

# Safeguarding Policy

# Walthamstow Montessori School

**Developed by:**

In conjunction with LBWF Safeguarding Team and Wendy Palumbo, Head of School, WMS

**Ratified on:**

**October 2019**

**Review date:**

**August 2020 (unless interim updates received)**

## Key Setting Information

Name of Setting	Walthamstow Montessori School
Setting Main Phone Number	020 8523 2968
Setting Main Email	E17montessori@aol.com
Setting Address	Penrhyn Hall, Penrhyn Ave, E17 5DA
Designated Safeguarding Lead	Wendy Palumbo, Head of School
Deputy Designated Safeguarding Lead	Karen Darnborough, Class Teacher
Named Person for Allegations against staff & volunteers (ASV)	Wendy Palumbo, Head of School
SENCo / Special Needs Lead	Heidi Cherry, Class Teacher
Headteacher / Principal	Lorna Mahoney, Principal & Owner
Chair of Governors / Trustees	Douglas Cherry, Advisory Chair
Governance Safeguarding Lead	Douglas Cherry, Advisory Chair

## Purpose & Scope

### Our Commitment to Safeguarding

We believe that all children have a right to be safe and should be protected from all forms of abuse and neglect.

Although reporting concerns can be uncomfortable for staff, and be unpleasant for families, as a **school**, we recognise that it is better to help children, young people and their families early, before issues escalate and become more damaging.

Because safeguarding is everyone's responsibility, all staff is committed to recognising and reporting all concerns relating to child safety, wellbeing and in particular are vigilant to spot signs of abuse and maltreatment.

As such, at Walthamstow Montessori School (WMS) we promise to:

- Be observant and alert to signs of abuse
- Be curious and question explanations given by parents / children / staff
- Be compassionate, honest and clear
- Ask for support when we feel at the limit of our experience / patience / skills
- Understand and follow school policies and procedures
- Work together with other agencies when appropriate to make sure that support for children, young people and families is effective and helps improve outcomes.

Children and young people 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.

**WMS** aims to offer an environment where children feel welcome, safe, stimulated and where children are free to enjoy learning and developing in confidence.

The **purpose of this policy** is to safeguard and promote the welfare of children at **WMS**.

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.

In order to take all necessary steps to keep children safe and well, **WMS** will:

- Safeguard children both preventatively and responsively
- Ensure the suitability of adults who have contact with children
- Promote good health, effective management of medical conditions, and the development of self-care in children & young people
- Have clear standards of behaviour for staff / volunteers and children / young people
- Manage behaviour by anticipating possible concerns, prevention strategies, and clear, fair responses to challenging behaviour
- Maintain records that document safeguarding concerns over time, including low-level worries about a child or young people that together may paint a picture of concern
- Ensure that all policies and procedures relating to safeguarding and wellbeing are updated annually in collaboration with the board of governors (or similar).

### Who is responsible for Safeguarding?

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

This policy applies to all staff, including paid staff, volunteers and sessional workers, agency staff, organisations contracted to deliver services within school, one-off visitors, students or anyone working on behalf of **WMS**.

This policy relates to all children (anyone up to their 18th birthday) with whom WMS works.

This policy will be readily available via our website **[www.walthamstowmontessori.org](http://www.walthamstowmontessori.org)** for professionals, parents and partners as well as on school site upon request.

Updates will be disseminated to all staff via emails and safeguarding briefings and updates, which are provided on all staff training days.

The policy will be given to parents prior to children commencing, and following each update by email. Support and consideration will be given to those parents for whom English is not a first language.

All staff and volunteers must read, understand and put the policy into practice. Furthermore, all staff must read the statutory guidance Keeping Children safe in Education 2018 (reviewed September 2019) 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.

### 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

## **Partnership with Parents and Others**

WMS 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.

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

### **Partnerships with others**

WMS 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.

### **The voice of the child**

All staff will endeavour to ensure that their approach is child- and family-centred. This means that they will consider, at all times, what is in the best interests of the child, and how to approach families with compassion and respect.

Staff will always seek to understand and give voice to the lived experience of a given child and young person within a school / college, at home and within their wider community, even if children and young people are unable / unwilling to express their experience themselves.

## Safer Recruitment and Selection

WMS pays full regard to the statutory guidance for settings by following the guidance in Keeping Children Safe in Education (September 2018). We ensure all appropriate measures are applied to everyone who works in the school and who is therefore likely to be perceived by the children as a safe and trustworthy adult. The school's Staff Recruitment Policy and procedures can be found on the school's website and available on school site upon request as a hard copy.

## Identifying Abuse

Being alert to abuse and to the fact that 'it could happen here' is crucial to safeguarding:

- 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.

## Indicators

The warning signs of child abuse and neglect can vary from child to child. All staff, including sessional staff, should log even minor concerns about incidents and behaviour changes, and any other worries about children and young people.

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, and physical abuse in young children is more likely to lead to permanent injury or fatality.

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.

### **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 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, which includes coercive control and domestic abuse.

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.

### **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 and children are also perpetrators.

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.

## **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. Children who are neglected often also suffer from other types of abuse.

