

Huntercombe Hospital School Stafford

Safeguarding and Child Protection Policy

All teaching & education staff must read and understand this document prior to working with the young people in our care.

A signature sheet is provided to sign, once the above has been achieved. If you have difficulty in understanding this document please discuss with the Designated Person named in this document.

Designated Education Lead.....Carol Harvey

Prevent Training due date

Completed date.....

Designated Teacher Looked after Children.....

The Huntercombe Group's Hospital School's Safeguarding and Child Protection Policy.

Safeguarding is every-ones responsibility.

This policy has been designed and written to promote and safeguarding and welfare of the children in our care, and to safeguard those who work with them.

This Policy Document has been written with reference to the following documents:

DfE Keeping children safe in Education Statutory guidance for schools and colleges, April 2014, Updated September 2016 (please note part one of this this document forms part of this policy and all staff are required to read and sign that they have read this)

Also the updated version of this document dated, July 2015, with particular references to CME Children missing from education. Information on Child Sexual Exploitation, FGM Female Genital Mutilation. The prevention of Radicalisation. A copy of the DfE document, Keeping children safe in education. Information for all school and college staff July 2015 and the Multi-Agency Practice Guidelines chapter 9 are essential reading as part of the "Huntercombe schools safeguarding policy" and requires a signature from the teaching staff when read.

"Every Child Matters". The Children's Act 1989, and 2004. The 2002 Education Act parts S175 and 157. Responsibilities as described in S175, Education Act 2002 and DCSF Circular 0027/2004

The Education and Inspections Act 2006 and contained therein.

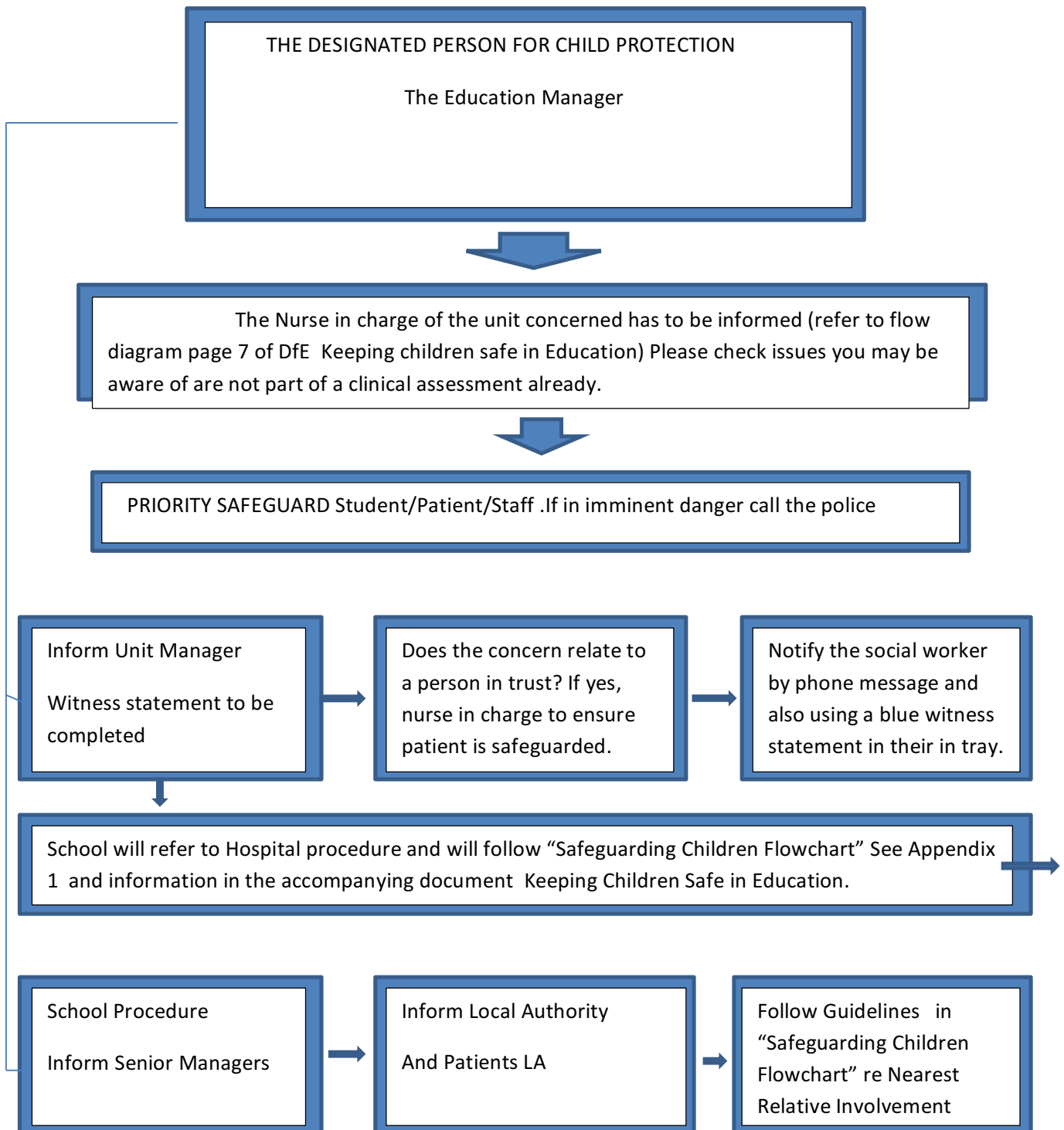
- Working Together to Safeguard Children March 2015
- www.everychildmatters.gov.uk
- What To Do If You're Worried A child Is Being Abused www.everychildmatters.gov.uk
- The Current DCSF Circular 'Safeguarding Children and Safer Recruitment in Education (2007) <http://publications.teachers.gov.uk>

