breakdown	<input type="checkbox"/> Financial support	<input type="checkbox"/> Other (specify)
----------------------------------	---	--	--

**Request for Help Support or Protection**

If appropriate, what level of need does this child/young person or family display?

Emerging    Multiple    Complex    Acute

What led to this referral? If possible, please refer to the level of need.

What support has been provided to the child/young person or family? How have the level of needs been met?

Please state why you think the child/young person has met the threshold for an assessment

Has an Our Family Journey assessment or other assessment been completed?      Y/N: \_\_\_\_\_      If Yes, please attach the assessment to this referral

Once you have completed this form the information will be collated and our Multi Agency Team will make a decision about the next step. This decision will be made within 48 hours of receipt of a fully completed form (24 hours if there are Protection concerns) and you will be notified accordingly

# Appendix 4: LADO Referral- Staff Allegations

[Allegations against professionals webpage](#) | [LADO Referral Form](#)

**WF LADO Referral & Monitoring Form**  
Managing allegations against adults working (paid & unpaid) with children & young people

**Referral progress & monitoring form to the Local Authority Designated Officer (LADO)**  
Section One must be completed and emailed immediately to the Local Authority Designated Officer (LADO) if it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children

The LADO will maintain a live record of the case using Section Two.

**LADO Referrals**  
The manager should then telephone the **Duty LADO** immediately to discuss the next course of action on 0208 4963646 and then complete a LADO referral form and send it to:

- [LADO@walthamforest.gov.uk](mailto:LADO@walthamforest.gov.uk)
- [LADO@walthamforest.gov.uk:cjm.net](mailto:LADO@walthamforest.gov.uk:cjm.net)

Please always use the generic LADO email address to ensure that communications do not get lost in individual team members inboxes.

**LADO Team**  
Our individual contact details are as follows:

- Safeguarding in Education & LADO Manager – Gill Nash on 07791 559 789**
- LADO – Donna Parke**
- Assistant LADO (Schools Lead) – Shauna McAllister on 07741 328 010**
- Assistant LADO (Early Years Lead) – Jennifer Knight on 07866 314 144**

Sycamore House | Waltham Forest Town Hall Complex | Forest Road | London E17 4JF

**When receiving an allegation:**

- Treat it seriously and keep an open mind
- Do not investigate
- Do not make assumptions
- Do not promise confidentiality
- Record the details using the child/adult's own words
- Note time/date/place of incident(s), persons present and what was said
- Sign and date the written record
- Do not tell the member of staff/volunteer if this might place the child at risk of significant harm or jeopardise any future investigation
- Do refer to Waltham Forest's 'managing allegations against people who work with children' policy

**Child Protection Referrals**  
If a child or young person is at immediate risk of harm please call emergency services on 999 for an immediate response. Alternatively, you can contact your local police on 101 at any time. To make a child protection referral, please contact the Waltham Forest [Multi-agency Safeguarding Hub \(MASH\)](#) team: 020 8496 2310 Monday to Thursday 9am-5.15pm; Friday 9am-5pm; Out of hours 020 8496 3000.

Does the person have children of their own, or live with other children?  
Click here to enter text.

If Yes please complete next section >

**Staff Member / Volunteer Family Details**

Parent/Carer	Click here to enter text.		
Relationship	Click here to enter text.		
Date of Birth	Click here to enter text.		
Ethnicity	Click here to enter text.		
Address	Click here to enter text.		
Telephone contact	Click here to enter text.		
Email contact	Click here to enter text.		
Additional Information	Click here to enter text.		

---

**Child Details - to whom the allegation refers**

Name	Click here to enter text.	Gender	Click here to enter text.
Date of Birth	Click here to enter text.	Ethnicity	Click here to enter text.
Telephone	Click here to enter text.	Email	Click here to enter text.
Home Address	Click here to enter text.		
School / College / Work Place	Click here to enter text.	Place of employment	Click here to enter text.

Additional Information (e.g. disability, communication or other SEN / previous child protection concerns)  
Click here to enter text.

**Child's Family Details**

**SECTION ONE: Referrer to complete**

**Referrer Details**

Name	Click here to enter text.	Job Title	Click here to enter text.
Organisation	Click here to enter text.		
Address	Click here to enter text.		
Tel	Click here to enter text.	Email	Click here to enter text.

