

Ellingham Hospital School

'A unique service for unique young people'

Safeguarding Children Local Procedure

Ellingham Hospital School
Ellingham Road
Attleborough
Norfolk
NR17 1AE
Tel: 01953 459000

September 2018

Ellingham Hospital School

Safeguarding Children Local Procedure

1. INTRODUCTION

1.1 The Designated Safeguarding Leads (DSL) within Ellingham Hospital School are:

Ursula Castillo (Head of School)
Connie Crane (Post 16 Teacher and Pastoral Lead)

They are responsible for ensuring that:

- i) The school site, and everyone in it, are kept safe.
 - ii) Everyone within the school knows who the Designated Safeguarding Leads are and what they do.
 - iii) Senior managers receive all relevant information and are kept up-to-date of any enquiries or investigations.
 - iv) All necessary documentation is accurately completed within the accepted timeframe.
 - v) Relevant services and agencies are contacted and regularly updated.
 - vi) All staff are informed of any additional measures that have been implemented to keep students safe.
 - vii) Training is relevant and in accordance with statutory guidelines, and records are kept up-to-date.
- 1.2 At Ellingham Hospital School we keep our student body safe within a friendly, calm, nurturing, and therapeutic learning environment. We offer quality and diverse learning experiences in order to enable our young people to successfully enter the adult world after formal education is completed. We ensure that our students become as independent as possible, acting as positive role models within society and actively promoting the core values of citizenship.
- 1.3 Priory Directors, the Head of School and staff at Ellingham Hospital School fully recognise the contribution they can make to protect and support students. The safeguarding of the students at Ellingham Hospital School is paramount to every aspect of school life. A positive ethos is promoted within school with clear boundaries for students and systems in place to keep them safe.
- 1.4 All staff members are aware of the systems within the school to support safeguarding and always work in a proactive manner to safeguard the wellbeing and welfare of the students.

Safeguarding and Promoting the Welfare of Children Means:

- i) Protecting children from mal-treatment.
- ii) Preventing impairment of children's health or development.
- iii) Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- iv) Taking action to enable all children to have the best outcomes.
- v) Providing a safe environment in which children can learn.
- vi) Identifying children who may be in need of extra help or who are suffering, or likely to suffer, significant harm.
- vii) Not exposing children to unnecessary risks and protecting children from abuse.

An abused child is one who has suffered from, or is believed to be at significant risk of, physical injury, emotional abuse, sexual abuse, or neglect. It is where the person who has custody, charge or care of the child has either caused or knowingly failed to prevent either, or all, of the types of abuse.

Physical Abuse:

(as described by ‘Keeping Children Safe in Education – Statutory Guidance for Schools and Colleges, September 2018’)

This is the actual or likely physical injury to a child, or a failure to prevent physical injury (or suffering) to a child. This includes any form of physical punishment or rough handling including unnecessary or inappropriate physical interventions such as hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating pushing or physically forcing children to perform certain tasks. Physical abuse also includes not dealing effectively with any physical aggression that occurs between specific children.

Emotional Abuse:

(as described by ‘Keeping Children Safe in Education – Statutory Guidance for Schools and Colleges, September 2018’)

This is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on their emotional or behavioural development. This may involve conveying to a child that they are worthless or unloved, inadequate or valued only in the way they meet the needs of another person. It may include preventing the child from giving their own opinions and views, deliberately silencing them or making fun of what they say or how they communicate through malicious teasing or taunting. It may also include overprotecting a child and deliberately limiting their development and learning or preventing them from participating in normal social situations and interactions. Emotional abuse may also be controlling a child through fear involving them in seeing or hearing the ill-treatment of another. There could be serious bullying, including cyber bullying, shaming or humiliating a child or deliberately misinterpreting a child’s communication or name. It may cause children to frequently feel frightened or in danger or involve the corruption and exploitation of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may also occur alone.

Sexual Abuse:

(as described by ‘Keeping Children Safe in Education – Statutory Guidance for Schools and Colleges, September 2018’)

This involves forcing a child or young person to take part in sexual activities whether or not they are aware of what is happening. The activities may involve physical contact including assault by penetration (rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse 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 act in sexually inappropriate ways or grooming a child in preparation for abuse. Men, women or other children can commit acts of sexual abuse.

Neglect:

(as described by ‘Keeping Children Safe in Education – Statutory Guidance for Schools and Colleges, September 2018’)

This is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may begin during pregnancy as a result of maternal substance abuse. Neglect of a child might involve a parent or carer failing to provide adequate food, clothing, and/or shelter. It is the failure to protect a child from physical and emotional harm or danger or respond to their emotional needs. It may also involve denying a child access to appropriate medical care or treatment. It includes any situation in which children, who are unable to assert themselves or are unable to determine their own needs, are deliberately or negligently deprived of basic, emotional or intellectual needs.