Neglect usually indicates a relationship issue between the parent and child.

A key task for staff and volunteers is to record all instances of neglect, however minor. This builds up a picture of the child's lived experience and provides the crucial evidence required at point of referral.

There are many different aspects in which neglect can manifest:

- Physical Neglect or Deprivation of Needs
- Medical Neglect
- Supervisory Neglect
- Environmental Neglect
- Educational Neglect
- Emotional Neglect

## **Children Missing Education (CME) and Children Missing from Education (CMfE)**

Attendance, absence and exclusions are closely monitored. A child with an unexplained absence from the setting may be a potential indicator of abuse and neglect. The DSL will monitor unexplained/unauthorised 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 school day. Staff must be alert to signs of children at risk of travelling to conflict zones, female genital mutilation and forced marriage.

WMS follows the Safeguarding Children Practice Guidance; Children Missing from School from the London Child Protection Procedures and will refer all cases of concern to their Education Welfare Officer (EWO) or Attendance Lead.

Where parents inform WMS that they wish to 'home educate' their child, WMS will inform the Local Authority in accordance with the Elective Home Education Procedure.

In Waltham Forest, the Behaviour, Attendance & Children Missing Education Service within Early Help is responsible for agreeing and monitoring CMfE with the Procedures for Once a School Place has been offered.

## **Female Genital Mutilation (FGM)**

FGM is a cultural practice and is illegal in the UK and is considered a violation of human rights by the United Nations 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](#).

### 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.

### Mandatory Reporting Duty

Section 5C of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015) gave the Government powers to issue statutory guidance on FGM to relevant persons. The [draft statutory guidance](#) draws on the existing FGM multi-agency practice guidelines and has been updated to capture legal changes resulting from provisions in the Serious Crime Act 2015, new guidance for health professionals, new sources of data on FGM and wider safeguarding responsibilities, duties and resources for professionals. It also includes guidance on the new mandatory reporting, which came into effect on 31<sup>st</sup> October 2015.

The guidance provides professionals with the information they need to help them understand the issues around FGM; professionals' responsibilities on FGM linked to wider safeguarding duties and good practice; the range of legal interventions to deal with FGM; guidelines for key professionals including police, healthcare professionals, children's social care and schools and colleges, and working with communities to prevent FGM.



Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers<sup>1</sup>, along with social workers and healthcare professionals, to report to the police where they discover (either 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 teachers 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.**

Unless the teacher has a good reason not to, they should still consider and discuss any such case with the school's designated safeguarding lead and involve children's social care as appropriate. While the duty is limited to the specified professionals described above, non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with wider safeguarding frameworks. 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.

#### **Settings 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/>

Free online training from the Home Office

<https://www.fgmelearning.co.uk/>

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<sup>1</sup>“teacher” 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 schools 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 teacher at a school (within the meaning of the Education Act 1996) in Wales.

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

Hibo Wardere, FGM Mediator. Tel: 020 8496 6952

[Hibo.Wardere@walthamforest.gov.uk](mailto:Hibo.Wardere@walthamforest.gov.uk)

Or Mamta Sagar, Specialist Practitioner TEL: 07966622501 / email: mamta.sagar@walthamforest.gov.uk

## **PREVENT**

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*' (2018). An integral part of that work relates to the governments PREVENT strategy and the duties it places on education settings.

We are committed to providing a secure environment, where children feel safe and are kept safe. All adults in our setting 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 the setting, such as in their homes or community groups
- Graffiti symbols, writing or art work promoting extremist messages or images
- Children accessing extremist material online, including through social networking sites
- Parental reports of changes in behaviour, friendship or actions and 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 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 which promotes British Values through the EYFS, we strive to protect our students - 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).

### **Forced marriage**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage.

Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example).

Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published statutory guidance and Multi-agency guidelines, with pages 35-36 of which focus on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email [fmf@fco.gov.uk](mailto:fmf@fco.gov.uk).

## 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 behavior.

In transgressing this correct code of behavior, 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.

### What is Child Abuse linked to faith and belief?

There is no agreed definition 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, school 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 school staff (both teaching and non-teaching) concerns should be reported via the school's or college's designated safeguarding lead. The safeguarding lead will usually decide whether to make a referral to children's social care;

- 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 school, 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 schools 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 arrangement must [notify children's services](#) as soon as possible.

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 setting should notify the local authority of the circumstances.

### **Child Sexual Exploitation (CSE)**

Sexual exploitation can take many forms from the seemingly 'consensual' relationship where sex is exchanged for attention/affection, accommodation or gifts, to serious organised crime and child trafficking. What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops. WMS will attempt to identify young people who are vulnerable to, or at risk of, sexual exploitation and who need services and interventions to keep them safe. We will pass on any information about CSE issues affecting the schools, for example concerns about adults hanging around the school, to the police.

**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:

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.

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.

Documents to be accessed are as follows:

WFSCB CSC referral letter/WFSCB MASE referral form

### Child criminal exploitation: County Lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns.

Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered.

