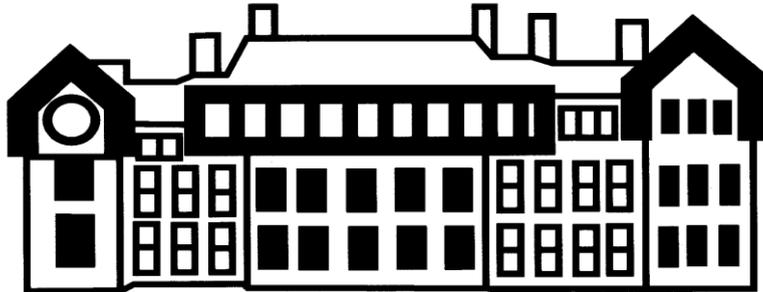


GORDON



SCHOOL

Child Protection Supplementary Documents

Ratification date: November 2018

Review date: November 2019

Signed _____ Headteacher

Signed _____ Chair of Governors

Child Protection Supplementary Documents

APPENDIX 1: Types & Indicators of Abuse (to be read in conjunction with *Keeping Children Safe in Education Part 1*)

NB. This guidance is provided as a useful reminder of the types and indicators of abuse but should always be considered within the context of a comprehensive training programme and not as a substitute for more in depth consideration.

There are four categories of abuse, which may result in a child being placed on the Child Protection Register. They are:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

Definitions of child abuse

'Child Abuse and neglect' is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development. Children may be abused or neglected through the infliction of harm or through the failure to act to prevent harm. Abuse can occur in a family, an institutional or community setting. The perpetrator may be known or not known to the child. There are four broad categories of abuse which are used for the purposes of registration. These categories overlap and an abused child may suffer more than one type of abuse.

1. Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. It may also be caused when a parent or carer feigns the symptoms or deliberately causes ill health to a child (now described as 'fabricated or induced illness').

Possible indicators of Physical Abuse - Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused:

- Unexplained injuries including burns, particularly if they are recurrent
- Improbably excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries
- Admission of punishment which seems excessive
- Bald patches
- Withdrawal from physical contact
- Arms and legs covered, even in hot weather
- Fear of returning home
- Fear of medical help
- Self-destructive tendencies
- Aggression towards others
- Running away

2. Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone. It may involve

- conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- seeing or hearing the ill-treatment of another (including witnessing domestic violence)
- serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Possible indicators of Emotional Abuse - Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused:

- Physical and/or mental and/or emotional development lags
- Admission of punishment that appears excessive
- Over-reaction to mistakes
- Continual self-deprecation
- Sudden speech disorders
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour e.g. thumb sucking, hair twisting, rocking
- Self-mutilation
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Running away
- Compulsive stealing or scavenging

3. Sexual Abuse

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

Possible indicators of Sexual Abuse - Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused:

- Sudden changes in behaviour or in school performance
- Displays of affection in a sexual way, inappropriate to age

- Tendency to cling or need reassurance
- Regression to younger behaviour e.g. thumb sucking, acting like a baby, playing with discarded toys
- Complaints of genital itching or pain, or anal pain
- Distrust of a familiar adult, or anxiety about being left with a relative, babysitter or lodger
- Unexplained gifts or money
- Depression and withdrawal
- Apparent secrecy
- Bedwetting, daytime wetting and/or soiling
- Sleep disturbances, nightmares
- Chronic illness, e.g. throat infection, venereal disease or other STD * Anorexia, bulimia
- Unexplained pregnancy
- Fear of undressing, e.g. for sport
- Phobias or panic attacks

4. Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Possible indicators of Neglect - Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused.

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Destructive tendencies
- Low self esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing or scavenging

Additional information on aspects of safeguarding/abuse

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 periods of absence from school, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the *National Referral Mechanism 98* 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.

Children Missing from Education

All children, regardless of their circumstances, are entitled to a full-time education which is suitable to their age, ability, aptitude and any special educational needs they may have. A child going missing from education is a potential indicator of abuse or neglect. The law requires all schools to have an admission register and with the exception of schools where pupils are boarders, an attendance register. All pupils must be placed on both registers.

Children are considered to be missing education if they:

- have been taken out of school by their parents and are being educated outside the school system e.g. home education;
- have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;
- have been certified by the school medical officer is unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she know his/her parent/carer has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period; or,
- have been permanently excluded.

