



Safeguarding and Child Protection Policy
(including Procedures for handling Allegations Against Staff)

Evelina Hospital School is committed to providing a safe and secure environment for children, staff and visitors and promoting a climate where children and adults will feel confident about sharing any concerns which they may have about their own safety or the well-being of others. We aim to safeguard and promote the welfare of children by protecting them 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; and taking action to enable all children to have the best outcomes.

The School's Child Protection (CP) policy draws upon duties conferred by the Children Acts 1989 and 2004, The Children and Families Act 2014, S175 of the 2002 Education Act, The Education (Independent School Standards) Regulations 2014 (for independent schools), and the guidance contained in "Working Together to Safeguard Children", the DfE's statutory guidance "Keeping children safe in education", Ofsted Guidance and procedures produced by the London Safeguarding Children Board (LSCB) and the Southwark Safeguarding Children Board (SSCB). We also have regard to the advice contained in DfE's "What to do if you're worried a child is being abused" and "Information Sharing – Advice for practitioners". The policy is applicable to all on and off-site activities undertaken by pupils whilst they are the responsibility of the School.

POLICY AIMS

The purpose of this policy is to:

- Identify the names of responsible persons in the school and explain the purpose of their role
- Describe what should be done if anyone in the school has a concern about the safety and welfare of a child who attends the school
- Identify the particular attention that should be paid to those children who fall into a category that might be deemed "vulnerable"
- Set out expectations in respect of training
- Ensure that those responsible for recruitment are aware of how to apply safeguarding principles in employing staff
- Set out expectations of how to ensure children are safeguarded when there is potential to come into contact with non-school staff, e.g. volunteers, contractors etc.
- Outline how complaints against staff will be handled
- Set out expectations regarding record keeping
- Clarify how children will be kept safe through the everyday life of the school
- Outline how the implementation of this policy will be monitored

This policy is consistent with all other policies adopted by the Governors and should in particular be read in conjunction with the following policies relevant to the safety and welfare of children:

The Staff Code of Conduct; Data Protection Policy; Health and Safety Policy, SEND Policy; Smoke Free Policy; Admissions Policy; Accessibility Plan; Equality Information and Objectives; Guys and St Thomas' Trust (GSTT) Safeguarding Policy; E-Safety Policy; Sex and Relationships Education Policy; Behaviour Policy; Positive Handling Policy and Guidelines for safe working on the ward and in dialysis.

RESPONSIBILITIES AND IMMEDIATE ACTION

Safeguarding and promoting the welfare of children in our school is the responsibility of the whole school community. All adults working in this School (including visiting staff, volunteers and students

on placement) are required to report instances of actual or suspected child abuse or neglect to the Designated Safeguarding Lead who is a member of the school's leadership team.

The Designated Safeguarding Lead is: Kate Bennett

The Deputy Designated Safeguarding Leads are: Anne Hamilton and Francesca Bevan

The Designated Safeguarding Lead is also the first point of contact for external agencies that are pursuing Child Protection investigations and co-ordinates the school's representation at CP conferences and Core Group meetings (including the submission of written reports for conferences). When an individual concern/incident is brought to the notice of the Designated Safeguarding Lead, they will be responsible for deciding upon whether or not this should be reported to other agencies as a safeguarding issue. Where there is any doubt as to the seriousness of this concern, or disagreement between the Designated Safeguarding Lead and the member of staff reporting the concern, advice will be sought from the Deputy Designated Safeguarding Lead, the LA's Strategic Lead Officer for safeguarding in education services or the Early Help Service (EHS) Duty Manager. If a child is in immediate danger or is at risk of harm, a referral will be made to children's social care and/or the police immediately. Anyone can make a referral. Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead will be informed, as soon as possible, that a referral has been made.

Types of child abuse and neglect

Abuse: 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. They may be abused by an adult or adults or another child or children.

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

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including 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: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: 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.

In addition to these types of abuse and neglect, members of staff will also be alert to following specific safeguarding issues:

Child Sexual Exploitation (CSE)

CSE is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some indicators of children being sexually exploited are: going missing for periods of time or regularly coming home late; regularly missing school or education or not taking part in education; appearing with unexplained gifts or new possessions; associating with other young people involved in exploitation; having older boyfriends or girlfriends; suffering from sexually transmitted infections; mood swings or changes in emotional wellbeing; drug and alcohol misuse and displaying inappropriate sexualised behaviour. A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching. Sexual activity with a child under 16 is also an offence. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if that person holds a position of trust or authority in relation to the young person. Non consensual sex is rape whatever the age of the victim. If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they can not be considered to have given true consent and therefore offences may have been committed. Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18.