The Huntercombe Hospital Schools are committed to provide a safe and secure environment for children, staff and visitors. We have provided a structure for those with any concerns about their own safety or that of others in which they can be confident in sharing with the appropriate staff. They can be assured that any concerns they do have will be dealt with in a measured and appropriate manner.

This policy is enforced at all times whilst the patients are in our care and includes Educational trips and visits.

Responsibilities:

The adults working in this school (including visiting staff, volunteers , supply teachers, support staff, students on placement), are required to report any instances of actual or suspected child abuse or neglect to the Designated Person with responsibility for child protection.



THE DESIGNATED PERSON

The Designated Person is also the first point of contact for external agencies which are conducting child protection investigations. The Designated Person will also co-ordinates the schools representation at any managers, and CPA meetings. It will be the Designated Persons responsibility to submit written reports for conferences etc. When an individual concern/incident is brought to the notice of the Designated Person, who will be responsible for deciding upon whether or not this should be regarded as a safeguarding issue. In the case of any doubt to the seriousness of the concern, or any disagreement with the member of staff reporting the concern. Advice is to be sought from the senior social worker, and or the LADO.

The parent/ carer will normally be contacted before any referral is made to local or home services. If the concern involves alleged or suspected sexual abuse or the Designated Person and senior social worker has reason to believe that informing the parent at this stage may compromise the safety of the child or staff member, nothing will be said ahead of the referral .

ACTION TO BE TAKEN

Any general concern?

Report to the Designated Person. In his/her absence, the Deputy Designated Person and or Senior Social Worker.

Record the nature of the concern, time and date. If applicable any witnesses, and where.

This information will be passed and discussed with the Hospital Manager who will refer the matter to the appropriate parties, who decide on the appropriate action in line with the hospital safeguarding policy.

ALLEGATIONS AGAINST STAFF

If an allegation is made to you;

- Listen sympathetically and inform the young person/staff their concerns/allegations will be discussed with senior staff to ensure they are safe.
- Record nature of the concern, time and date.
- Pass on to Designated Person, if not available Ward Manager, Senior Social Worker, Hospital Manager

Be discreet; say nothing to alleged perpetrator or parents. Talk only with those on the list of contacts, and in the order given if the Designated Person is unavailable. Any concern, allegation must be passed on immediately.

The Education Manager will follow two courses of action;

HOSPITAL

Consult ward manager,
Hospital Manager and social
work dept.

Follow 'local guidelines In-
Patient Units Child Protection
Referral's

(Appendix 1)

LOCAL AUTHORITY

Discuss with LA Lead Officer for guidance and support

SUSPEND- as soon as it is practical to protect child.

Senior schools management team to be involved

NO ENQUIRY-prior to clearance by social services.

APPROPRIATE SUPPORT/PROTECTION organised for
child/alleged perpetrator.