The school must inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State).

Child Sexual Exploitation (CSE)

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 does not 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. The manipulation or 'grooming' process involves befriending children, gaining their trust, sometimes over a long period of time, before the abuse begins. The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim's options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual. Although it is true that the victim can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited.

Possible indicators of Child Sexual Exploitation (CSE)

- Inappropriate sexual or sexualised behaviour
- Repeat sexually transmitted infections
- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- Going to hotels or other unusual locations to meet friends
- Getting in/out of different cars driven by unknown adults
- Going missing from home or care
- Having older boyfriends or girlfriends
- Associating with other young people involved in sexual exploitation
- Truancy, exclusion, disengagement with school, opting out of education altogether
- Unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- Drug or alcohol misuse
- Getting involved in crime
- Injuries from physical assault, positive handling (physical restraint), sexual assault

Extremist Ideology, Radicalisation and Terrorism

Children and young people can suffer harm when exposed to an extremist ideology which may be social, political or religious in presentation. This harm can range from a child adopting or complying with extreme views which limits their social interaction and full engagement with their education, to children being groomed for involvement in violent actions.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

PREVENT - Section 26 of the Counter-Terrorism and Security Act 2015 ("the CTSA 2015"), places a duty on schools to have due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty. Paragraphs 57-76 of the Revised Prevent duty guidance: for England and Wales is specifically concerned with schools (but also cover childcare).

The statutory "Revised Prevent duty guidance: for England and Wales" (for schools) summarises the requirements on schools in terms of four general themes:

- Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools to have distinct policies on implementing the Prevent duty.
- The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board. Effective engagement with parents / the family should also be considered as they are in a key position to spot signs of radicalisation. It is important to assist and advise families who raise concerns and be able to point them to the right support mechanisms. Schools should also discuss any concerns in relation to possible radicalisation with a child's parents in line with the individual school's safeguarding policies and procedures unless they have specific reason to believe that to do so would put the child at risk.
- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to staff on protecting children from the risk of radicalisation.
- Schools must ensure that children are safe from terrorist and extremist material when accessing the internet in schools.

As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately.

Female Genital Mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

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 **school staff** along with regulated health and social care professionals in England and Wales, to report to the police where they discover that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. **School staff** must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the staff member has a good reason not to, they should also still consider and discuss any such case with the school or college's designated safeguarding lead and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases.

Mandatory reporting of female genital mutilation procedural information can be found at:

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation->

*procedural-information***Possible indicators of Female genital mutilation (FGM)**

- Holiday requests made to school for significant lengths of time (pre warning)
- Long periods of time away from the classroom during the day with bladder or menstrual problems
- Avoidance of P.E.
- Difficulty walking, sitting or standing
- Prolonged absences from school
- Noticeable behaviour changes
- Withdrawal
- Depression
- Recurrent Urinary Tract Infections (UTI) or complaints of abdominal pain

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.

Gangs & Group Violence

Although gangs tend to be seen as more of an issue with secondary-aged pupils than primary, there are growing concerns that the impact of gangs is being felt in some primary schools. In many cases, young people affiliate with gangs because they do not have significant relationships at home. The gang becomes "family" for many of its members and younger siblings can be drawn into gang and criminal activities.

Some of these early warning signs include:

- experimenting with drugs
- being less engaged in school
- absenteeism
- distancing themselves from their family and existing friends
- changing friends
- rebelling at school and home
- poor family bonding
- having large sums of money or new expensive items

If, after observing some or all of these changes in behaviour there is a suspicion of gang involvement, there are some important steps to take. Sharing concerns with the family is vital, as is making children aware of the legal and long-term consequences. A criminal record can affect a youth's choices for education, jobs and lifestyle. Gang involvement can put everyone in a gang member's family at significant personal risk of violence and becoming victims of crime.

Concerns about gang involvement must be reported in the same way as any other safeguarding issue.

Honour Based Violence

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to

protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

The Forced Marriage Unit has published Multi-agency guidelines, with pages 32-36 focusing 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: fmufco.gov.uk. See also Royal Borough of Greenwich Safeguarding Children Board website: www.greenwichsafeguardingchildren.org.uk

Peer on Peer Abuse

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, or otherwise causing physical harm; sexting and initiating / hazing type violence and rituals.

Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as stepparents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity). To help keep children safe and support families, all parents and private foster carers must notify MASH of care arrangements for children so they can ensure a child is well cared for. If you suspect a child may be being privately fostered without formal arrangement it is important you share this information in case a child is at risk of harm.

Scapegoating

Scapegoating may be taking place if a child's behaviour and/or presentation is very different to that of their siblings. It is not uncommon for one child only in a family to be suffering abuse. Other siblings may not respond to, or report, the abuse for fear that the abuser may then focus on them. The abuser may cite medical or behavioural issues within the child to explain their behaviour or appearance.

APPENDIX 2: Statutory Guidance, Legislation and Advice

The following documents form the basis of the school's Child Protection and Safeguarding Policy

- The Children Act (1989 & 2004)
- The Education Act 2002 (section 175)
- The Education (Pupil Information) (England) Regulations 2005
- Keeping Children Safe in Education (September 2018)
- Dealing with Allegations of Abuse Against Teachers and Other Staff
- Working Together to Safeguard Children (August 2018)
- Sexual violence and sexual harassment between children in schools and colleges (May 2018)
- Searching, screening and confiscation (January 2018)
- What to do if you're worried a child is being abused (March 2015)
- Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers (July 2018)
- Designated teacher for looked-after and previously looked-after children (February 2018)
- UKCCIS Guidance: Sexting in schools and colleges, responding to incidents, and safeguarding young people (2017)
- Procedures set out by the Greenwich Safeguarding Children Board
- Children Missing Education (September 2016)
- London Child Protection Procedures (May 2018)
- Children & Families Act (2014)
- Guidance for safer working practice for those working with children and young people in education settings (September 2015)
- Ofsted: Inspecting safeguarding in early years education and skills (September 2015)

APPENDIX 3: Record Keeping and Referral Guidance

It is essential that school keeps clear records based on observation and evidence, which separate fact, allegation, hearsay, opinion or unsubstantiated evidence and which clearly indicate decisions and actions taken.

Child protection information will be kept in separate files by the designated teacher and will only be discussed with staff on a need to know basis. Staff need to know when a child is at risk and what plan has been decided by case conference, but may not need to know all the confidential details. All records, notes and observations made by class staff as part of ongoing monitoring of children on the child protection register or causing concern, must be completed on the appropriate incident/concern form and immediately handed to the DSL.

All child protection conference minutes must be stored in the confidential files kept by the Designated Safeguarding Lead.

Initial Concerns

Initial concerns, incidents or disclosure by a child must be reported to the DSL using the incident/concern form. A copy of the form and body map in Appendix 4 should be used to record injuries/marks/bruises.

The following information must be recorded:

- time, date, place and people who were present
- exact details of what was said the by the child and/or others (no interpretation or opinion)
- the child's emotional or physical condition
- details of the behaviour(s) causing concern and the context in which it occurred

Details of injuries, marks or bruises - the position of these must be marked on the appropriate body drawing and suitably annotated to provide further detail (number, length of marks, description of marks, colour of marks/bruises etc.). Other relevant details - including information about previous incidents which may not have been reported but now seem relevant.

Ongoing Concerns/Monitoring

- A chronology should be maintained
- Staff in regular contact with a child may be required to keep a running record noting information about particular aspects of a child's behaviour, physical and/or emotional condition or remarks they may make - either because concerns are ongoing or as part of a child protection plan. These need to be written on yellow incident sheets and handed to the DSL. Any records passed to the DSL electronically must be password protected.

Referrals

The DSL must keep detailed, contemporaneous notes of:

- discussions with staff
- discussions with the child
- discussion with parents
- information provided to social services
- decisions taken (with times, dates and signed)