Where it comes to our notice that a child under the age of 13 is, or may be, sexually active, whether or not they are a pupil of this school, this will result in an immediate referral to Children's Services. In the case of a young person between the ages of 13 and 16, an individual risk assessment will be conducted in accordance with the [London Child Protection Procedures](#). This will determine how and when information will be shared with parents and the investigating agencies.

'Sexting'

Creating and sharing sexual photos and videos of under-18s is illegal. Sharing youth produced sexual imagery, which is commonly known as 'sexting' covers the incidents where

- A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
- A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
- A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18.

When such an incident involving youth produced sexual imagery comes to a member of staff's attention, this will be shared with the designated safeguarding lead with a view to referring to appropriate agencies following the referral procedures. Further information and advice on youth produced sexual imagery is available in the non-statutory guidance produced by the UK Council for Child Internet Safety (UKCCIS) '[Sexting in schools and colleges](#)'.

Female Genital Mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death. FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion. FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.

FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East like Iraq and Yemen, it has also been documented in communities in Colombia, Iran, Israel, Oman, The United Arab Emirates, The Occupied Palestinian Territories, India, Indonesia, Malaysia, Pakistan and Saudi Arabia. It has also been identified in parts of Europe, North America and Australia.

FGM is illegal in the UK. It is estimated that approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM and approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

We note a new duty that was introduced on 31 October 2015 that requires teachers, which includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions to report 'known' cases of FGM in girls aged under 18 to the police. The duty applies to any teacher who is employed or engaged to carry out 'teaching work', whether or not they have qualified teacher status, in maintained schools, academies, free schools, independent schools, non-maintained special schools, sixth form colleges, 16-19 academies, relevant youth accommodation or children's homes in England. The duty does not apply in relation to suspected cases – it is limited to 'known' cases' (i.e. those which are visually identified or disclosed to a professional by the victim). The duty does not apply in cases where the woman is over 18 at the time of the disclosure/discovery of FGM (even if she was under 18 when the FGM was carried out). Further information on this duty can be found in the document *"Mandatory Reporting of Female Genital Mutilation – procedural information"*.

Preventing Radicalisation

The Counter-Terrorism and Security Act 2015 places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). Young people can be exposed to extremist influences or prejudiced views, in particular those via the internet and other social media. Schools can help to protect children from extremist and violent views in the same ways that they help to safeguard children from drugs, gang violence or alcohol.

Examples of the ways in which people can be vulnerable to radicalisation and the indicators that might suggest that an individual might be vulnerable:

- Example indicators that an individual is engaged with an extremist group, cause or ideology include: spending increasing time in the company of other suspected extremists; changing their style of dress or personal appearance to accord with the group; their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause; loss

of interest in other friends and activities not associated with the extremist ideology, group or cause; possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups); attempts to recruit others to the group/cause/ideology; or communications with others that suggest identification with a group/cause/ideology.

- Example indicators that an individual has an intention to use violence or other illegal means include: clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills; using insulting or derogatory names or labels for another group; speaking about the imminence of harm from the other group and the importance of action now; expressing attitudes that justify offending on behalf of the group, cause or ideology; condoning or supporting violence or harm towards others; or plotting or conspiring with others.
- Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include: having a history of violence; being criminally versatile and using criminal networks to support extremist goals; having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism that uses existing collaboration between local authorities, the police, statutory partners (such as the education sector, social services, children's and youth services and offender management services) and the local community.

We will refer children at risk of harm as a result of involvement or potential involvement in extremist activity to Southwark Multi Agency Safeguarding Hub (**MASH**). The MASH will share the referral details of new referrals with the Prevent lead police officer and LA Prevent coordinator at the point the referral is received. The referral will then be processed through the MASH multi agency information sharing system and parallel to this the Prevent police officer will be carrying out initial screening checks. The Prevent police officer will make a referral to the Channel Practitioner if there are sufficient concerns.

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 step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or by marriage). Great grandparents, great aunts, great uncles and cousins are not regarded as close relatives.

The law requires that Southwark Council should be notified if anyone is looking after someone else's child for 28 days or more. The purpose of the council's involvement is to support the child and private foster family (and wherever possible the biological parent/s) with any issues arising. These may be practical issues such as benefits, housing, immigration or emotional issues such as keeping contact with biological family, maintaining cultural identity.

If we become aware of a child in a private fostering arrangement within Southwark, we will notify the council's Multi Agency Safeguarding Hub (MASH) by emailing **MASH@southwark.gov.uk** or calling **020**

7525 1921. Advice about whether there is a need to notify the council, can be obtained by calling **07539 346808** or sending an email to **privatefosteringadvice@southwark.gov.uk**.