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

### Peer on Peer abuse including Upskirting

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to)

- bullying (including cyberbullying)
- sexual violence and sexual harassment
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, otherwise causing physical harm
- sexting
- initiating/hazing type violence and rituals.
- Upskirting which is a criminal offence and typically involves someone taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm and/or sexual exploitation(e.g. photographing or videoing indecent acts).

### *Sexual violence & sexual harassment between children*

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment.

Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable.

It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk.

Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

### Sexual violence

It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

- **Rape:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.
- **Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
- **Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

### What is consent?

- Consent is about having the freedom and capacity to choose.
- Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom.
- Consent can be withdrawn at any time during sexual activity and each time activity occurs.
- Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

### Sexual harassment

When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment.

Sexual harassment is likely to:

- violate a child's dignity,
- and/or make them feel intimidated, degraded or humiliated
- and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names
- sexual "jokes" or taunting
- physical behaviour, such as:
  - deliberately brushing against someone,
  - interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim)
  - displaying pictures, photos or drawings of a sexual nature
- online sexual harassment.

This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:

- non-consensual sharing of sexual images and videos
- sexualised online bullying
- unwanted sexual comments and messages, including, on social media
- sexual exploitation
- coercion and threats

### The response to a report of sexual violence or sexual harassment

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe.

A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow the referral process. As always, if staff are in any doubt as to what to do they should speak to the designated safeguarding lead (or a deputy).

### Key contact

Tracey Goddard - Borough Lead – Peer on Peer Abuse & Harmful Sexual Behaviour

[Tracey.Goddard@walthamforest.gov.uk](mailto:Tracey.Goddard@walthamforest.gov.uk)

### Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare.

The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity.



Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property.

Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live.

The following factsheets usefully summarise the new duties: Homeless Reduction Act Factsheets.

The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis. In most cases school and college staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis.

In some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances.

The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on the provision of accommodation for 16 and 17 year olds who may be homeless and/ or require accommodation.

## **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.

## E-Safety

WMS recognises that children will use mobile phones and computers at some time. They are a source of fun, entertainment, communication and education. Young children increasingly use electronic equipment on a daily basis to access the internet and share content and images via social networking sites. However, we know that some men, women and young people will use these technologies to harm children. The harm might range from sending hurtful or abusive texts and emails, to enticing children to engage in sexually harmful conversations, web cam photography or face-to-face meetings. Children may also be distressed or harmed by accessing inappropriate websites that promote unhealthy lifestyles, extremist behaviour and criminal activity.

WMS has an e-safety policy that is known to all staff and children.

The setting's **e-safety policy** (*this can be accessed from the school website*) explains how we try to keep children safe at the setting and protect and educate children in the safe use of technology.

Many children either own or have access to hand held devices and parents are encouraged to consider measures to keep their children safe when using the internet and social media at home and in the community.

### *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 parental consent
- Use only the child's first name with an image
- Ensure children are appropriately dressed
- Encourage child to tell us if they are worried about any photographs that are taken of them
- Have a policy regarding staff use of mobile phones within the workplace

## **TAKING ACTION TO ENSURE THAT CHILDREN ARE SAFE AT THE SETTING AND AT HOME**

All staff should follow the DfE guidance [Statutory Framework for the Early Years Foundation Stage \(revised and effective April 2017\) – Section 3: The Safeguarding and Welfare Requirements](#)

It is **not** the responsibility of the WMS 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 child will be recorded and discussed with the designated senior person/manager/owner with responsibility for safeguarding (or another senior member of staff 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 suspicion, allegation 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)

### **Child & Young People's Disclosures to Staff**

Children and young people may disclose concerns to staff, and may do so knowing that what they are disclosing is a concern, and sometimes they will be unaware that their disclosure will signal concerns.

Wherever possible, staff should make the time and space to listen and understand what the child / young person is disclosing. Don't be afraid to respond with compassion and empathy and to ask open questions if you're unsure about what the concerns are.

Especially vulnerable pupils

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

#### Children & Young People Especially Vulnerable

- 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.

## Safeguarding Procedure in School

### Designated Safeguarding Lead (DSL)

A Designated Safeguarding Lead (DSL) is appointed to support the management of safeguarding cases at WMS  
Their name and contact details are:

**Wendy Palumbo, Head of School. Email: [e17montessori@aol.com](mailto:e17montessori@aol.com) / Tel: 0208523 2968**

The Deputy Designated Safeguarding Lead(s) is/are:

**Karen Darnborough, Class Teacher. Email: [k.darnboroughwms@aol.com](mailto:k.darnboroughwms@aol.com) / Tel: 020 8523 2968**

A DSL or Deputy will be on site at all times. Staff and volunteers should be able to access DSLs for advice, information and signposting at all times. If, for some reason, the DSL is inaccessible, staff and volunteers must make a referral without delay.

It is important that DSLs obtain a full and rich picture of children's experience. As soon as staff identify indicators of concern, they should record all concerns regarding behaviour and wellbeing by following the

schools procedures and policy on recording concerns on the appropriate forms, and if the concerns are serious, they should speak to the DSL without delay.

Although DSLs take responsibility for Safeguarding in school, Headteachers are ultimately responsible for all the children / young people in school. Headteachers should be contacted in the event that possible harm has been caused by a member of staff or volunteer.