If the complaint concerns alleged abuse by the
Education Manager/Head teacher then The Deputy
Designated Person must be informed, who will seek
advice from the senior school management team, and
or social work department, and the LA's CP Lead
Officer. If not available refer to list of nominated
persons.

Staff who are formally disciplined or resign before
disciplinary action can be taken, will be reported to
the LA and the department for Children Schools and
Families. For possible inclusion on their PoCAL
consultative index. Throughout any such
investigations, guidance and support would be sought
from the LA EWAS and the hospital multi-disciplinary
support network.

Allegations of abuse/suspected abuse (not against school staff)

If an allegation is made or abuse is suspected, staff should:

- Listen sympathetically and inform young person/staff their concerns/allegations will be discussed with senior staff to ensure they are safe.
- Record nature of concern, time and date.
- Pass on to the Designated Person.

Be discreet; say nothing to alleged perpetrator or parents.

RECORDING

Staff must record what has happened, noting date, time and place any concern relating to the welfare of the young people or staff. This must be brought to the attention of the Head Teacher/Education Manager, as they are the Designated Teacher for child protection. If not available or the Head teacher is part of the allegation the Deputy Designated person must be informed. (see list appendix 2)

The Designated Person will then report to the social work department and the senior nurse on the ward concerned to organise a disciplinary / strategy meeting (within 24 hours). In addition a member of the leadership team will consult the LA Lead officer to decide whether the school should take any action.

CHILD PROTECTION REFERRAL

The hospital based social workers will assume responsibility for initiating a Child Protection Investigation by contacting the appropriate Social Service Departments.

The Local Authority Designated Officer (LADO) WILL ALSO HAVE TO BE INFORMED.

CHILD PROTECTION RESPONSIBILITIES IN SCHOOL

- CHILD WELFARE IS PARAMOUNT
- POLICY DOCUMENT-WITH OUTLINED PROCEDURES
- PREMOTE AWARENESS-STAFF/PUPIL/PARENTS
- PROTECTION (SAFE PRACTICE) FOR STAFF
- RECORDING ANY UNUSUAL OR WORRYING BEHAVIOURS.
- CONFIDENTIALITY

PROMOTING AWARENESS OF CHILD PROTECTION ISSUES

Respect for others can be taught and encouraged throughout the curriculum. It is fundamental to the aims and ethos of the school and underlies all policies and good practice. The curriculum should promote positive attitudes, build skills and self-esteem so that children and young people can and will make healthier life choices.

PSE (Personal and Social Education), Citizenship, RS and the English curriculum deal directly with the promotion of a healthy respect for oneself and others. They will also help to foster an understanding of cultural and ethnic diversity within our society. Also enable the young people to question moral and health issues around various beliefs and engender understanding and informed decision making around their own sexual health.

Bullying will also be addressed through the curriculum and issues arising from social media bullying and its consequences.

Bullying will not be tolerated in any form within the school setting and on educational visits etc. Any young person involved in bullying will be dealt with in a measured and appropriate measure, in order that the behaviour doesn't reoccur. This should be done with the Head teacher or Education manager present in accordance with the school Bullying Policy. (see Bullying Policy)

Correct use of IT and technology (phones etc) are covered in our Acceptable Use Policy, we aim to protect our pupils from bullying and exploitation through the use of computers phones via the internet. We do not tolerate any form of cyberbullying and have safeguards in place to help prevent this whilst pupils are in our care.

Any sexual activity or inappropriate relationships between pupils must be reported to the Designated Teacher and will be considered within a child protection context.

CHILD PROTECTION CONCERNS RECORD SHEETS

This sheet see Appendix 3, is used when a child protection/safeguarding concern does not require a referral, as decided by the Designated and Deputy Designated persons, but does require that the information be shared with others in the designated person role or equivalent in the child's "home setting" This form is to be kept in a locked draw in the Education Managers office. It is not to form part of the Young Persons Education Record.

SAFE PRACTICE IN SCHOOL

Behaviour management-control and restraint

Please refer to hospital wide policies and guidelines. All staff receive training in breakaway techniques. If a situation requires a young person to be removed from the classroom, assistance should be sought from the nursing staff, you must not attempt to do this yourselves.