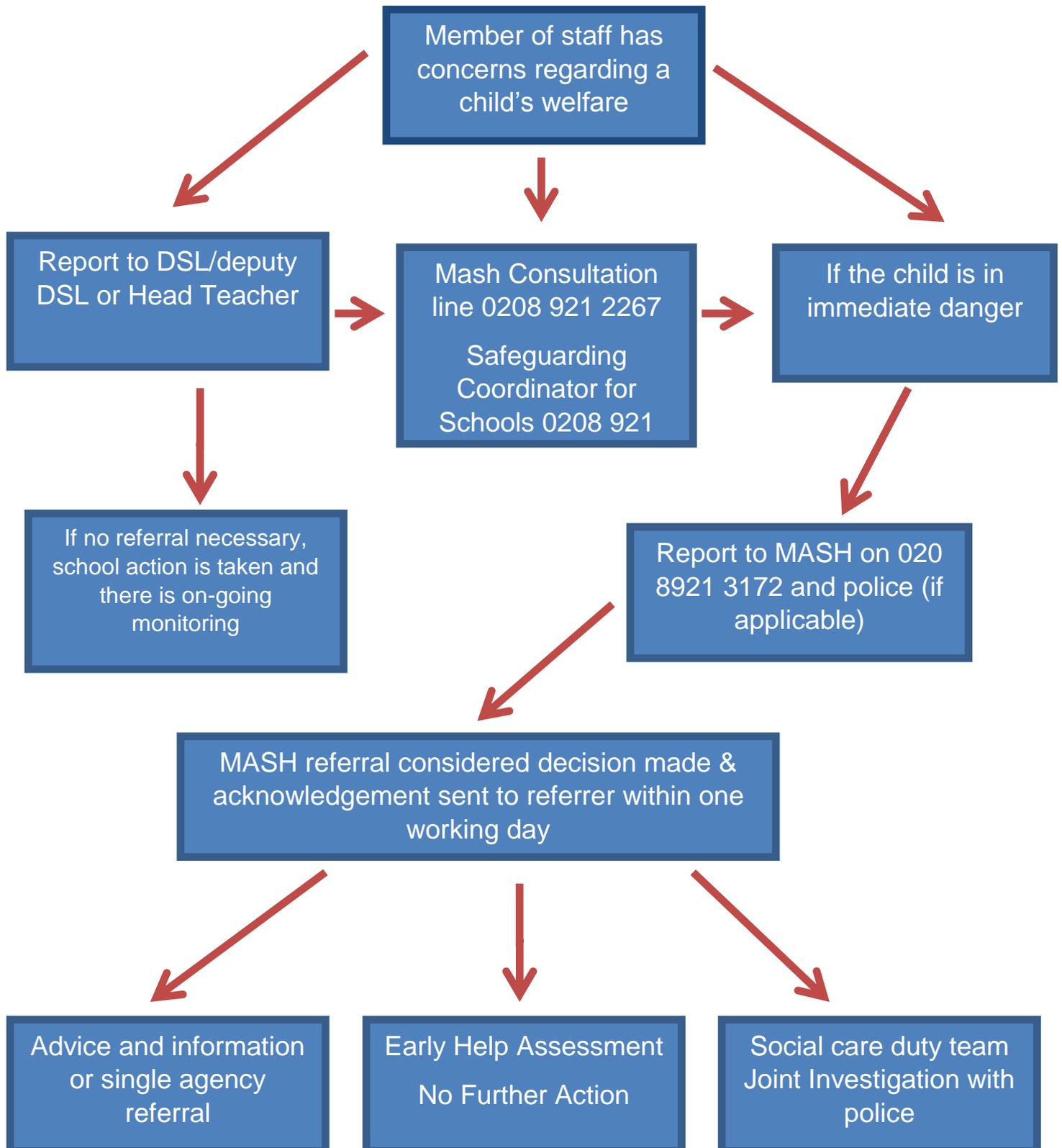
The DSL will confirm verbal and telephone referrals to social services in writing within 48 hours of the referral.

Reports for Child Protection Conferences/Core Group Meetings

Reports for child protection conferences must be written on the agreed pro-forma. They should focus on the child's educational progress and achievements, attendance, behaviour, participation, relationships with other children and staff and, where appropriate, their appearance and concerns. They should provide clear factual information. Staff should be aware that these reports will be made available to parents at the child protection conference.