Each child has the right to have continuous access to any needed augmentative and alternative communication devices and other assistive devices, and to have those devices in good working order. They have the right to be communicated with in ways that are meaningful, understandable and culturally and linguistically appropriate.

Other forms of abuse include **Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) Radicalisation of Young People, E-Safety, Sexual Abuse by Young People, Peer on Peer Abuse, Domestic Abuse, Child Criminal Exploitation (County Lines), Sexual Violence and Sexual Harassment between Children in Schools and Colleges, Forced Marriage, Youth Produced Sexual Images and ‘Honour-based’ Gang Violence.**

Child Sexual Exploitation (CSE)

(as described by ‘Keeping Children Safe in Education – Statutory Guidance for Schools and Colleges, September 2018 and ‘Child Sexual Exploitation – Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation February 2017’)

The definition for child sexual exploitation is:

‘Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.’

Female Genital Mutilation (FGM)

(as described by ‘Keeping Children Safe in Education – Statutory Guidance for Schools and Colleges, September 2018’)

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

All Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

As explained in 'Keeping Children Safe in Education, September 2018', Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) 'places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either by disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Teachers **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out.'

Radicalisation

(as described by 'Keeping Children Safe in Education – Statutory Guidance for Schools and Colleges, September 2018')

Radicalisation is the process by which a person comes to support terrorism and forms of extremism. Protecting children from the risk of radicalisation is an important part of the school's wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. The school has a duty to intervene if there is a concern about the radicalisation of vulnerable people.

All staff should be alert to radicalisation. They need to look out for changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation. They may need to make a referral to the Channel programme. This 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.

Prevent Strategy

'Prevent was first set up in 2006 as part of the wider counter-terrorism strategy called CONTEST. The aim of Prevent is to stop people becoming terrorists or supporting terrorism.

Prevent Strategy has three objectives:

- Challenging the ideology that supports terrorism and those who promote it,
- Protecting vulnerable people,
- Supporting sectors and institutions where there are risks of radicalisation.

Specified authorities, including all schools are subject to a duty under Section 26 of the Counter-Terrorism and Security Act 2015 ("the CTSA 2015"), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is called the Prevent Duty. All staff are expected to risk assess those students who might be drawn into acts of terrorism.

Channel

A key part of the Prevent strategy is "Channel". This is where police work with public bodies, including local councils, social workers, NHS staff, schools and the justice system to identify those at risk of being drawn into terrorism, assess what the risk might be and then develop tailored support for those referred to them. This could range from mentoring to things like anger management or drug and alcohol programmes.'

PROTECTION

The policies and procedures as laid down in this document, are informed by Priory Child Protection Policy and as well the Safeguarding and Promoting of Welfare of Children in accordance with Section 175 of the Education Act 2002 (and section 157 in relation to Safeguarding Pupils in Independent Schools) Education Inspection Act 2006. This document is also informed by the national framework for assessment of children and families and most recently DCSF guidance 'Keeping Children Safe in Education September 2016 and 'Working Together to Safeguard Children 2018', Norfolk LSCB's 'A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children'. All staff receive training to respond appropriately and sensitively to Child Protection concerns. All Disclosure and Barring Service checks are to an enhanced level inclusive of barred list check.

E-Safety

E-safety is taught to students as part of their PSHEE curriculum and ASDAN Programmes. Students are constantly reminded by staff during the use of IT of how to keep themselves safe. E-safety posters are in each of the classrooms. It is the responsibility of all staff members to report any concerns of E-safety to the DSO. E-Safety concerns are logged separately in an E-Safety Concerns book

Support

Support for students is given through the school's pastoral system, and by regular supervision of staff.

This Policy applies to the whole School Community.

Sexual Abuse by Young People

Sexual abuse by young people is beyond the boundary of what would be deemed part of 'normal youthful experimentation and what would be characterised as mutuality and the seeking of consent. Students at Ellingham Hospital School work in conjunction with the Psychology and Therapy Team to deliver a SRE programme that highlights the need for consent. This is delivered at a level based upon the students mental capacity.

Peer on Peer Abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include, though is not exclusive to, bullying, (including cyber-bullying), sexual violence and sexual harassment, physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence rituals.

Students at Ellingham Hospital School are taught via their PSHEE curriculum, social skills programme and emotional literacy programme the importance of appropriate behaviour. When Students are first admitted to Ellingham Hospital, they receive as part of their welcome pack from school a leaflet upon what to do if they experience bullying. Weekly key worker/welfare sessions take place with each student where opportunity for discussions with regards to feeling safe in school can take place. All incidents of peer on peer abuse are recorded in the incident and bullying logs. Appropriate action is taken and protocols followed in line with supporting policies.