### Recording

Recording of concerns should take place as close in time to the incident as reasonably possible, by using the schools appropriate recording of concern form.

Where concerns are serious, in addition to logging concerns, staff should seek to speak to a DSL immediately either in person or by phone.

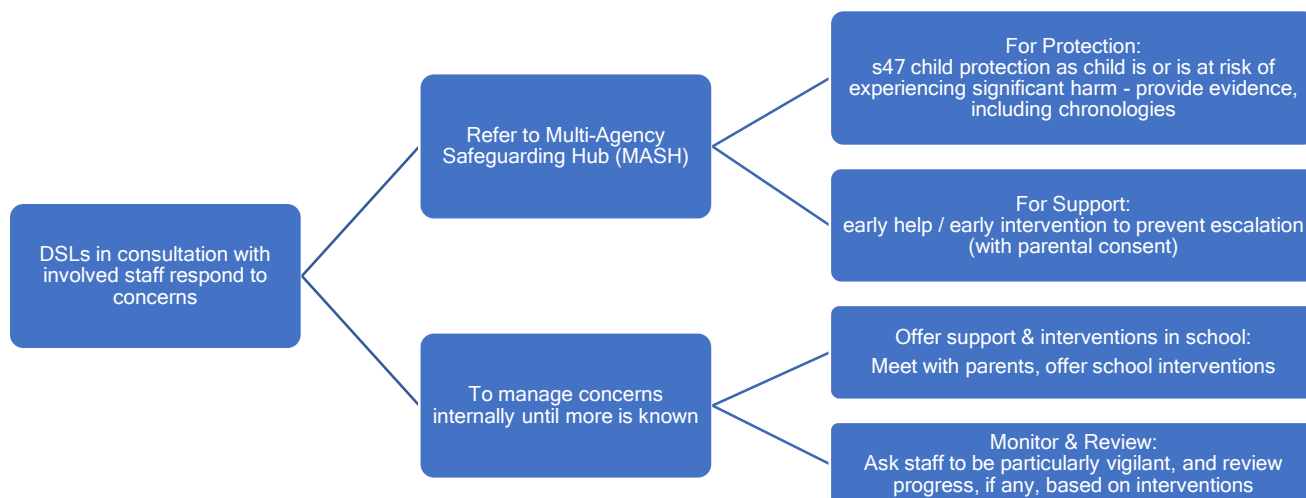
### Information sharing

The Data Protection Act 2018 and GDPR 2016 **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. Sharing information regarding safeguarding children and young people within school enables staff to be especially vigilant around certain children.

If in doubt about sharing, see: [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018](#).

## DSL Decision-Making

In consultation with [MASH](#), if necessary, WMS DSLs and involved staff will decide together:



## Referrals

Multi-agency Safeguarding Hub (MASH) is Waltham Forest's single point of referral to social care for concerns regarding children, young people and vulnerable adults:

- Early Help (parental consent needed)
- Child in Need
- Child Protection
- Adult Safeguarding

Referrals to the Multi-agency Safeguarding Hub (MASH) should be made immediately when there is a concern that the child is suffering significant harm or is likely to do so.