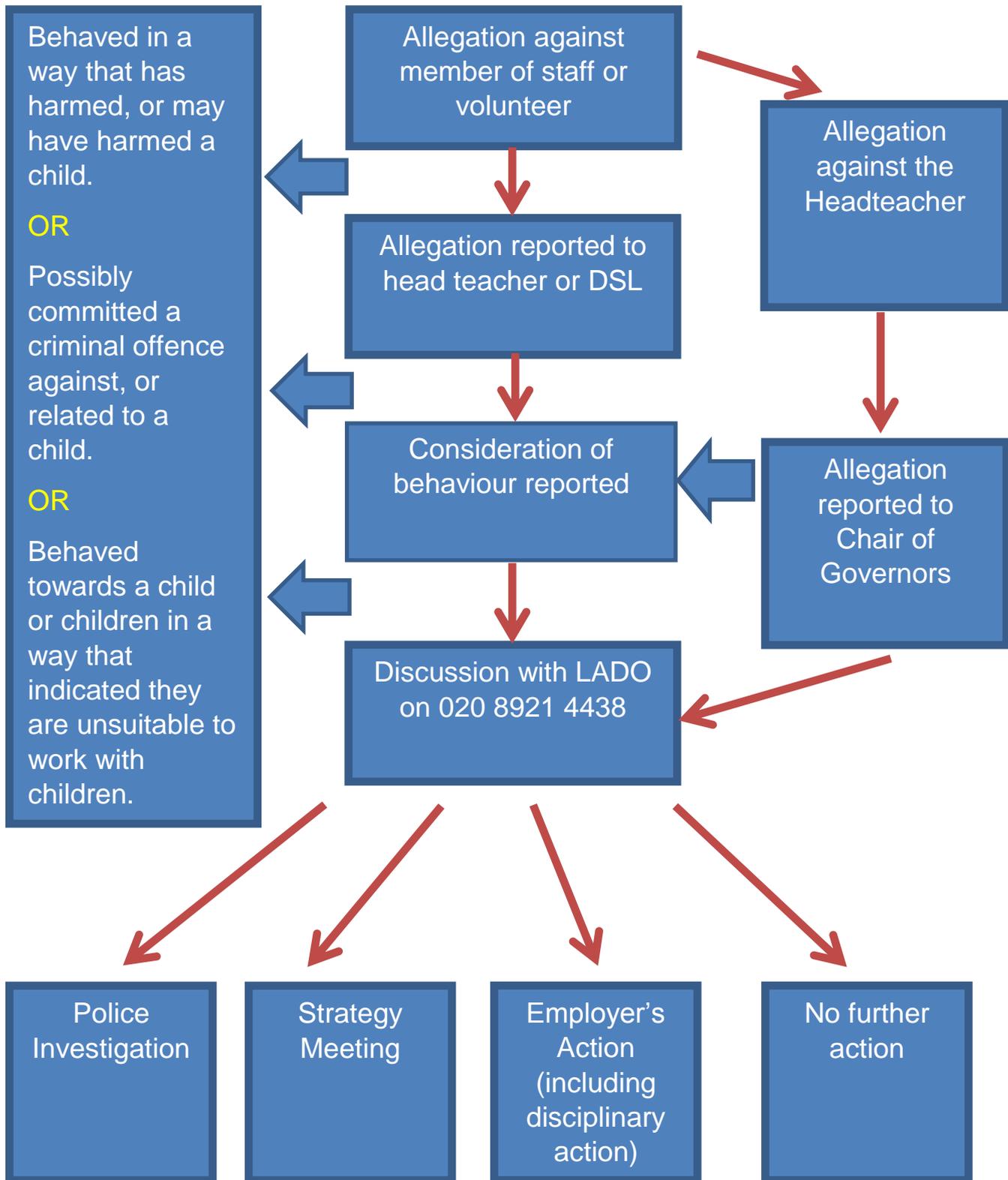
Appendix 3 continued: Reporting concerns about a child

Flow Chart for Reporting Concerns



Appendix 3 continued: Reporting allegations against school staff and volunteers

Managing Allegations against Staff and Volunteers



APPENDIX 4

GORDON PRIMARY SCHOOL Child Protection Reporting Form

Name of child:		
Class:	LAC*: yes / no	D.O.B.: / /
Siblings:		

What initiated your concerns? (please tick)			
child disclosure	<input type="checkbox"/>	disclosure from another source	<input type="checkbox"/>
unexplained injuries	<input type="checkbox"/>	concerns over behaviour	<input type="checkbox"/>
lack of care from parents	<input type="checkbox"/>	other	<input type="checkbox"/>

Please give details of your concerns.			
Have you attached a body map?	Yes	No	

Please email this form to the Designated Safeguarding Lead (DSL) and the deputy DSLs: headteacher@gordon.greenwich.sch.uk / mlee@gordon.greenwich.sch.uk / ablack@gordon.greenwich.sch.uk Make a note in your class file (or inform the child's class teacher) that you have raised a <i>child protection</i> concern and that you have informed the DSL.	
Signed:	Date:

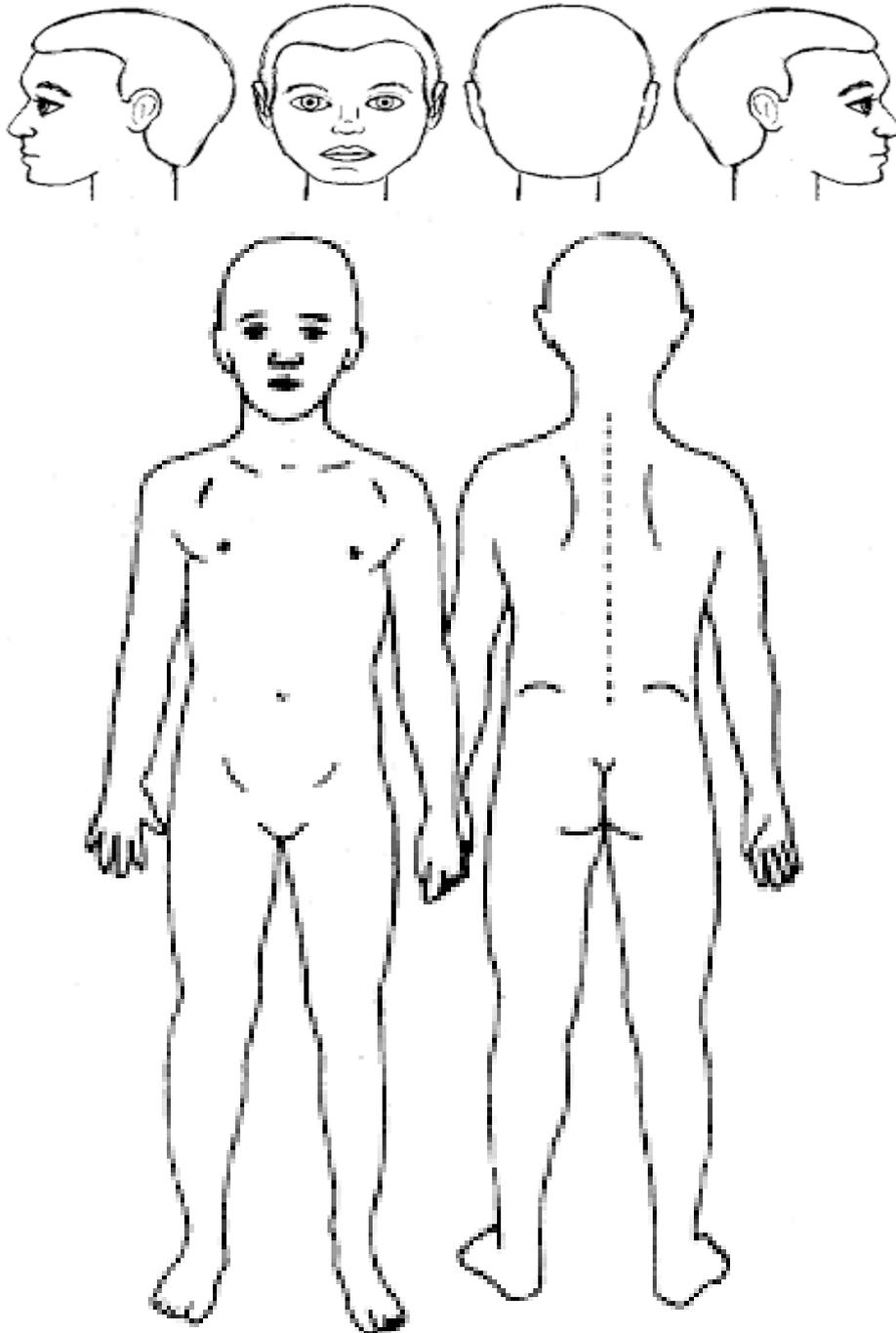
To be completed by the Headteacher. Action taken:
MASH team telephone number: 020 8921 3172

*LAC ~ looked after child

Body Chart

Once completed attach this body chart to the Reporting Form.

This chart must be used together with the Reporting Form and show clearly the location of your concern and label with a number and a brief description: e. g. 1, burn about 4cm. On the Reporting Form refer to the injury using the number and description.