Domestic Abuse

The cross-government definition of domestic violence and abuse is: Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

1. Psychological

2. Physical
3. Sexual
4. Financial
5. Emotional

Staff at Ellingham Hospital School receive training to recognise the signs of Domestic Abuse in students. Child-line posters are on display in every classroom should a student wish to discuss such issues with an independent person.

Child Criminal Exploitation (County Lines) and Gangs

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. The key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs then a referral to the National Referral Mechanism⁹⁸ should be considered. Staff at Ellingham Hospital School, receive as part of their safeguarding training, how to recognise the signs that a young person may be involved in child criminal exploitation.

Sexual Violence and Sexual Harassment between Children in Schools and Colleges

Sexual violence and sexual harassment can occur between two children of any age and sex. Staff at Ellingham Hospital School are made aware of the importance of:

1. Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up.
2. Not tolerating or dismissing sexual violence or sexual harassment as 'banter', part of growing up, 'just having a laugh' or 'children being children'.

Staff at Ellingham Hospital School will challenge such behaviours, (potentially criminal in nature), such as inappropriate touching of body parts, flicking of bras, lifting of skirts as tolerating such behaviours risks normalising them.

Forced Marriage

Forcing a person into marriage is a Crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Ellingham Hospital School Staff are to inform the DSO of a young person suspected of being in or likely to be entered in to a forced marriage. The Forced Marriage Unit can be contacted on: 020 7008 0151 or email fm@fco.gov.uk

Youth Produced Sexual Images

The sharing of sexual imagery involving any person under the age of 18 is a criminal offence. Youth produced sexual imagery refers to both images and videos 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.

Students at Ellingham Hospital School receive as part of their PSHEE curriculum, E-Safety. E-Safety posters are on display in each classroom. Staff who suspect a student has been the victim of or instigator in youth produced sexual imagery would refer such concerns to the DSO.

'Honour-based' Violence.

So called 'Honour-Based' Violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including FGM, forced marriage and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators.

If staff at Ellingham Hospital School have a concern regarding a child that might be at risk of HBV or who has suffered from HBV will speak to their DSO or Deputy DSO. As appropriate the DSO's will activate the local safeguarding procedures, using existing national and local protocols.

2. SCHOOL COMMITMENT

Ellingham Hospital School recognises that in order for children to develop, they require an environment that promotes self-esteem, confidence and provides support through positive relationships. We always work in a proactive manner to protect and safeguard the welfare of our students. Ellingham Hospital School therefore:

- a) Establishes and maintains an ethos where pupils feel safe, secure, and are listened to, and encouraged to talk.
- b) Ensure that students know that the adults in the school community can be approached if they are worried or are in difficulty.
- c) Include information in curriculum activities which will equip students with the skills, they need to stay safe from abuse or harm.
- d) Ensure that every effort will be made to establish and maintain effective working relationships with parents and professional agencies.
- e) Ensure that staff training is up-to-date on all forms of abuse and particularly on Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and the Radicalisation of Young People.

It is essential that all of the children within our care, both in school and in residence, be protected from abuse and harm.

The child's welfare is paramount in all of our work and this is reflected in the way in which we are committed to safeguarding every child. This means that in all of our work we are aware of the possibility of abuse occurring and are proactive in ensuring that such things do not occur within our establishment. It is our responsibility to keep children safe at all times. Every member of staff has a statutory responsibility to safeguard the rights of the children in the care of Ellingham Hospital School. These responsibilities must not be confused with the responsibilities that staff have towards the school and each other.

In all issues of Safeguarding, the responsibility of each and every member of staff is exclusively towards the children.

Failure by any member of staff to report actual or reasonably suspected physical, sexual or emotional abuse of a child is a disciplinary offence.

3. FRAMEWORK

Ellingham Hospital School does not operate in isolation. Child Protection is the responsibility of all adults, especially those working with children. The development of appropriate procedures and the monitoring of good practice are the responsibilities of the Local Authority Children's Board (Norfolk) as outlined in the LSCB guidance and protocols.

Norfolk LSCB are committed to the view, 'that no agency or profession should work independently in this field and that the interests of the child and family are best served by a system of multi-disciplinary co-operation' ensuring that there are effective inter-agency procedures for dealing with allegations. We also work closely with all of the referring/placing authorities.

4. ROLES AND RESPONSIBILITIES

All adults working within Ellingham Hospital School or on behalf of children have a responsibility to protect children. There are, however, key people within school who have specific responsibilities under Child Protection / Safeguarding procedures. The names of those carrying these responsibilities for the current year are listed here and as well as at the very beginning of the policy.