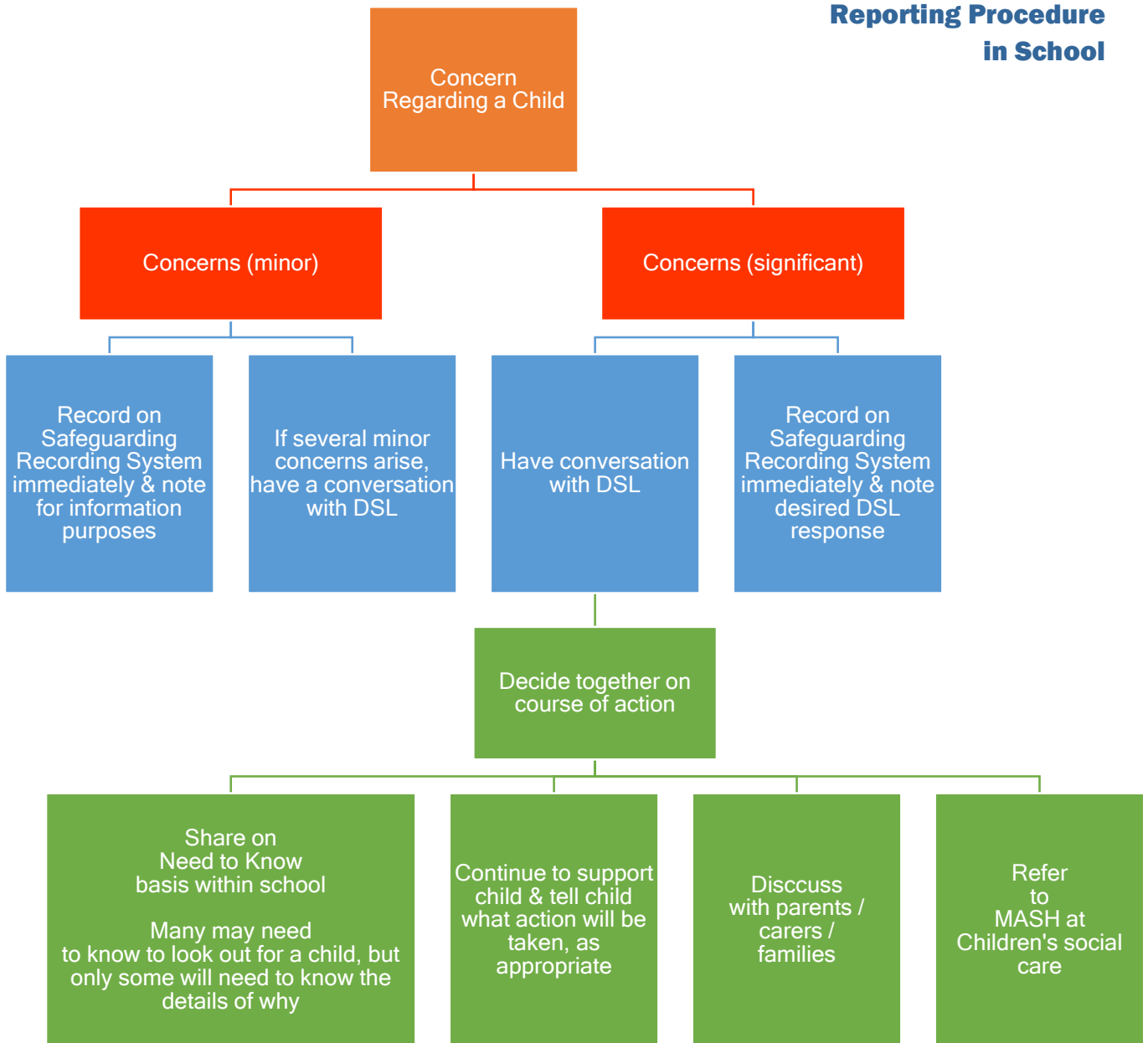
It is good practice to notify MASH by phone and/or email to discuss the case prior to sending a written referral. This will help determine the level of intervention and will also give children's social care and the police time to make arrangements to come and see the child that same day in school, if deemed necessary.

In **WMS** the DSL ordinarily takes responsibility for the referral process, in consultation with staff who know the child. Still, there are circumstances where another member of staff must refer without delay:

- If for some reason (e.g., during the summer break), the DSL is not available, the referral should be made without delay by any other member of school staff
- If you disagree with your DSL's decision not to refer a case to MASH, it is your responsibility to refer the case, and to respectfully inform the DSL that you are doing so.

Should another member of staff refer instead, the DSL must be consulted and updated as soon as possible.

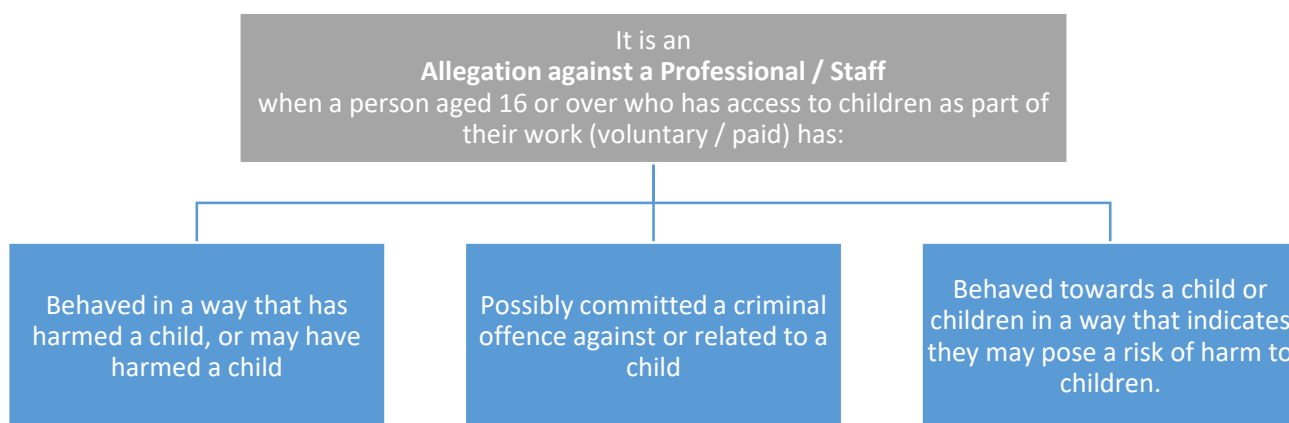
## Reporting Procedure in School



### Allegations against professionals

All allegations against staff and volunteers must be reported to the Wendy Palumbo, Head of School and Lorna Mahoney, Principal in the first instance in confidence. The person against whom the allegation is made should not be notified at this point.

If harm is caused to a child by a member of staff or a volunteer, the referral should go to LADO.