Observations made by _____ and _____

Child _____ Date _____

Signs and symptoms of physical injury can be indicators of abuse, however there may be other reasons they are not fail safe mechanisms. **Red indicates a possible non-accidental injury. Green is the more usual sites for accidental injuries.**

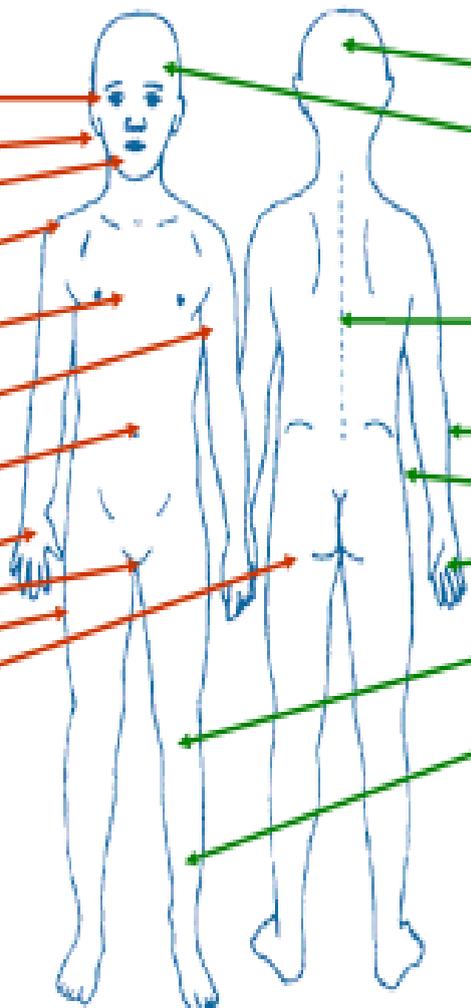
Common Sites

Non-accidental

- eyes
- ears
- mouth
- neck
- shoulder
- chest
- upper arms
- inner arms
- stomach
- hands (backs)
- genitals
- thighs
- buttocks

Accidental

- forehead
- elbow
- ilic crest (hip)
- hands (palms)
- knees
- shins
- bony spinal protuberances
- crowns



APPENDIX 5: Greenwich Referral Form



INTER-AGENCY REFERRAL FORM

1. CONSENT (Please note that consent should be sought from the parent/carer unless obtaining this consent will place the child at further risk of significant harm – obtaining consent should not delay a referral being made)

Has consent been sought from PARENTS/CARERS before making this referral? No Yes

If consent has not been obtained, please give reason.

2. DETAILS OF PRACTITIONER MAKING THIS REFERRAL

Name of Referrer:		Job title:	
Agency:		Address:	
Tel/Mobile:		Email:	
Date:		Details of Social Worker taking referral	

3. CHILD/YOUNG PERSON DETAILS

Last Name	First Name	DOB/EDD	Age	M/F	Ethnicity *	Preferred Language
Address(es):						
Tel/ Mobile:		Email:				

4. CHILD/YOUNG PERSON'S MAIN CARERS

Carer Last Name	Carer First Name	DOB	M/F	Ethnicity	Relationship to child	Parental Responsibility
Give carer address(es) here if different from the child's:						
Tel/Mobile:		Email:				

5. OTHER HOUSEHOLD MEMBERS or SIGNIFICANT PEOPLE IN THE CHILD/YOUNG PERSON'S LIFE (where known)

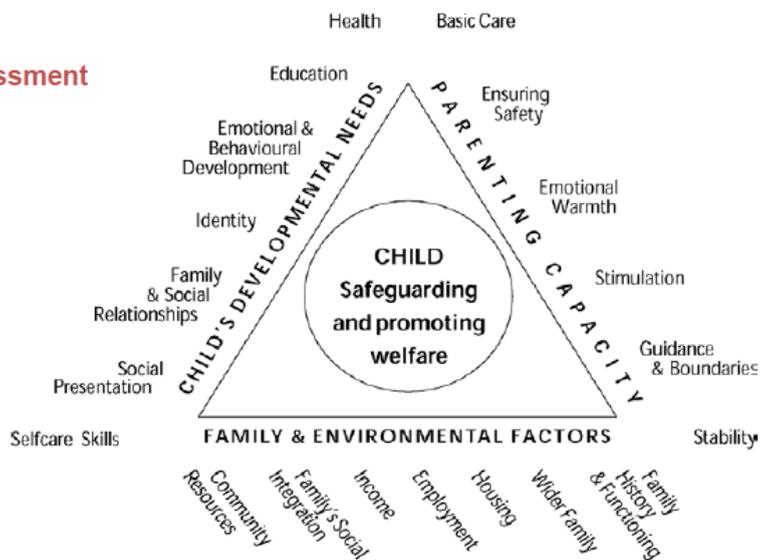
Last Name	First Name	DOB/EDD	Age	M/F	Ethnicity	Relationship to child