The Danger of Malicious and Misplaced Allegations

Staff should take great care that they do not put themselves in a situation that could be misinterpreted by a young person or leave themselves open to an allegation to which they have no witness for support.

- Staff should not be alone with a young person if they cannot be readily observed by another member of staff. Individual work should take place in "open areas" where possible. If not, doors must give open access. Such individual work should only take place with young person after consultation with the clinical team responsible for the young person.
- Staff shall not meet the young person outside school based activities.
- Physical contact with pupils is open to misinterpretation, and is to be avoided. If it occurs it must be appropriate and open to the scrutiny of other staff.

Men are more readily seen as perpetrators of abuse than women. Male staff need to be particularly rigorous in these aspects of their work.

VULNERABLE PATIENTS/PUPILS

Particular vigilance will be exercised in respect of pupils who are the subject of Child Protection Plans 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 School Co-ordinator). If the pupil in questioned is a 'looked after child' this will also be brought to the notice of the Designated Teacher.

TRAINING

Whole school in service training on safeguarding issues will be organised on a regular basis. The hospital training is annual. All new staff will be required to do their training online within the first half term. The Designated and Deputy Designated Person should attend the Local Authorities Safeguarding Induction training. (See also page 13 Prevent Training)

Designated staff will be encouraged to attend appropriate network meetings and to participate in any multi-agency training available and appropriate.

RECRUITMENT

Safe recruitment processes are followed and all staff recruited to the school are subject to appropriate identity, qualification and health checks. References are verified and DBS checks are undertaken by the Disclosure and Barring Service, before staff can commence work. This is as well consultation with the DCSF Protection of Children Act List (PoCAL), TMG online. This is reviewed on a regular basis. Newly appointed teachers are also checked against the teachers' prohibition from teachers list. This is done by the head of Education CAMHS and the date this is done being entered on the Teachers Central Record Document.

Supply and Agency Staff.

Only supply teaching agencies which can demonstrate that they positively vet their supply staff, and report the misconduct of temporary or agency staff to the local LA concerned are used. They must also check their staff against the barring list. All temporary staff will be required to show the school their DBS FORM on their first day. Teachers/Staff that are joining the school on a permanent or temporary basis are given a copy of this Policy Document to read, and must sign and date that they have read said policy. See hand-out (appendix 4)

Volunteers

We do not use volunteers in our service, only staff which have been through the DBS process come into direct contact with patients/students.

STAFF CODE OF CONDUCT

All staff will be expected to adhere to a code of conduct in respect of their contact with pupils and their families. Children will be treated with respect and dignity and no punishment, detention, restraint, sanctions or rewards are allowed outside of those detailed in the schools management 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 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 Education Manager/ Head Teacher and parents. Any physical restraint should be done by the nursing staff in accordance with their in house training and restraint methods. Any restraint by teachers should adhere to DfE and LA guidance.

Staff Code of Conduct Continued

Except in cases of emergency, first aid will only be administered by qualified first aiders or hospital staff. If it is necessary for the pupil to remove clothing for first aid treatment, this can only be done if there is another adult present.

For their own safety and protection, staff should exercise caution in situations where they are alone with pupils. Other than formal teaching situations music tuition for example the door where any 1:1 coaching takes place should remain open. Where this is not practical because of 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 1:1 teaching should have at least a glass panel in the doors.

Where teaching or meetings take place on the pupils ward ie; in the patient's bedroom, this should be discussed at CTM (WARD ROUND) prior to any contact of this sort in order to minimise any potential risk. School staff will request the presence of the nursing team in these situations even if the ward management consider there is negligible risk, but the school line management believe they may be.

There is to be no out of hours contact with patients unless within the confines of the hospital and school. There is to be no home visits unless authorised by the Hospital manager and Head Teacher or Education Manager. Staff will not disclose their personal telephone numbers or emails to patients. Link teachers only may inform parents of their work phone number (the hospital phone number) and work email address.

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 it. 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 an individual risk assessments are made by the leadership team deem this to be appropriate. During major work works when large number of workers and subcontractors 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 subcontractors will be issued with copies of the schools 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.

Where contractors are engaged by the hospital on works either within the school or adjacent to it, there will be an expectation that the hospital will make the school aware of these works beforehand and will confirm that such practices as outlined above will have been carried out by the hospital. If contractors as part of the works are required to enter the teaching areas and there is a risk they will be working unsupervised by the teaching staff, a copy of this policy should be given to each person working within those areas.