The Designated Safeguarding Leads (DSL) within Ellingham Hospital School are:

Ursula Castillo (Head of School - Ellingham Hospital School) – DSO Lead
Connie Crane (Post 16 Teacher/Pastoral Lead – DSO Deputy)

- 4.1 The Head of School at Ellingham Hospital School will collate all recorded allegations or concerns about any member of staff, and refer them onto the Local Authority Designated Team (LADT).
- 4.2 The Designated Safeguarding Leads (DSLs) of the school will retain the overview of all Child Protection concerns, referring them to the Director of Operations if necessary.
- 4.3 Ellingham Hospital School has an Advisory Panel consisting of professionals from Priory Education Services. This panel will advise on all current matters concerning Child Protection. In addition there is access to LA advice services.
- 4.4 Ellingham Hospital School is responsible for the notification of all significant events concerning Child Protection. In cases of referral then the following agencies will be contacted: Norfolk Children Services, Ofsted, and the student's user authority.

5. PROCEDURES

- 5.1 **Ellingham Hospital School will follow the procedures set out in the Norfolk LSCB procedures and protocols.**
- 5.2 Attached to this document is a set of guidelines, describing the procedures to be followed in case of suspected or actual abuse.

- 5.3 Parents and Authorities will be made aware of the school's duties and responsibilities, verbally and through the provision of information contained in the School Prospectus and on the School Website.
- 5.4 All staff should follow the most recent guidance and procedures from Norfolk LSCB for those working with children and young people.

Many incidents are the result of normal behaviour between young persons of similar age and would be managed within the establishment. The following categories outline when a referral should be made to Social Services:

- (i) Assaults by one young person that either intimidate or cause injury to a child who, by virtue of age or other factor, is in an unequal relationship with the aggressor.
- (ii) Any sexual assault or advance upon a child who is younger by age or emotional development.
- (iii) Any sexual assault upon a non-consenting child. A complaint by a child must be taken to mean that fully informed consent was not given.
- (iv) Persistent sexual advances to other children/young people.
- (v) Extreme or persistent bullying by a child or young person.

Some allegations which may fall outside of the formal Child Protection process are:

- (i) Allegations which involve inappropriate measures of control, rough handling of a child, or the use of punishment, or similar matters which do not result in physical injury, bruising or other significantly damaging trauma. These will not necessarily initiate a Child Protection investigation so long as the following circumstances apply:
 - a) The responsible management of the establishment liaises with the Local Authority Designated Team (LADT) and reach a mutual agreement as to who will take responsibility for the investigation.
 - b) The allegation is an isolated one involving only one professional, and does not suggest a regime, which is pervasive and condoned by the management, either actively or by omission.
 - c) The LADT is satisfied that the responsible management of the establishment is conducting a full investigation, including the possibility of disciplinary procedures.
 - d) There is an agreement that the LADT is notified of the outcome of the investigation and any subsequent disciplinary procedures.
 - e) The management of the establishment has notified the relevant body responsible for inspection and/or registration (where this exists) of the allegation.
 - f) The referral information must be sent by the establishment and to the respective inspection/registration body.

6. TRAINING AND SUPPORT

- 6.1 Ellingham Hospital School will ensure that the Designated Safeguarding Leads (DSLs) will receive the appropriate training for their role (currently Level 4 Training updated every years).
- 6.2 All staff who are directly involved with the care of children will receive ongoing Level 3 Safeguarding training as part of their development. This is updated on a 12 monthly basis. Ancillary staff will also have access to basic Level 2 Child Protection courses (staff will be updated at least every 2 years).
- 6.3 Ongoing support is available to all staff through formal and informal supervision. Specific support via Supervision will be made available to staff reporting concerns.
- 6.4 Ellingham Hospital School operates an ongoing CPD programme which informs staff of updates in safeguarding legislation and procedures as and when they occur.

7. PROFESSIONAL CONFIDENTIALITY

- 7.1 The issue of confidentiality is understood by all those working with children, particularly in the context of Child Protection. The School Prospectus contains the necessary advice concerning the need for confidentiality. Staff training reinforces the need for confidentiality and the rules concerning confidentiality for Safeguarding processes.
- 7.2 Staff will not guarantee confidentiality to a child. Information received from a child is listened to and treated sensitively; the child is advised that in order to help and support them, this information would need to be shared with other professionals.
- 7.3 Only those directly concerned with the child have access to information. **It is not for public scrutiny.**
- 7.4 Under Norfolk LSCB Safeguarding Procedures, the LADT will be advised, along with Ofsted, if the allegation concerns a member of staff.