Referrals

Evelina Hospital School has children on roll who are resident in a large number of local authorities across the whole of the UK and even from abroad. The children on roll are also largely first and foremost patients of the Evelina London Children's Hospital, though some may be siblings of patients. Therefore, the external referral processes need to follow the most appropriate route for each child and their local authority.

For children in Southwark, the routine the school will follow is set out below. This will be very similar to other local authorities. However, where a child is already known to social services and has a named person within the hospital in communication with those professionals, it may be more appropriate to pass on a concern to them, rather than to contact the local authority. In each case the referral will be clear from the Concern Form and will be monitored and reviewed by the Safeguarding team in school.

REFERRALS

Referrals to services regarding concerns about a child or family typically fall into three categories:

- Early Help Services;
- Child in need - Section 17 (Children Act 1989) referrals;
- Child protection - Section 47 (Children Act 1989) referrals.

The Southwark Safeguarding Board Multi Agency Threshold Guide sets out the different levels of need and detailed guidance about how concerns within these different levels should be responded to by Southwark agencies.

Safeguarding referrals should be made to Southwark Multi Agency Safeguarding Hub (MASH) via Inter Agency Referral Form (IARF) and copied to the LA's Schools Safeguarding Coordinator. Prior to any written IARF being sent as a referral to social care, there should be a verbal consultation with the MASH social worker or manager, by calling the duty desk on 020 7525 1921, to ensure that making a referral is an appropriate action. The parent/carer will normally be contacted to obtain their consent before a referral is made. However, if the concern involves, for example alleged or suspected child sexual abuse, Honour Based Violence, fabricated or induced illness or the Designated Safeguarding Lead has reason to believe that informing the parent at this stage might compromise the safety of the child or a staff member, nothing should be said to the parent/carer ahead of the referral, but a rationale for the decision to progress without consent should be provided with the referral.

In circumstances where a child has an unexplained or suspicious injury that requires urgent medical attention, the CP referral process should not delay the administration of first aid or emergency medical assistance. **If a pupil is thought to be at immediate risk because of parental violence, intoxication, substance abuse, mental illness or threats to remove the child during the school day, for example, urgent Police intervention will be requested.**

Where a child sustains a physical injury or is distressed as a result of reported chastisement, or alleges that they have been chastised by the use of an implement or substance, this will immediately be reported for investigation.

All parents applying for places at this school will be informed of our safeguarding responsibilities and the existence of this policy. In situations where pupils sustain injury or are otherwise affected by an accident or incident whilst they are the responsibility of the school, parents will be notified of this as soon as possible.

Evelina Hospital School recognises the need to be alert to the risks posed by strangers or others (including the parents or carers of other pupils) who may wish to harm children in school or pupils travelling to and from school and will take all reasonable steps to lessen such risks.

VULNERABLE PUPILS

Particular vigilance will be exercised in respect of pupils who are subject to Child Protection Plan and any incidents or concerns involving these children will be reported immediately to the allocated Social Worker (and confirmed in writing; copied to the LA's Schools Safeguarding Coordinator). If the pupil in question is a Looked-After child, this will also be brought to the notice of the Designated Person with responsibility for children in public care.

We acknowledge that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. We are aware that additional barriers can exist when recognising abuse and neglect in this group of children. This can include assumptions that indicators of abuse such as behaviour, mood and injury relate to the child's disability without further exploration; children with SEN and disabilities can be disproportionately impacted by things like bullying – without outwardly showing any signs; and communication barriers and difficulties in overcoming these barriers.

If a pupil discloses that they have witnessed domestic abuse or it is suspected that they may be living in a household which is affected by family violence, this will be referred to the Designated Safeguarding Lead as a safeguarding issue.

The School also acknowledges the additional need for support and protection of children who are vulnerable by virtue of homelessness, refugee/asylum seeker status, the effects of substance abuse within the family, those who are young carers, mid-year admissions, pupils who are excluded from school and pupils where English is an additional language, particularly for very young children, using the translation service if necessary.