COMPLAINTS and ALLEGATIONS MADE AGAINST STAFF

The Education Department takes seriously all complaints made against members of staff. The school will follow the procedures outlined below and, in addition, the school will inform the hospital manager relevant hospital ward nurse, ward manager, the ward consultant and social worker. Procedures are in place for pupils, parents and staff to share any concerns that they may have about the actions of any member of staff. All complaints will be brought immediately to the attention of the Head Teacher/Education Manager or senior teacher, in order that they may activate the appropriate procedures. If the allegation concerns alleged minor or physical mishandling or verbal abuse, this will be dealt with under the school's complaints procedure

If the allegation is of physical assault, the Head Teacher/ Education Manager will take action in accordance with the hospital's and school's complaints procedure. Unless one of the following criteria applies:

- The allegation is one of actual bodily harm-ie; an injury has necessitated first aid or medical treatment.
- There is reason to suspect parental instigation or collusion.
- The allegation has been reported to the police or children's service by the child or parent.
- The child is looked after in public care.
- The child has a disability or statement of Special Educational Needs.
- The member of staff concerned has been subject to previous complaints.
- The allegation is one of sexual abuse.

In these cases, advice will be sought from the LA's Strategic Officer for Education Services with a view to a strategy meeting. This [process will agree upon the appropriate course of action and time scale for investigations.

FOR COMPLAINTS/ALLEGATIONS made on the Huntercombe sites phone /refer to contact List

In considering whether or not a referral to Children's Services is appropriate, the Education Manager/ Head Teacher may seek advice from the Hospital Social Work Team and the Hospital Manager also the LA's Strategic Lead Officer for Education services. The HR Manager will also require notification if allegation or complaint is made against a member of the teaching department of hospital staff. Temporary and visiting staff will be subject to the same procedures.

Parents should also be advised of their independent right to make a formal complaint to the police.

If the complaint concerns alleged abuse by the head teacher/ education manager who is named as the Designated Person for Safeguarding, the Deputy Designated Person should be informed and they will inform the Education Management Team, The Nurse in charge, the social work department and the LA's Lead Officer.

RECORDS

Brief and accurate written notes will be kept of all incidents and child protection or child in need concerns relating to individual pupils. This information may be shared with other agencies as appropriate.

Child protection records are not open to pupils or parents. CP records are kept securely by the Designated Person and separately from education records. They may only be accessed by the Designated Person, their Deputy and senior managers of the school. Referrals made to Children's Services will be recorded and copies sent to Children's Social Care and the LA's Schools Safeguarding Coordinator.

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 or carers in advance of the meeting.

We will seek to maintain accurate 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.

Child Protection records will be sent to the child's school separately and under a confidential cover.

Child in Need

Huntercombe Hospital Schools will only act in this regard with full consultation with the hospital Social Work Department and Hospital Managers. Parental consent will be sought before making a Child in Need (S17) referral to Children's Social Care (Children's Services). If consent is withheld, consideration will be given to the potential impact of this for the child and to the need for a child protection referral (S47), which does not require parental consent. The school will take into account the views and wishes of the child who is the subject of the concern but staff will be alerted to the dangers of colluding with dangerous "secrets"

SAFETY IN THE SCHOOL

No internal doors to the classrooms will be locked whilst the pupils are present in these areas, except where it is considered there is a greater risk from an external threat. Where the doors will be locked in these circumstances, this will only be done for the duration that the threat is perceived.

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 recorded on their entry and exit to the premises. Unidentified visitors will be challenged by staff or reported to the Head Teacher/ Education Manager.

The presence of intruders and suspicious strangers seen loitering near the schools, or approach pupils, will be reported to the adjacent hospital wards and the Hospital Management.

Parents, carers or relatives may not take still or video photographic images of pupils in school or on school-organised activities. If parents do not wish their children to be photographed or filmed and express this view in writing, their rights will be respected.