---

**Adult of Concern – The person(s) about whom the allegation has been made**

Name	Click here to enter text.	Gender	Click here to enter text.
Date of Birth	Click here to enter text.	Ethnicity	Click here to enter text.
Telephone	Click here to enter text.	Email	Click here to enter text.
Job Title	Click here to enter text.		
Employing Agency (include statutory or voluntary agency)	Click here to enter text.		
Employment status	Click here to enter text.	Place of employment	Click here to enter text.
Home Address	Click here to enter text.		
Additional information e.g. employment history; previous concerns raised	Click here to enter text.		
Details of any previous allegations made	Click here to enter text.		
Have safer recruitment processes been followed?	Click here to enter text.		
Date of DBS	Click here to enter text.		

Carer	Click here to enter text.			
Relationship	Click here to enter text.			
Date of Birth	Click here to enter text.			
Ethnicity	Click here to enter text.			
Address	Click here to enter text.			
Telephone contact	Click here to enter text.			
Email contact	Click here to enter text.			
Additional Information (e.g. disability, communication or other SEN / previous child protection concerns)	Click here to enter text.			

---

**Details Of Allegation / Concern**

Date of Allegation	Click here to enter text.	Time of Allegation	Click here to enter text.	Place of Allegation	Click here to enter text.
Allegation in Personal Life?		Click here to enter text.			
Allegation in Professional Life?		Click here to enter text.			
Record the details of the allegation (using the child/adult's own words where possible)		Click here to enter text.			
Record nature of allegation – physical abuse, sexual abuse, emotional abuse, neglect:		Click here to enter text.			
Did the incident involve an authorised physical restraint?		Click here to enter text.			
Has the child been spoken to about this incident or concern? Please give details		Click here to enter text.			
Has a parent/carer been informed? If yes, give reason and details		Click here to enter text.			
Has the member of staff / volunteer been informed? If yes, please give reason and details		Click here to enter text.			

What other actions has your agency/organisation undertaken so far?		Click here to enter text.	
Are any other agencies involved?		Click here to enter text.	
Referrers Name	Click here to enter text.	Referrers Agency	Click here to enter text.
Referrer signature	Click here to enter text.		
Date	Click here to enter text.	Time	Click here to enter text.

**SECTION TWO – Progress & Monitoring Form (LADO Team Only)**

<b>LADO Team to Complete</b>		
Date Allegation Received	Click here to enter text.	
Date Opened	Click here to enter text.	
Summary of allegation (additional to referral information above)	Click here to enter text.	
<b>Chronology of events</b>		
<b>Date</b>	<b>Detail of action</b>	<b>Recording officer</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

**Outcome summary**

Outcome	Definition	Tick all applicable
<b>Allegation substantiated</b>	Allegations supported or established by evidence or proof	<input type="checkbox"/>
<b>Allegation unsubstantiated</b>	An unsubstantiated allegation is not the same as a false allegation. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.	<input type="checkbox"/>
<b>Allegation unfounded</b>	This indicates that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it will be necessary to have evidence to disprove the allegation	<input type="checkbox"/>
<b>Malicious allegation</b>	This means there is clear evidence to prove there has been deliberate act to deceive and the allegation is entirely false.	<input type="checkbox"/>
<b>S47 enquiries</b>	This applies where LB Waltham Forest has made s47 enquiries (where it has reasonable cause to suspect that a child is suffering or likely to suffer significant harm).	<input type="checkbox"/>
<b>Criminal investigation and outcome</b>	This applies where the police have been involved in investigating an allegation to determine whether or not a criminal offence has been committed.	<input type="checkbox"/>
<b>Disciplinary proceedings</b>	This applies where the employer has considered the allegation under the terms of their own internal disciplinary investigation	<input type="checkbox"/>
<b>Dismissal</b>	This applies where the employer has decided, following due consideration of the allegation, to dismiss the member of staff from their employment.	<input type="checkbox"/>
<b>Referral to regulatory body</b>	For example the General Teaching Council, General Social Care Council etc.	<input type="checkbox"/>