The school has a strong commitment to an anti-bullying policy and will consider all coercive acts and peer-on-peer abuse within a Child Protection context. We recognise that some pupils will sometimes negatively affect the learning and well-being of other pupils and their behaviour will be dealt with under the school's behaviour policy. As a school, we will minimise the risk of allegations against other pupils by providing a developmentally appropriate PSHE syllabus which develops pupils' understanding of acceptable behaviour and keeping themselves safe, having systems in place for any pupils to raise concerns with staff, knowing that they will be listened to, believed and valued, delivering targeted work on assertiveness and keeping safe to those pupils identified as being at risk, developing robust risk assessments and providing targeted work for pupils identified as being a potential risk to other pupils. Occasionally allegation may be of a peer-on-peer abuse nature, which may include physical abuse (violence, particularly pre-planned, forcing other children to use drugs of alcohol), emotional abuse (blackmail or extortion, threats and intimidation), sexual abuse (indecent exposure, indecent touching or serious sexual assaults, forcing other children to watch pornography or take part in sexting) and sexual exploitation (encouraging other children to engage in inappropriate sexual behaviour, having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight, photographing or videoing other children performing indecent acts). Any possible peer-on-peer abuse case will be shared with the designated safeguarding lead with a view to referring to appropriate agencies following the referral procedures.

We will always ascertain the views and feelings of all children. We acknowledge that children who are affected by abuse or neglect may demonstrate their needs and distress through their words, actions, behaviour, demeanour, school work or other children.

TRAINING

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Based on Policy from Southwark Council (August 2016)

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All staff members will receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff members will receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. All newly recruited staff (teaching and non-teaching) and Governors will be appraised of this policy and will be required to attend relevant LA or Safeguarding Board training. In addition, all new staff and temporary staff will be required to attend an induction session with the Designated Safeguarding Lead or their deputy on their first day in the school.

The Designated Safeguarding Lead (and their Deputies) will attend the LA's dedicated induction course and then refresher training at least every two years. The designated safeguarding lead will also undertake Prevent awareness training. In addition to this formal training, their knowledge and skills will be refreshed (for example, via e-bulletins, meeting other designated safeguarding leads or simply taking time to read and digest safeguarding developments relevant to their role. Designated staff will be encouraged to attend appropriate network meetings and to participate in the multi-agency training programme organised by the Southwark Safeguarding Children Board (SSCB).

RECRUITMENT

Evelina Hospital School is committed to the principles of safer recruitment and, as part of that, adopt recruitment procedures that help deter, reject and/or identify people who might abuse children. Safe recruitment processes are followed and all staff recruited to the school will be subject to appropriate identity, qualification and health checks. References will be verified and appropriate criminal record checks [Disclosure and Barring Service (DBS) checks], barred list checks and prohibition checks will be undertaken. The level of DBS check required, and whether a prohibition check is required, will depend on the role and duties of an applicant to work in the school, as outlined in Part three of the DfE guidance "Keeping children safe in education". We will also have regard to DfE's statutory guidance for schools about the employment of staff disqualified from childcare "Disqualification under the Childcare Act 2006", which also contains information about 'disqualification by association'. Staff should not start at the school without a relevant DBS check.

Relevant members of staff and governors who are involved in recruitment will undertake the safer recruitment training. The school will ensure that at least one person on any appointment panel has undertaken safer recruitment training in line with staffing regulations.

Evelina Hospital School will only use employment agencies which can demonstrate that they positively vet their supply staff and will report the misconduct of temporary or agency staff to the agency concerned and to the LA. Staff joining Evelina Hospital School on a permanent or temporary basis will be given a copy of this policy. Additionally, the Staff Handbook confirms CP procedures within the School.

VOLUNTEERS

Any parent or other person/organisation engaged by the school to work in a voluntary capacity with pupils will be subjected to all reasonable vetting procedures and Criminal Records Checks. Under no circumstances will a volunteer of whom no checks have been made be left unsupervised or allowed to work in regulated activity.

Volunteers who on an unsupervised basis teach or look after children, or provide personal care on a one-off basis in our school are deemed to be in regulated activity. We will obtain an enhanced DBS certificate (which will include barred list information) for all volunteers who are new to working in regulated activity. Existing volunteers in regulated activity do not have to be re-checked if they have already had a DBS check (which will include barred list information). However, we may conduct a repeat DBS check (which includes barred list information) on any such volunteer should we have any concerns.

The law has removed supervised volunteers from regulated activity. There is no legal requirement to obtain DBS certificate for volunteers who are not in regulated activity and who are supervised regularly and on ongoing day to day basis by a person who is in regulated activity, but an enhanced DBS check without a barred list check may be requested following a risk assessment.

Further information on checks on volunteers can be found in part three of the DfE guidance "Keeping children safe in education".

Volunteers will be subject to the same code of conduct as paid employees of the school.

Voluntary sector groups that operate within this school or provide off-site services for our pupils or use school facilities will be expected to adhere to this policy or operate a policy which is compliant with the procedures adopted by the Southwark Safeguarding Children Board. Premises lettings and loans are subject to acceptance of this requirement.