8. RECORDS AND MONITORING

- 8.1 Well-kept records are essential to good Safeguarding practice. Ellingham Hospital School is clear about the need to record any concerns held about a child or children within the school.
- 8.2 Ellingham Hospital School has a well-documented form of recording and reporting incidents which can be accessed.
- 8.3 When a concern has been identified, staff monitor the student. Senior Managers will collate further information if necessary and place it on the student's file, which is held centrally by the Head of School.

9. ATTENDANCE AT A CHILD PROTECTION CONFERENCE

- 9.1 A Professionals / Strategy Meeting / Conference will be held if the Local Authority follow up a referral and investigate. The conference is chaired by a Principal Social Worker (Child Protection) or Social Care Team Manager.
- 9.2 Ellingham Hospital School staff attend the conference, usually the Safeguarding Leads. In their absence, another member of the Senior Management Team attends.

- 9.3 Ellingham Hospital School staff who attend Child Protection Conferences receive appropriate Multi-Agency Training.

10. SUPPORTING PUPILS AT RISK

- 10.1 Ellingham Hospital School recognises that children referred to the school may have either been abused or witnessed violence.

They may find it difficult to develop a sense of self-worth and to view the world in a positive way. Ellingham Hospital School may be the only stable, secure and predictable element in the lives of children at risk. Whilst at school, their behaviour may be challenging and defiant and there may be occasions when the school have to consider a fixed-term exclusion or in extreme cases permanent exclusion.

It is also recognised that some children who have experienced abuse may in turn abuse others. School staff adopt a considered, sensitive approach in order that the child receives appropriate help and support.

- 10.2 Ellingham Hospital School supports the students through:

- a) Maintaining consistent, supportive and clearly defined relationships and boundaries.
- b) An engaging curriculum to encourage self-esteem and self-motivation.
- c) The school ethos, which promotes the positive aspects of each student, and provides a supportive and secure environment.
- d) The implementation of school policies, and policies required by Law (Children's Act 1989, 2004. Education Act 1996 and 2006).
- e) A consistent approach, recognising causes and effect of behaviours.
- f) Regular liaison with other professionals and parents.
- g) The development and support of staff trained to respond to the needs of children appropriately in Child Protection situations.

11. SAFE SCHOOL, SAFE STAFF

Staff are continually made aware of the need for ongoing evaluation of professional practice. Staff receive training in Child Protection issues. Ellingham Hospital School, through its recruitment procedures, endeavour to attract motivated, skilled and sensitive staff. Staff are made aware of the current procedures regarding Child Protection and allegations of abuse against professionals. These are regularly reviewed to ensure continued good practice.

11.1 Recruitment and Selection

All prospective staff are interviewed by at least two people and at least one of them has completed Safer Recruitment training.

All prospective staff are subject to the following checks:

- a. Enhanced Disclosure and barred list.
- b. Two satisfactory references given prior to appointment of employment.
- c. All qualification certificates checked and copied.
- d. Eligibility to work in the UK.
- e. Identity Check.
- f. Prohibition Order Check (Teachers).
- g. All staff are subject to a three month probationary period.

11.2 Induction Procedure

As part of the staff induction programme all staff who work with children undertake training that equips them with the knowledge and skills necessary to carry out their responsibilities for Child Protection, and which will be kept up-to-date by refresher training. Every new member of staff completes a Child Protection training session within their probationary period, via Priory on-line Training modules or face-to-face training.

All staff including regular volunteers will be required to complete the Priory Academy Child Protection training module on an annual basis. In addition, they will receive copies of relevant Safeguarding policies, Local Procedures and the staff code of conduct at induction. All staff are provided with part 1 of 'Keeping Children Safe in Education, September 2018' and must read this.

11.3 Central Register of Staff

All staff are recorded in the Schools Single Central Register of Staff. This document is available to compliance and inspection officers, and is regularly checked by HR and the Operations Director / Head of School.

12. All Areas of Abuse

12.1 What you need to do if you are told about abuse, suspect abuse, or have come across evidence of abuse.

If a disclosure is made to you, you should:

1. Listen carefully and note what is being said.
2. Ask the minimum number of questions to allow you to clarify the information.
3. Do not ask leading questions (e.g. example 'was it x and/or x who did this?')
4. Questioning should stop or be wound down as soon as it is possible.
5. If a student has been abused on several occasions, they must only disclose the first occasion and any further investigation must be carried out by the social services or the police CPU team. Each subsequent allegation should be responded to in the same manner as the first.