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 \(2018\)](#).**

#### 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 reasonably 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 headteacher/proprietor.
- Do not share allegations with any other member of staff, including the subject of the allegation.
- If the allegation is against the headteacher, staff must report to chair of governors / trustees.
- 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:  
**020 8496 3646 / [lado@walthamforest.gov.uk](mailto:lado@walthamforest.gov.uk).**

#### Whistleblowing

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

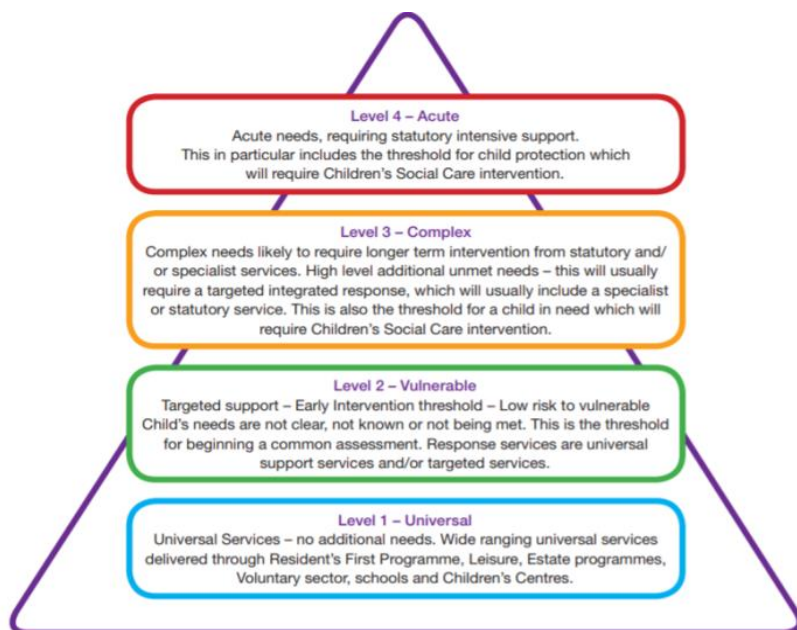
All staff are made aware of the duty to raise concerns about the attitude or actions of staff in line with the school's Code of Conduct / Whistleblowing policy.



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. Thresholds for social care intervention



### Level 1 – Universal

Universal services are key partners in the delivery of a preventative approach to improving outcomes for children and young people. Services delivered at the universal level meet the needs of the majority of children and young people. These 'universal services' are those services (sometimes also referred to as mainstream services) that are provided to or are routinely available to, all children and their families. Universal services are designed to meet the sorts of needs that should enhance the lives and wellbeing of all our children.

Most children will not require intervention beyond the universal level of support within the borough available to all children – these will not require social care intervention.

### Level 2 – Vulnerable

Vulnerable needs requiring targeted support, when the needs of the child can no longer be fully met within Universal provision. These children and their families may have low level additional needs that are likely to be short term and that are sometimes known but unmet. In this context, a Common Assessment should be completed with the family and child or young person. At this point the Team around the Child and Family processes should commence if support is required from more than one professional service. The team is coordinated by a Lead Professional to provide a consistent link for the family.

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. Early Help intervention requires parental consent and engagement. Providing early help is more effective in promoting the welfare of children than reacting later. The aim is to prevent further issues arising and current issues escalating.

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, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to [MASH](#).

### **Level 3 – Complex**

For children and young people whose needs are complex, the lead professional will be a social worker who will work closely with the child and family to ensure a single assessment and deliver the right support and intervention. These children will be eligible for social care services, outlined in a Children in Need plan, because they are at risk of moving to a higher threshold for intervention from specialist services. In most cases the social worker will act as the lead professional to coordinate the work of all agencies with the child and family. "Asset" is the risk assessment tool used to assess the likelihood of a Young Person going on to commit an offence and to identify what areas of work need to be undertaken to reduce this risk.

Section 17 of the Children Act 1989 places a general duty on every Local Authority to safeguard and promote the welfare of children living within their area who are in need and to promote the upbringing of such children, wherever possible by their families, through providing an appropriate range of services. 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.

### **Level 4 – Acute**

Acute Specialist Services are required where the needs of the child or young person are so great that statutory and /or specialist help and intervention is required to keep them safe or to ensure their continued development. These span the multi-agency partnership including; Children's Social Care, Child and Adolescent Mental Health Services and Level 3 and 4 Youth Offending Services.

By effective integrated working in Waltham Forest, we aim to reduce the escalation of those children and families requiring targeted support to prevent more children requiring specialist and statutory interventions. To ensure the right support, in the right place at the right time.

In Waltham Forest we are developing a confident integrated workforce with a common core of knowledge and understanding to support and intervene effectively to safeguard children young people and families.

A very small number of children for whom targeted support will not be sufficient will have more significant and acute needs which meet the threshold for Stage 4 intervention. This includes children who are experiencing significant harm or where there is a likelihood of significant harm and children at risk of removal from home.

s47 or Child Protection intervention is the process 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).