STAFF CODE OF CONDUCT

All staff (paid and voluntary) are expected to adhere to a code of conduct in respect of their contact with pupils and their families. The Teachers' Standards 2012 state that all teachers, including head teachers should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties. Children will be treated with respect and dignity and no punishment, detention, restraint, sanctions or rewards are allowed outside of those detailed in the school's Behaviour Policy. Whilst it would be unrealistic and undesirable to preclude all physical contact between adults and children, staff are expected to exercise caution and avoid placing themselves in a position where their actions might be open to criticism or misinterpretation. Where incidents occur which might otherwise be misconstrued, or in the exceptional circumstances where it becomes necessary to physically restrain a pupil for their own protection or others' safety, this will be appropriately recorded and reported to the Headteacher and parents. This will be reported on the concern form used for other safeguarding issues. Any physical restraint used will comply with DfE guidance "Use of reasonable force in schools".

Except in cases of emergency, first aid will only be administered by qualified First Aiders. If it is necessary for the child to remove clothing for first aid treatment, there will, wherever possible, be another adult present. If a child needs help with toileting, nappy changing or washing after soiling themselves, another adult should be present or within earshot. All first aid treatment and non-routine changing or personal care will be recorded and shared with parents/carers at the earliest opportunity. As the Evelina Hospital School is situated within a hospital setting, toileting and first aid arrangements will almost always be met by the medical team or parents.

Children requiring regular medication or therapies for long-term medical conditions will be made the subject of a Medical Plan that has been agreed with the parents and health authority. Again, given the situation of the school inside a hospital, this will almost always be the remit of the medical teams.

For their own safety and protection, staff should exercise caution in situations where they are alone with pupils. Other than in formal teaching situations; for example during musical instrument tuition, the door to the room in which the 1:1 coaching, counselling or meeting is taking place should be left open. Where this is not practicable because of the need for confidentiality, another member of staff will be asked to maintain a presence nearby and a record will be kept of the circumstances of the meeting. All rooms that are used for the teaching or counselling of pupils will have clear and unobstructed glass panels in the doors. Staff working on the wards or in dialysis will follow the guidelines for safe working in these settings.

School staff should also be alert to the possible risks that might arise from social contact with pupils outside of the school. Home visits to pupils or private tuition of pupils should only take place with the knowledge and approval of the Headteacher. Visits/telephone calls by pupils to the homes of

staff members should only occur in exceptional circumstances and with the prior knowledge and approval of the Headteacher. Any unplanned contact of this nature or suspected infatuations or “crushes” will be reported to the Headteacher. Staff supervising off-site activities or school journeys will be provided with a school mobile telephone as a point of contact for parents and carers.

Staff will only use the school’s digital technology resources and systems for professional purposes or for uses deemed ‘reasonable’ by the Headteacher and Governing Body. Staff will only use the approved school email, school learning platform or other school approved communication systems with pupils or parents/carers, and only communicate with them on appropriate school business and will not disclose their personal telephone numbers and email addresses to pupils or parents/carers. Staff will not use personal cameras (digital or otherwise) or camera phones for taking and transferring images of pupils or staff without permission and will not store images at home.

Staff should be aware of the school’s whistle-blowing procedures and share immediately any disclosure or concern that relates to a member of staff with the Headteacher or one of the Designated Safeguarding Leads if the Headteacher is not available and nothing should be said to the colleague involved. It should be shared with the Chair of Governors if it relates to the Headteacher.

CONTRACTORS

Building contractors who are engaged by or on behalf of the school to undertake works on site will be made aware of this policy and the reasons for this. Long-term contractors who work regularly in the school during term time will be asked to provide their consent for DBS checks to be undertaken. These checks will be undertaken when individual risk assessments by the Leadership Team deem this to be appropriate. During major works, when large numbers of workers and sub-contractors may be on site during term time, Health and Safety risk assessments will include the potential for contractors or their employees to have direct access to pupils in non-teaching sessions. All contractors and sub-contractors will be issued with copies of the school’s code of conduct for staff.

Individuals and organisations that are contracted by the school to work with or provide services to pupils will be expected to adhere to this policy and their compliance will be monitored. Any such contractors will be subject to the appropriate level of DBS check, if any such check is required (for example because the contractor is carrying out teaching or providing some type of care for or supervision of children regularly). Contractors for whom an appropriate DBS check has not been undertaken will be supervised if they will have contact with children. Under no circumstances will we allow a contractor in respect of whom no checks have been obtained to work unsupervised, or engage in regulated activity. We will determine the appropriate level of supervision depending on the circumstances.

We will always check the identity of contractors and their staff on arrival at the school.