6. Tell the student making the disclosure what you are going to do next. Tell him/her about the people with whom you will be sharing the information. Staff should **never** guarantee confidentiality to a student, as all child protection issues must be passed to one of the school's Designated Safeguarding Leads.
7. Ask the person what he/she would like to happen. Ask him/her if they need any help. In an extreme situation you may have to evaluate how to protect a student from further abuse at that point in time and whether it is safe for them to go home.
8. Reassure the person or the student that they did the right thing in making the disclosure.
9. Share the information immediately with one of the school's Designated Safeguarding Leads, or if a Designated Safeguarding Lead has been named in the disclosure, then share with the Director of Operations. If the Director of Operations is implicated, report the incident to Priory Head Office.
10. Record in full all of the information on a Child Protection Incident Form which is available in staff rooms and teaching rooms around the school.

12.2 Contamination of Evidence

Please Note : Individuals within the Local Authority and the Police have experience of Child Protection investigations. These people have the requisite skills with which to conduct investigations without contaminating the evidence, e.g. not 'leading' the witness. In view of this, staff who are made aware of a suspicion or allegation of abuse are instructed not to investigate the allegation and to restrict questioning to that which is necessary and to seek clarification only. Staff members should **never** guarantee confidentiality to a student nor should they agree with the student to keep a secret, as where there is a Child Protection concern, this must be reported to the Designated Safeguarding Lead or Director of Operations.

12.3 If you have a suspicion of abuse or you have evidence that a student has been abused:

1. Share your concerns with one of the Designated Safeguarding Leads.
2. Write down your concerns on the Child Protection incident Form and keep a personal record of the time of the disclosure and the ensuing conversation.
3. Seal the Child Protection incident Form in an envelope and pass it to a Designated Safeguarding Lead. Check the next day and three days after this to ensure appropriate action has been taken.
4. It is the duty of the Designated Safeguarding Lead to inform the Director of Operations (unless they are implicated in the abuse or of any concerns raised).

12.4 If you have suspicion or evidence that an unauthorised person has picked a student up from school or has contacted a student or has been observed trying to contact a student follow the same steps as above.

12.5 What will the Designated Safeguarding Lead do?

1. Once the Designated Safeguarding Lead has the information, it will then be shared with the Director of Operations unless they are implicated in the abuse. The placing authority safeguarding team and Children's Services will be routinely informed depending on the severity of the allegation. The ensuing discussion will enable the Designated Safeguarding Leads to decide on the way in which the information is to be handled, how it is to be recorded and what action is to be taken.

2. The concern will be shared with Ellingham Hospital's DSO's who are as follows:

Sandra Taylor (Hospital Director)
Tercy Behka (Clinical Director)
Elesha Cato (Hospital Social Worker)
Dr Iyer (Registered Clinician)

The Hospital and Education DSO's will meet to discuss the safeguarding concern and will make the appropriate referral. Please see Ellingham Hospital School's Safeguarding Flow Chart for a full explanation of the process.

3. The Safeguarding Lead will record all incidents in the Register located on the school site. All paperwork related to the issue will be passed to the Director of Operations (unless they are implicated in the abuse) and stored in a confidential file on the school site.
4. A Multi-Disciplinary Strategy Meeting will take place at an agreed venue, to decide on a course of action. This normally occurs within 24-hours. The meeting will be chaired by the Local Safeguarding Children's Board Student Protection Manager and will have representatives from the Police Student Protection Unit, a member of staff from Ellingham Hospital School, either the Director of Operations, or a Designated Safeguarding Lead, medical personnel (invited by chair).
5. The Strategy Meeting agenda will cover the following :
 - a) Safety and welfare of the student and any other students at risk.
 - b) Who is to provide support for the student and who is to act as an advocate if necessary.
 - c) The medical, police and social work elements of the student protection investigation.
 - d) Who is to notify those with parental responsibility, the presenting local authority and the home Social Services Department.
 - e) The immediate action to be taken with regard to the member of staff or person subject to the allegations or concerns.
 - f) Who is to keep the member of staff informed with regard to the process of the investigation and who is to provide the additional support that the member of staff would need.

The designated LADT is regarded as Head of Operations from this point on and all information and reports are directed to them.

The designated LADT at the completion of the investigation convenes the outcomes meeting.

13. ALLEGATIONS OF ABUSE MADE AGAINST THOSE WHO WORK WITH CHILDREN AND YOUNG PEOPLE

The possibility of abusive practice is openly acknowledged at Ellingham Hospital School. To counteract this staff are encouraged to analyse their own professional working relationships with our students and those of their colleagues. Collusive relationships are therefore challenged, as are punitive or authoritarian interactions. Routine practices are organised which seek to reduce the possibility of relationships becoming exclusive or isolated.

If students or staff have any concerns, these should be reported immediately to a Designated Safeguarding Lead or in their absence the Senior Manager on duty.