## Appendix 2. Useful Contacts in Waltham Forest

<b>Multi-Agency Safeguarding Hub (MASH)</b>  Single point of referral for Early Help, Child Protection and Adults' Safeguarding in Waltham Forest	Phone: 020 8496 2310 Mon-Thurs, 9am-5.15pm and Fri, 9am-5pm Out of Hours: 020 8496 3000 Email: <a href="mailto:MASHrequests@walthamforest.gov.uk">MASHrequests@walthamforest.gov.uk</a>  N.B.: If you cannot get through by phone, send an email with your contact details, and you will get a same-day phone response during normal business hours
<b>LADO Team</b>  Allegations against staff and volunteers (ASV)	Phone: 020 8496 3646 Email: <a href="mailto:lado@walthamforest.gov.uk">lado@walthamforest.gov.uk</a>  N.B.: If you cannot get through by phone, send an email with your contact details, and you will get a same-day phone response during normal business hours
<b>Safeguarding in Education Team</b> Consultations / Training / Support (traded service)	Phone: 020 8496 3646 Email: <a href="mailto:lado@walthamforest.gov.uk">lado@walthamforest.gov.uk</a>  N.B.: If you cannot get through by phone, send an email with your contact details, and you will get a phone response within 24 hours during normal business hours
<b>Early Help</b>	Phone: 020 8496 1517 Email: <a href="mailto:earlyhelp@walthamforest.gov.uk">earlyhelp@walthamforest.gov.uk</a>
<b>Virtual School</b>	Phone: 020 8496 1741 Email: <a href="mailto:virtual.school@walthamforest.gov.uk">virtual.school@walthamforest.gov.uk</a> Head of Virtual School: <a href="mailto:fay.blyth@walthamforest.gov.uk">fay.blyth@walthamforest.gov.uk</a>
<b>Special Educational Needs &amp; Disability (SEND) Service</b> [ formerly known as Disability Enablement Service (DES) ]	Phone: 020 8496 6503 Email: <a href="mailto:senteam@walthamforest.gov.uk">senteam@walthamforest.gov.uk</a>
<b>Corporate Director Children's Social Care (CSC)</b> Inter-agency Escalation of concerns beyond escalation to Team Manager for Children's social care intervention	Phone: 020 8496 1907 Email: <a href="mailto:cspahub@walthamforest.gov.uk">cspahub@walthamforest.gov.uk</a> ; <a href="mailto:amana.gordon@walthamforest.gov.uk">amana.gordon@walthamforest.gov.uk</a>
<b>Corporate Director Quality Assurance (QA)</b> Inter-agency Escalation of concerns beyond escalation to Team Manager for LADO intervention	Phone: 020 8496 3685 Email: <a href="mailto:cspahub@walthamforest.gov.uk">cspahub@walthamforest.gov.uk</a> ; <a href="mailto:Darren.McAughtrie@walthamforest.gov.uk">Darren.McAughtrie@walthamforest.gov.uk</a>

<b>Local Safeguarding Children Board (LSCB)</b> Local Safeguarding Partners (LSPs)	Email: <a href="mailto:strategicpartnerships@walthamforest.gov.uk">strategicpartnerships@walthamforest.gov.uk</a>
<b>Child Death Overview Panel (CDOP)</b> notifications	Phone: 020 8496 3691 Email: <a href="mailto:cdop@walthamforest.gov.uk">cdop@walthamforest.gov.uk</a>
<b>Female Genital Mutilation (FGM)</b> Community Safety	Refer via <a href="#">MASH</a> . Phone: 020 8496 3281 Email: <a href="mailto:Sylvie.lovell@walthamforest.gov.uk">Sylvie.lovell@walthamforest.gov.uk</a>
<b>Prevent</b> Community Safety	Refer via <a href="#">MASH</a> . Phone: 020 8496 3000 Mobile: 07816150037 Email: <a href="mailto:communitysafety@walthamforest.gov.uk">communitysafety@walthamforest.gov.uk</a> ; <a href="mailto:Amy.Strode@walthamforest.gov.uk">Amy.Strode@walthamforest.gov.uk</a>
<b>Gangs</b> Community Safety	Refer via <a href="#">MASH</a> . Email: <a href="mailto:Adeolu.Solarin@walthamforest.gov.uk">Adeolu.Solarin@walthamforest.gov.uk</a>
<b>Adolescent Safeguarding Lead</b> Children's Social Care	Refer via <a href="#">MASH</a> . Email: <a href="mailto:Reanne.Turner@walthamforest.gov.uk">Reanne.Turner@walthamforest.gov.uk</a>
<b>Harmful Sexual Behaviour Lead</b> Children's Social Care	Refer via <a href="#">MASH</a> . Email: <a href="mailto:tracey.goddard@walthamforest.gov.uk">tracey.goddard@walthamforest.gov.uk</a> Tel: 020 8496 5027 Mob: 0797 476 8433
<b>MARAC / DRM queries</b>	Refer via <a href="#">MASH</a> . <a href="mailto:Dianne.Andrews@walthamforest.gov.uk">Dianne.Andrews@walthamforest.gov.uk</a>
<b>Mental Health First Aid /</b> Public Health	<a href="mailto:catherine.hutchinson@walthamforest.gov.uk">catherine.hutchinson@walthamforest.gov.uk</a>
<b>Private Fostering</b>	Refer via <a href="#">MASH</a> . Email: <a href="mailto:Pamela.Levy@walthamforest.gov.uk">Pamela.Levy@walthamforest.gov.uk</a> Phone: 020 8496 1575
<b>Violence against women and girls (VAWG) &amp; Domestic Abuse one-stop-shop</b>	Refer via <a href="#">MASH</a> . Email: <a href="mailto:vawg@walthamforest.gov.uk">vawg@walthamforest.gov.uk</a> ; <a href="mailto:domesticabuseadvice@walthamforest.gov.uk">domesticabuseadvice@walthamforest.gov.uk</a>