COMPLAINTS/ALLEGATIONS MADE AGAINST STAFF

Evelina Hospital School takes seriously all complaints made against members of staff. Procedures are in place for pupils, parents and staff to share any concern that they may have about the actions of any member staff or volunteer. All such complaints will be brought immediately to the attention of the Headteacher or one of the Designated Safeguarding Leads if the Headteacher is not available and nothing should be said to the colleague involved. In cases where the Headteacher is the subject of the allegation or concern, they will be reported to the Chair of Governors, in order that they may activate the appropriate procedures. These procedures are used in respect of all cases in which it is alleged that a teacher or member of staff (including volunteers) in a school or college that provides education for children under 18 years of age has:

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- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm children.

The Local Authority's Designated Officer(s) (DO) should be informed of all allegations that come to a school's attention and appear to meet the criteria. Contact can also be made with LA's Schools Safeguarding Coordinator who will liaise with the DO. Many cases may well either not meet the criteria set out above, or may do so without warranting consideration of either a police investigation or enquiries by local authority children's social care services. In these cases, local arrangements will be followed to resolve cases without delay.

Some rare allegations will be so serious they will require immediate intervention by children's social care services and/or police. In such cases, referral to the DO will lead to a Strategy Meeting or Discussion being held in accordance with the DfE guidance and London SCB procedures. This process will agree upon the appropriate course of action and the time-scale for investigations.

The school has a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals will be made as soon as possible after the resignation or removal of the individual.

The full procedures about dealing with allegations of abuse made against teachers and other staff can be found in Part Four of the DfE guidance "Keeping children safe in education".

The Chair of Governors is: Ann Mullins (chair@evelina.southwark.sch.uk)

The Vice-chair is: Oliver Coddington (vicechair@evelina.southwark.sch.uk)

The LADO is: Eva Simcock, Eva can be contacted on 020 7525 0689 or Eva.Simcock@southwark.gov.uk.

There is also a duty system and one of the CP Coordinators in Quality Assurance Unit is on duty each day to deal with DO issues when DO is not available. Duty telephone number for all DO enquiries/referrals is 020 7525 3297

The LA's Strategic Lead Officer for safeguarding in education services is: the Director of Education Nina Dohel 020 7525 3252

The LA's Deputy in education services is: the Early Help Services Duty Manager 020 7525 3893

The LA's Schools Safeguarding Coordinator is: Apo ÇAĞIRICI 020 7525 2715

Early Help Services Duty Officer (Education): 020 7525 2714

We also note the 'Safeguarding information for professionals and the community in Southwark' on Southwark Council's website.

RECORDS

Brief and accurate written notes will be kept of all incidents and child protection or child in need concerns relating to individual pupils. These notes are significant especially if the incident or the concern does not lead to a referral to other agencies. This information may be shared directly with other agencies as appropriate. All contact with parents and external agencies will be logged and these will be kept as CP records. The school will take into account the views and wishes of the child who is the subject of the concern but staff will be alert to the dangers of colluding with dangerous "secrets".

Child protection records are not open to pupils or parents. All CP records are kept securely by the Designated Safeguarding Lead and separately from educational records. They may only be accessed by the Designated Safeguarding Lead, their Deputies and the senior managers of the school.

The content of Child Protection Conference or Review reports prepared by the school will follow the headings recommended by Children's Services and will, wherever possible, be shared with the parents/carer in advance of the meeting.

Child Protection records will be sent to receiving schools separately and under a confidential cover when pupils leave the school, ensuring secure transit and a confirmation of receipt will be obtained.

If a pupil is withdrawn from the school having not reached the normal date of transfer; due to a family move or any other reason, all efforts will be made to identify any new address and the school to which they are being admitted and to ensure that their educational records are sent without delay to the child's new school. If the parent/carer fails to provide this information, an urgent referral will be made to the Early Help Service either through the EHS Duty Officer or through the local team manager in order that they might make further enquiries. If this school receives educational records concerning a child who is not registered with us, the records will be returned promptly to the sending school with a note, advising them to refer to their LA's Children's Services Department. **A child's name will only be removed from the School's Admissions Register in accordance with the Pupil Registration Regulations or with the authorisation of the Local Team Manager in the Early Help Service.**

We are mindful of the following Southwark guidance, but also aware that this specific matter does not apply here as we dual register pupils:

We will inform the Local Authority when we are about to add or delete a pupil's name from the school admission register for any reason in line with Southwark's Children Missing Education (CME) Protocol.

When a pupil ceases to be registered at this school and becomes a registered pupil at another school in England or Wales, we will send a Common Transfer File (CTF) to the new school via DfE's secure internet system called school2school.