- a. It is important to strike a balance between the need to protect Children from abuse, and the need to protect staff from false or unfounded accusations.
- b. It is also important that procedures comply with the locally agreed inter-agency protocols and guidance as set out within Norfolk Local Safeguarding Board.
- c. Suspension should not be an automatic response to an allegation. Where an allegation is made the matter should be referred immediately to the Designated Safeguarding Lead or the Director of Operations.
- d. LADT must be notified as soon as possible and definitely within 24hrs of the event.

The decision to suspend:

1. Needs to take into account the seriousness and the plausibility of the allegation.
2. The risk of harm to the pupil concerned or to the other pupils.
3. The possibility of tampering with evidence.
4. As well as the interests of the person concerned and the school in any event and in all such cases the decision to suspend and indeed inform the staff member of such an allegation **will only be taken after discussion with the LADT and Police** who will advise what information can be shared and when.
5. Although suspension on full pay is in law a neutral act, it is bound to be distressing for the accused person and disruptive to the school.
6. The Director of Operations and Head of School should be informed of any allegation. If it relates to either or both of them the Managing Director for the Central Region at Priory Headquarters should be informed.

Normal recording of evidence and referral is followed. Please refer to the flow chart for fuller understanding of the referral process.

Important telephone numbers:

**Contact Norfolk MASH Team:
Reception & Referral -Tel. No. 0800 8020.
LADT 01603 223473**

This is a central call centre. On receiving the relevant information it will be decided who will pursue the matter and how this will be arranged.

The young people have access to a telephone and the following numbers are displayed:

Norfolk Social Services Dept	01603 224100
Police	01953 424445 (Wymondham)
Childline	0800 1111
NSPCC Helpline	0808 800 5000

ELLINGHAM HOSPITAL SCHOOL ADDITIONAL SAFEGUARDING INFORMATION

1. Induction Procedure

- All staff are subject to a thorough induction procedure. Safeguarding procedures and Behaviour Management Training form part of this.
- All staff complete the Priory Academy modules on the Priory Intranet, which also include Child Protection Level 1.

2. Complaints Procedure

- The complaints procedure outlines how staff, parents and other involved adults can make complaints or talk about things in school which concern them.
- The complaints procedure for adults is fully accessible and is posted on staff notice boards. Children are informed about how to make a complaint by the strategic placing of complaints posters which includes relevant telephone numbers for child line, Ofsted etc.

3. Whistle Blowing Policy

- There is a Whistle Blowing Procedure for staff which is available on the Intranet and accessible in the Ellingham Hospital School Policy File
- Whistle Blowing Local Procedure for staff is available in the Ellingham Hospital School Policy File.

4. Communication

- It is important that a professional relationship should be kept between staff and the students' families at all times. Any communication between staff and parents/guardians should be recorded, forwarded to the appropriate senior member of staff and kept on file.
- Inappropriate communication outside of working hours should not take place (see staff handbook). This includes Internet social networking sites.
- Under **no circumstances** must any member of the School use personal mobile cameras, digital cameras, or any other means of recording or storing of pictures of the children or young persons in our care for their own personal use.

5. Making a referral

THE REFERRAL MUST BE MADE WITHIN 24 HRS. The referral must be registered in the Child Protection File.

It is the responsibility of the Director of Operations/Head of School to ensure the referral is made in the appropriate time scale.

Child Protection issues may arise from some of the following:

- On return from a weekend at home or leave period. (Staff are asked to be vigilant of any unusual bruising or marks. Body maps are available.)
- Incidents arising from confrontations with other young people.

- Incidents arising from confrontations with members of staff.
- Incidents arising from self-harm.

Because of the nature of the Young People we care for, each complaint or allegation, is recorded, first of all on an internal basis, and if necessary then the Safeguarding Team in the student's own Authority is alerted along with the MASH Team in Norfolk.

If any member of staff has suspicions of abuse, then they must record that suspicion. It is **not** their responsibility to investigate the complaint or allegation. An initial statement will be taken from the child in order to initiate proceedings.

Any member of staff who is told of any incident or has strong suspicions of physical or sexual abuse occurring in the school, to a pupil of the school at home, or outside the school, must report the information immediately to the Designated Safeguarding Lead.

1. If a child appears to have been abused on several occasions, Social Services and/or the police CPU team will be informed immediately.
2. The child making the disclosure must be told what happens next. They need to know the people with whom you will be sharing the information.
3. The person making the disclosure needs to know what will happen next. They need to be included in the process and asked what it is they would like to happen. They might need help and support. In an extreme situation you may have to evaluate how to protect a child from further abuse at that point in time. The child also needs to be reassured that they have done the right thing.
4. Information must be shared immediately with the Designated Safeguarding Lead or the Director of Operations if more appropriate.
5. A detailed, clear record of all of the information needs to be made.