(A signed policy is available upon request)

This policy was adopted on dated: 1.03.2016

Signed (Principal):

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Signed (Senior member of school staff):

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Signed (Parent Representative):

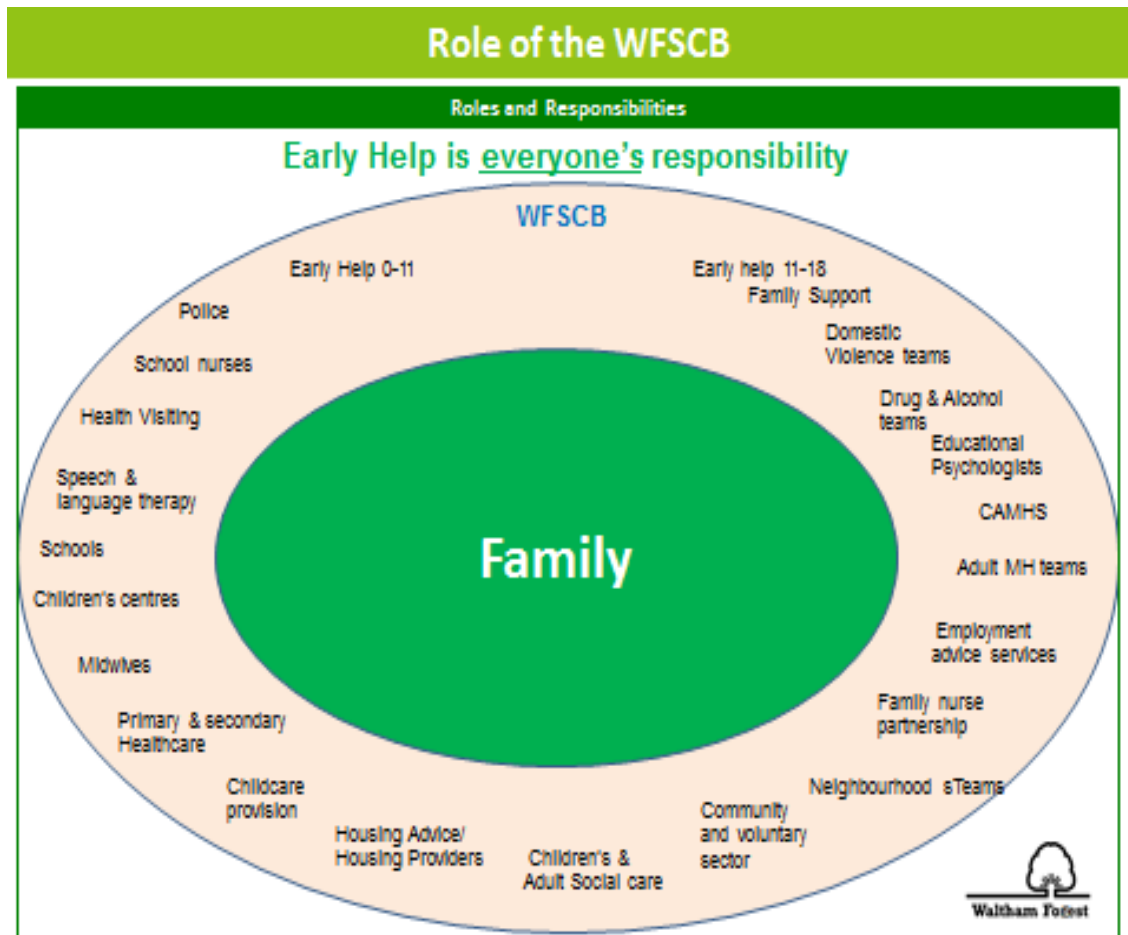
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Date of signage: 1/10/19

Date to be Reviewed: **31/7/20**

## 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.



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.

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](mailto:EarlyHelp@walthamforest.gov.uk)

Safeguarding in Early Years and Childcare Policy

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.

If you are uncertain who your Early Help Co-ordinator is please send an email to the above address and someone from the team will be in-touch.

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 setting’s 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 Early Help Duty Team**

Early Help Duty Team

London Borough of Waltham Forest

Tel: 020 8496 1517 (Early Help duty line)

Email: [EarlyHelp@walthamforest.gov.uk](mailto:EarlyHelp@walthamforest.gov.uk)

Twitter: [@wfcouncil](https://twitter.com/wfcouncil)

Website: [www.walthamforest.gov.uk](http://www.walthamforest.gov.uk)

**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](mailto:MASHrequests@walthamforest.gov.uk)

**Waltham Forest Multi Agency Safeguarding Hub** 221 Hoe Street,

Walthamstow

London

E17 9PH

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