CME Children Missing from Education

The nature of the service we operate in means it is virtually impossible to for a patient/pupil to go missing from this establishment. The very nature of the work done here at Huntercombe Hospital Stafford and the environment here being a medium secure psychiatric hospital means that if anyone was to disappear from here it would trigger an incident which would involve the police in their return. Patients are here on a medical section under the mental health act, and thus governed under that act. Those who are here voluntarily thus avoiding being sectioned (informal patients) are unable to leave without satisfying their medical team that they are not a danger to themselves or others and that they are in no danger of exploitation either sexually or physically. It must be noted many of the patients/pupils in our care have been either been exploited or mentally and or physically abused, or a combination of all these prior to their admission here and often the cause of them being placed in our care. Teachers linked to the wards here, are party to information regarding this and alongside the medical teams responsible for the patient/pupils care . They also contribute through Clinical team meetings to safeguarding decisions made about the young people and issues arising around the young person's discharge from hospital.

CSE Child Sexual Exploitation

As in the previous paragraph many of our patients/pupils are here in our care as a result of sexual abuse or sexual exploitation. We have a number of measures to keep these young people safe whilst in our care. This is not only through this policy but through the hospitals own safeguarding policy. We have a number of social workers on site also responsible for its implementation and who are actively involved in the individual patients/pupils own safeguarding issues which the young people may bring with them, or arise whilst with us here in hospital. When disclosures are made on the wards or therapy sessions etc it is the hospitals own social work team that support the young people through the hospitals own safeguarding policy..

FGM Female Genital Mutilation

We understand as teachers at Huntercombe Hospital School we have a mandatory duty to report any cases of FGM, or so called honour violence we come across to the police. However for the purposes of this policy and our particular situation any information disclosed to a member of the teaching staff will first go through the Designated person and they will talk to the social worker department before contact with the police is made, this will be to ascertain if the hospital has prior knowledge or not and if being dealt with, within the hospitals own safeguarding policy.

It would be extremely difficult for a patient to be removed from her treatment here for the purposes of having this procedure. We have made as part of this policy and include with it, the information in Chapter 3 Identifying Girls and Women at Risk, of the Multi-Agency Practice Guidelines document Female Genital Mutilation.(see appendix 5)

Computer Use Sexual exploitation and the Radicalisation of Students

The Huntercombe Group who run the computers and are responsible for the use of the computers across the group have systems in place for monitoring and blocking any harmful sites. The uses of networking and social media sites are prohibited and systems are in place to prevent their use. In certain circumstances teachers can request U-Tube sites to be unlocked for educational purposes. The content of which will have been previewed by the teachers prior to they're use. Thus it is as far as possible, impossible for patients/pupils to access or be targeted by sites trying radicalise people or for exploitation purposes. As mentioned in this document Patient/pupils and staff have to sign an Acceptable Users Policy and are bound by this. All computer equipment and internet access within the school will be subject to appropriate "parental and internet safety controls"

Preventing Radicalisation

The Designated person is required to attend Prevent Training, hopefully provided by the Local Authority, if not from a recognised authority. Dates of completion of this or a proposed date is on the front cover of this document.

Teachers must know their duties and be aware of their responsibilities in relation to Prevent

The new responsibilities placed upon teachers include:

- assessing the risk of children being drawn into terrorism or extremism;
- being alert to changes in children's behaviour, which could indicate that they are at risk of radicalisation;
- having robust safeguarding policies in place to protect children;
- intervening wherever necessary and referring children to the appropriate authorities;
- understanding when it is appropriate to refer children to the Home Office's Channel programme, which provides support for children who are vulnerable to extremism;
- vetting speakers-whether invited by staff or by pupils-for suitability
- challenging extremist ideas that might be used to legitimise terrorism;
- ensuring that filters are in place to prevent pupils from accessing terrorist and extremist material on line.

All teachers should familiarise themselves with the issues which surround the radicalisation of young people. Be aware that any young person particularly in the environment in which we work may be susceptible to various doctrines and influences.

Often patients in psychiatric hospitals such as ours will voice confrontational and controversial ideas and thoughts. This does and will require careful, sympathetic handling and approach. This may involve the clinical team in making sure the appropriate measures are adopted in each case. If in doubt teachers should discuss this with the Designated Person in charge of safeguarding. It is the Designated Teacher's responsibility to cascade information and guidance to the teaching staff once they have attended the Prevent training.

Teachers at all times must be diligent as to what the patients/pupils are accessing or trying to access on the schools computers, even though safeguards are in place.