We will upload CTFs of pupils who have left but their destination or next school is unknown or the child has moved abroad or transferred to a non-maintained school to a searchable area of the school2school website commonly referred to as the 'Lost Pupil Database'. If a pupil arrives in our school and the previous school is unknown, we will search the database for any record of the child. The school will require documentary proof as to the identity of pupils presented for admission. If there is any doubt as to the identity of a pupil, advice will be sought from the local authority and other statutory agencies, as appropriate. We will maintain accurate and up to date records of those with Parental Responsibility and emergency contacts. Pupils will only be released to the care of those with Parental Responsibility or someone acting with their written consent.

We will take actions according to Southwark's Protocol for Children who are Uncollected from School when pupils who ordinarily do not make their own way home are not collected by their parents/carers at the end of the school day or from after school clubs and activities and when any children with Special Educational Needs who are transported from school cannot be dropped-off at their home or meeting point due to the absence of the parent or carer.

While for a mainstream school all additions to or deletions from the school roll will trigger the completion of a Common Transfer File (CTF) which will be downloaded to the appropriate database via the S2S system with particular regard to pupils leaving the school with unknown destination. Within the setting of Evelina Hospital School every effort will be made to ensure that all children are on roll in an appropriate setting and that information is shared swiftly and appropriately with the home school setting.

The school verifies the identity of pupils through the hospital handover records. If there is any doubt as to the identity of a pupil, advice will be sought from the local authority and other statutory agencies, as appropriate. We will maintain accurate and up to date records of those with Parental Responsibility and emergency contacts. Pupils will only be released to the care of those with Parental Responsibility or someone acting with their written consent.

SAFETY IN THE SCHOOL

No internal doors to classrooms will be locked whilst pupils are present in these areas.

Entry to School premises will be controlled by doors that are secured physically or by constant staff supervision or video surveillance. Authorised visitors to the school will be logged into and out of the premises and will be asked to wear their identity badges or be issued with school visitor badges. Unidentified visitors will be challenged by staff or reported to the Headteacher or school office. Carelessness in closing any controlled entrance will be challenged.

The presence of intruders and suspicious strangers seen loitering near the school or approaching pupils, will be reported to the Police by calling 101 or 999, depending on the circumstances and the urgency of the case so that if police stops these individuals they can be spoken to about what they were doing and dealt with accordingly. Brief information about the incident will be sent to LA's Schools Safeguarding Coordinator with a view to alerting other local schools in liaison with the police and through appropriate systems.

Parents, carers or relatives cannot take still or video photographic images of pupils in school or on school-organised activities or use their mobile phones within the school spaces. Recording and/or photographing other than for private use would require the consent of the other parents whose children may be captured on film. Without this consent the Data Protection legislation would be breached. If parents do not wish their children to be photographed or filmed and express this view in writing, their rights will be respected.

CURRICULUM

Evelina Hospital School acknowledges the important role that the curriculum can play in the prevention of abuse and in the preparation of our pupils for the responsibilities of adult life and citizenship. It is expected that all curriculum co-ordinators will consider the opportunities that exist in their area of responsibility for promoting the welfare and safety of pupils. As appropriate, the curriculum will be used to build resilience, help pupils to keep safe and to know how to ask for help if their safety is threatened. As part of developing a healthy, safer lifestyle, pupils will be taught, for example:

- to recognise and manage risks in different situations and then decide how to behave responsibly;
- to judge what kinds of physical contact are acceptable and unacceptable;
- to recognise when pressure from others (including people they know) threatens their personal safety and well-being; including knowing when and where to get help;
- to use assertiveness techniques to resist unhelpful pressure;
- emotional literacy.

All computer equipment and internet access within the School will be subject to appropriate "parental controls" and Internet safety rules in line with our E-safety Policy.

Evelina Hospital School will work with partners (including the Agencies Supporting Southwark Programme (ASSP); Guys and St Thomas' Trust (GSTT) and Safer Schools Partnership) to promote "Healthy School" status through the curriculum with the aim of:

- Developing a school ethos and environment which encourages a healthy lifestyle for pupils;

- Using the full capacity and flexibility of the curriculum to help pupils to achieve safe and healthy lifestyles;
- Ensuring that food and drink available across the school day, reinforce the healthy lifestyle message;
- Providing high quality Physical Education and sport to promote physical activity;
- Promoting an understanding of the full range of issues and behaviours which impact upon lifelong health and well-being.

HEALTHY SCHOOLS

Evelina Hospital School will work with partners to promote a whole healthy school approach—including:

- Developing a school ethos, culture, spiritual, moral, social and cultural (SMSC) development provision and environment which encourages a healthy lifestyle for all pupils, including the vulnerable;
- Using the full capacity and flexibility of the curriculum to help pupils to be safe and healthy;
- Providing high quality PSHE including sex and relationship education (SRE) as part of Personal Development;
- Providing high quality Physical Education (PE) and sport to promote physical activity;
- Promoting an understanding of the full range of issues and behaviours which impact upon lifelong health and wellbeing, including emotional wellbeing and mental health;
- Working in partnerships with parents/carers, local communities, external agencies and volunteers to support health and wellbeing of all pupils including the vulnerable.