Are there any communication/ interpreting needs for the child and/or family?	
--	--

Does the child and/or family have a disability or special needs?	
--	--

6. REASON FOR REFERRAL

Framework for Assessment



<p>Why are you contacting us / What are you worried about?</p>	
<p>Risks</p>	<p>Please tell us your opinion of the level of risk to the child and detail explicitly your reasoning for this. <i>[to tick boxes double click on box and select checked]</i></p> <p> <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High </p>
<p>What type of harm the child is suffering or likely to be suffering and any known history of harm.</p>	
<p>If any disclosures made include who by and when</p>	
<p>Parents' capacity to meet child's needs adequately</p>	

How in your opinion this impacts on the child's health and/or development / analysis of risk.	
---	--

7. HAS THERE BEEN PREVIOUS STATUTORY OR SPECIALIST INVOLVEMENT?
 [to tick boxes double click on box and select checked]

Children's Social Care	No	<input type="radio"/>	Yes	<input type="radio"/>	Not Known	<input type="radio"/>
Child and Adolescent Mental Health Service CAMHS	No	<input type="radio"/>	Yes	<input type="radio"/>	Not Known	<input type="radio"/>
Special Educational Needs or Disability	No	<input type="radio"/>	Yes	<input type="radio"/>	Not Known	<input type="radio"/>
Borough School Attendance Service / Education Welfare Service	No	<input type="radio"/>	Yes	<input type="radio"/>	Not Known	<input type="radio"/>
Specialist Health	No	<input type="radio"/>	Yes	<input type="radio"/>	Not Known	<input type="radio"/>
Adult Services – (Mental Health /Drug or Alcohol Abuse /Disability /DV / Housing)	No	<input type="radio"/>	Yes	<input type="radio"/>	Not Known	<input type="radio"/>
Youth Justice Service	No	<input type="radio"/>	Yes	<input type="radio"/>	Not Known	<input type="radio"/>
Police/Probation/	No	<input type="radio"/>	Yes	<input type="radio"/>	Not Known	<input type="radio"/>
New to Borough	No	<input type="radio"/>	Yes	<input type="radio"/>	Not Known	<input type="radio"/>
Other	No	<input type="radio"/>	Yes	<input type="radio"/>	Not Known	<input type="radio"/>

8. HAS AN EARLY HELP ASSESSMENT e.g. COMMON ASSESSMENT FRAMEWORK (CAF) BEEN COMPLETED?	No	<input type="radio"/>	Yes	<input type="radio"/>	If yes, please attach (if available)
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9. OTHER PROFESSIONALS INVOLVED (TO INCLUDE GP AND SCHOOL DETAILS)

Name / Title	Team/Agency [school / GP/ HV etc]	Unique Pupil No.	Address	Telephone/Mobile / Email

COPY THIS FORM SECURELY TO MASH –EMAIL/FAX OPTIONS AS FOLLOWS:

Before contacting the Multi Agency Safeguarding Hub (MASH) you need to consider whether the child or young person's needs can be met by services from within your own agency, or by other professionals already involved with the family (refer to the Royal Greenwich Preventions Directory). If you are not sure about the needs of the child or whether you should make a referral you can discuss with your Safeguarding Lead and if you are still not sure you can call the MASH Consultation Line on 020 8921 2267 to discuss the case with professionals in the MASH.

We know that it is sometimes difficult to decide the appropriate point of intervention. To help you to determine levels of need when making your own assessment, please refer to the threshold document.

If you are making a referral please contact:

Tel: 020 8921 3172 **Fax:** 020 8921 3180

Email: MASH-referrals@royalgreenwich.gov.uk

Royal Borough of Greenwich MASH, 1st Floor The Woolwich Centre, 35 Wellington Street, London SE18 6HQ

OUT OF HOURS: TEL CONTACT: 020 8854 8888