CURRICULUM

The Huntercombe Hospital School acknowledges the important role that the curriculum can play in the prevention of various abuses and the radicalisation that can affect our patients/pupils . Also for the preparation of our pupil 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 addressing the “Every Child Matters” outcomes framework, and the safeguarding legislation “Keeping children safe in education”

As appropriate the curriculum will be used to help pupils stay safe and to speak out if their safety is threatened. Here to within the curriculum we hope to instil in those in our care, what is appropriate and safe for everyone? Not only for us as individuals but for society at large.

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 the school:

- We will use clear statements in our correspondence.
- We will liaise with agencies in the statutory, voluntary and community sectors that are active in supporting families.
- We will be considerate to the needs of parents and carers who do not have English as their first language.
- We will keep parents informed as and when appropriate.

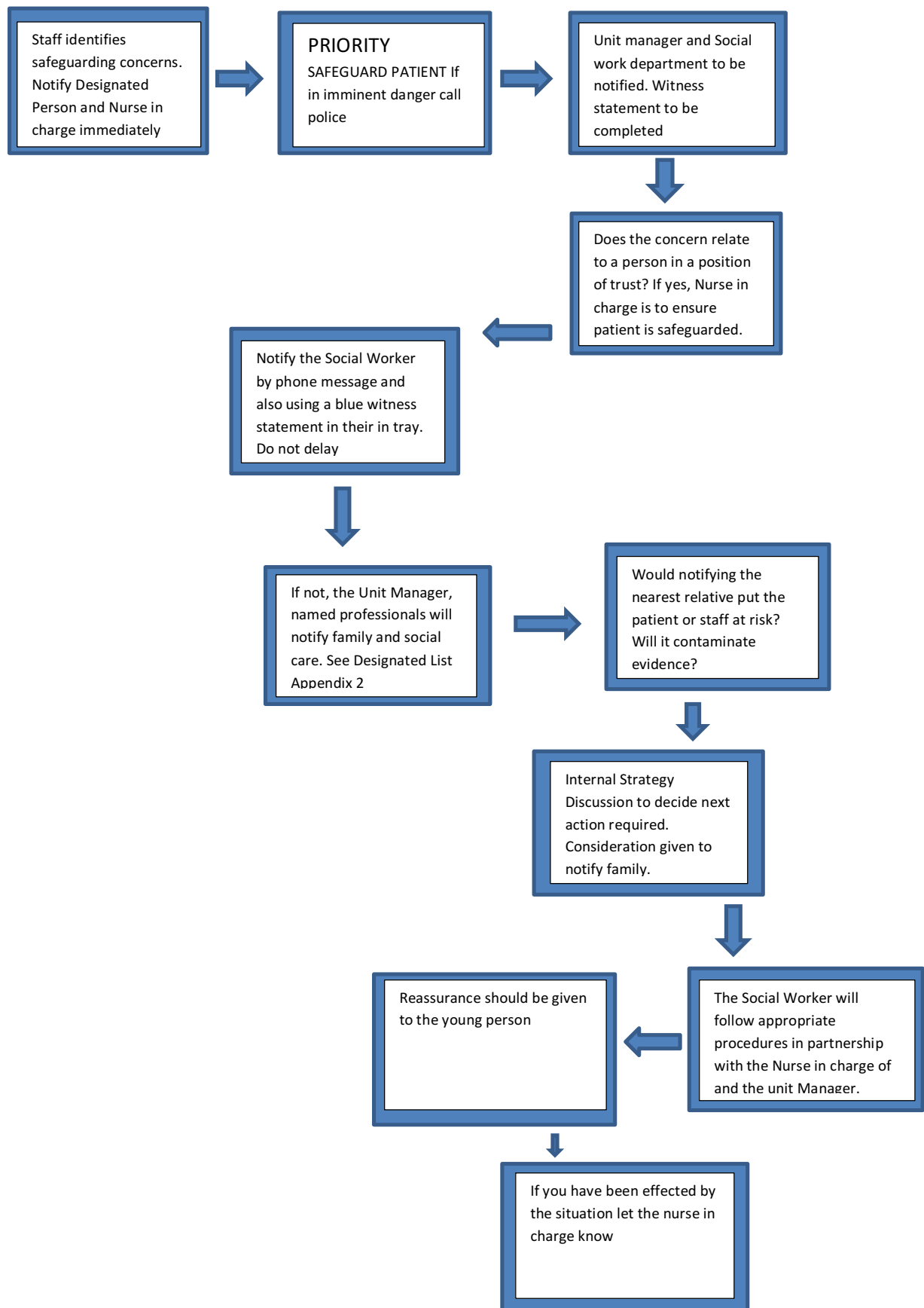
COMPLAINTS AND MONITORING

All complaints arising from the operation of this policy will be considered under the school’s complaint procedure.