WORKING IN PARTNERSHIP WITH PARENTS

It is our policy to work in partnership with parents or carers to secure the best outcomes for our children. We will therefore communicate as clearly as possible about the aims of this school.

- We will use clear statements in our brochures and correspondence.
- We will liaise with agencies in the statutory, voluntary and community sectors and locality teams that are active in supporting families.
- We will be alert to the needs of parents/carers who do not have English as their first language and will utilise the translation services as necessary.
- We will distribute the LA's leaflet for parents, "***Protecting Children in Education Settings***"
- We will make available a copy of this policy to any parent who requests it. The policy will also be available through the school's web site.
- We will keep parents informed as and when appropriate.

THE ROLE OF THE GOVERNING BODY

The Governing Body will ensure that they comply with their duties under legislation and that the policies, procedures and training in the school are effective and comply with the law at all times. Governors are expected to receive appropriate training on safeguarding at induction that is updated regularly. In addition, they should receive information (for example, via emails, e-bulletins and newsletters) on safeguarding and child protection at least annually so that they can demonstrate knowledge of their responsibilities relating to the protection of children, young people and vulnerable adults.

The Governing Body will ensure that the school contributes to inter-agency working in line with statutory guidance "***Working Together to Safeguard Children***" and that the school's safeguarding

arrangements take into account the procedures and practice of the local authority as part of the inter-agency safeguarding procedures set up by the SSCB.

The Governing Body has formally adopted this policy and will review its contents annually or sooner if any legislative or regulatory changes are notified to it by the designated governor or the headteacher.

The Governing Body has nominated **Ellena Valizadeh** as a lead to take leadership responsibility for the school's safeguarding arrangements.

Concerns about and allegations of abuse made against the Headteacher will be referred to the chair of governors who will liaise with the LA's designated officer (DO) and partner agencies and will attend any strategy meetings called in respect of such an allegation against the headteacher.

As a good practice, the Headteacher will provide a report once a term to the Governing Body outlining details of any safeguarding issues that have arisen during the term and the outcome of any cases identified. These reports will respect all issues of confidentiality and will not therefore identify any person(s) by name.

Also as a good practice, the nominated governor will meet on a regular basis with the Designated Safeguarding Lead to monitor the school's safeguarding arrangements both the volume and progress of cases where a concern has been raised to ensure that the school is meeting its duties in respect of safeguarding.

MONITORING AND EVALUATION

The governing body will monitor the safeguarding arrangements in the school to ensure that these arrangements are having a positive impact on the safety and welfare of children. This will be evaluated on the basis of evidence of:

- the extent to which a positive culture and ethos is created where safeguarding is an important part of everyday life in the school, backed up by training at every level;
- the content, application and effectiveness of safeguarding policies and procedures, and safer recruitment and vetting processes;
- the quality of safeguarding practice, including evidence that staff are aware of the signs that children may be at risk of harm either within the setting or in the family or wider community outside the setting;
- the timeliness of response to any safeguarding concerns that are raised;
- the quality of work to support multi-agency plans around the child.

This policy will be reviewed annually by the governing body. Staff meetings with a specific focus on safeguarding will be held once per term and updated guidance from relevant bodies, including the Department for Education, Ofsted, Southwark Safeguarding Children's Board and others will be circulated to staff then. A safeguarding team will also meet once per term to review safeguarding practices within the school and to oversee any incidents or long standing child protection issues that have arisen since the previous meeting. Updates are received regularly from Southwark's School's Safeguarding Co-ordinator and through the forums and training events and it is the duty of the Designated Safeguarding Lead to disseminate this information appropriately. The governing body will be given a report on a termly basis on issues that fall within the scope of this policy. Gathering student voice on the extent to which pupils feel safe in school is a priority for the Evelina Hospital School and this will be done regularly and through staff interaction, reflecting the high staff to pupil ratios and rapid turnover of the school population.

COMPLAINTS

All complaints arising from the operation of this policy will be considered under the school's complaint procedure, with reference to the LA's Strategic Lead Officer for safeguarding in education services as necessary.

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|----------------------|-------------------------------------|-------|-------------|
| Ann Mullins | Chair of Governors | _____ | Date |
| Anne Hamilton | Headteacher | _____ | Date |
| Kate Bennett | Designated Safeguarding Lead | _____ | Date |