The Managing body of the school will consider safeguarding issues and their implications for this policy on an annual basis. For this item, the Head Teacher/ Education Manager will report on levels of child protection referrals made by the school during the past year, training undertaken by staff and the managing body. Also any changes in legislation or national/local guidance.

Appendix 1

SAFEGUARDING CHILDREN FLOWCHART



APENDIX 2 Designated Persons List

Designated Person (Lead) Head Teacher Carol Harvey
(Deputy Lead) Senior teacher Claire Blakemore
Contact Phone Number 01628 607435

Hospital Staff Contacts (see flow charts)

Nurse in Charge of Unit:
This will vary, whoever is on duty that day.
Hospital Manager :
Social Worker: Vincent Kwenda

LA and Education Contacts

Local Authority Education Safeguarding Officer
Tracy Redpath 01785 619195
Patient's Local Authority SGO
LA's Duty Officer (Education) Julia Astall 0800 1313126
Education Advisory Service (ESAS) 01296 382912
First Response Team 0800 1313126

Hospital Senior Management:

Head of Education CAMHS: Nick Rose 01628 607455

This List Must Be Updated on a regular Basis and Phone numbers checked annually (due date:January 2016)

Huntercombe Hospital School Child Protection Record Sheet.

(This sheet is intended to provide information that is of concern but does not constitute a Child Protection Referral. It is passed to the Designated Person in the pupil's school/college on leaving our school.)

This form will only be used:

- With the patient's schools, once it has been established with the designated person that they are aware of its existence and purpose.
- The form will not be used to exchange information within the hospital.
- To hand over information once it is established that the status of this information does not constitute a referral.

Name and Designation of the person raising the concern:

Name of Child: DOB: NC Year Group:

Description of concern (Who What Where When) time incident took place.....

Action Taken:

Decision:

Name of Designated Person/ Deputy DP at Huntercombe School COMPLETING THIS FORM.:

Signed: _____ Date: _____

This record sheet does not form part of the child's school records. It will be retained by the DP and filed securely and forwarded to the DP in any receiving school separately and under a confidential cover when the child leaves school.

SAFEGUARDING PATIENT PUPILS at the HUNTERCOMBE HOSPITAL SCHOOLS

To be handed to all supply and temporary staff before starting work with children in our care.

Everyone at the Huntercombe Hospital School works together to ensure that children and young people are kept safe by contributing to:

- provide a safe environment for patient /pupils in which to learn
- identify those that are suffering or likely to suffer significant harm, taking appropriate action with the aim of making sure they are kept safe both at home and at the school.

Guidelines for staff

If you think a patient/pupil at the Huntercombe Hospital School is in need because they are suffering or likely to suffer significant harm, you MUST do the following:

1. Make a note of what you have seen or been told.
2. Don't make assumptions – keep an open mind.
3. Don't ask any leading questions and don't cross-examine the child. Only ask simple and open questions- Who? What? Where? When? etc.
4. Don't physically examine the child (other than in an emergency when no first aider is available)
5. NEVER promise to keep "secrets". Explain that you can listen to them, but make it clear that if you perceive that they are in danger of harm then you will have to seek advice because you have a duty of care to protect and keep them safe. Reassure them that they can be helped and kept safe.
6. Maintain confidentiality for the patient/pupil. It is vital that you never ring home or contact Children's Social Care Services yourself.
7. Be discreet-do not do or say anything that may place that patient/pupil or yourself at risk.

Act quickly and share the information with the Designated Person and/ or the Deputy Designated Person responsible for Safeguarding at the Huntercombe Hospital School.

Designated Persons List

Designated Person: Head Teacher/ Education Manager

Deputy Designated Person: Senior Teacher/s

Nurse in Charge of Ward

Social Worker

Ward Manager

Hospital Manager



safeguarding
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