Evaluation

Evaluation of these procedures is based on a combination of measures including:

- Pupil's views
- Family view
- Professional judgement
- Staff views
- Local Authority, other stakeholders' views

Additional action may be taken by the police in respect to possible further criminal investigation by them.

The school has all of its policies and procedures scrutinised closely at the time of each and every child protection investigation.

A member of the proprietorial body, usually The Director of Operations has responsibility for Safeguarding at Ellingham Hospital School. This person receives an annual report from the Safeguarding Leads on the effectiveness of Safeguarding Policy and Procedure, and ensures any deficiencies are immediately remedied.

The Director of Operations is currently

Michelle Smith Tel: 01366 726040

Head of School

Urrula Castillo Tel: 01953 450000

To be reviewed – Sept 2019

APPENDIX – 1

What to look for and what to do if a service user discloses sexual abuse.

Detecting Signs of Sexual Abuse

It is not possible to give one complete list of signals and symptoms of sexual abuse. Different people react in different ways to stress and trauma. Some people will tell you directly or indirectly.

Disclosure:

In many instances, abuse comes to light because the person will tell someone and is believed.

Partial Disclosure:

For example, the person uses repeated phrases like “it’s a secret” or “shut up” or “I’ll shut you up”. Or you may suspect that something is wrong because there are physical or behavioural signs.

Medical / Physical Problems:

Such as genital infections and discharges, lacerations to the genital area or physical signs of bruising which give rise to suspicion because of where the marks are on the body (e.g. finger bruising on the upper arm, bruising and / or scratching on the upper thighs, ‘love bites’) sudden difficulty in walking / sitting.

Disturbed Behaviour:

For example, depression, sudden withdrawal from activities the individual has previously enjoyed, loss of previous skills, loss of appetite and / or difficulty in keeping food down, sleeplessness or nightmares, inappropriate seductive behaviour or mimicking of explicit sexual activities, repeated and obsessive masturbations, self-injury, showing fright, or being aggressive to one particular person.

Sometimes the behaviour of other people gives rise to concern:

For example, the way another person, perhaps a colleague, a volunteer or a family member, behaves towards, talks to, or touches an individual giving you an uneasy ‘gut’ feeling that something is wrong.

Or there may be circumstantial indications:

For example, two service-users are found in the toilet area, one in a distressed state; or a man who cannot dress or undress themselves is found to have their pants on back to front; underwear that is torn, stained, or has blood on it.

Many signs do not, by themselves, give clear and unequivocal ‘proof’ of sexual abuse. There may be several explanations for someone’s depression, for example, or the fact that they have a genital infection. For these reasons it is very important professionals, parents and others share their concerns, recognising sexual abuse could be a possibility, which warrants further enquiry.

Remember, it is your duty to report concerns.

Signs and Symptoms of Abuse

The first indication that a child is being abused is not necessarily the presence of a severe injury. Concerns may be aroused by:

- The sight of bruises or marks on a child's body
- Remarks made by the child or carer
- Things overheard
- Change in the child's specific behaviour or reactions

While the situation may not initially seem to be particularly serious it is worth remembering that prompt action is essential even if the concerns are only suspicions.

Anyone who is worried that a child may be at risk, must discuss their concern with a Safeguarding Lead or a senior member of staff so that it can be dealt with in the appropriate manner.

The following is not a comprehensive or definitive list but a guide to the more common non-accidental injuries.

PHYSICAL ABUSE (BRUISES and MARKS)

- Symmetrical black eyes are rarely accidental.
- Bruising in or around the mouth especially in small children
- Grasp marks on arms or the chest of a small child
- Finger marks
- Symmetrical bruising (especially on the ears)
- Linear bruising (particularly on the buttocks or back)
- Outline bruising (e.g. belt marks or hand prints)
- Different age bruising (especially in the same area) This bruising may differ in colour
- The following are uncommon sites for accidental bruising:
 - Back, back of legs, buttocks.
 - Mouth, cheeks, behind the ears
 - Stomach, chest
 - Under the arm
 - Genital, rectal area (except if they are learning to ride a bicycle)
 - Neck

SEXUAL ABUSE

- Physical Manifestations
- Vaginal bleeding in pre-pubescent girls
- Genital lacerations or bruising
- Sexually transmitted diseases
- Pregnancy
- Itching, soreness or unexplained bleeding from the vagina or anus
- Pain on passing urine, recurrent urinary tract infections

EMOTIONAL AND BEHAVIOURAL MANIFESTATIONS

- Behaviour with sexual overtones
- Explicit or frequent sexual pre-occupation in talk and play
- Sexualised behaviour with adults
- Hinting at sexual activity or secrets through words, play or drawings

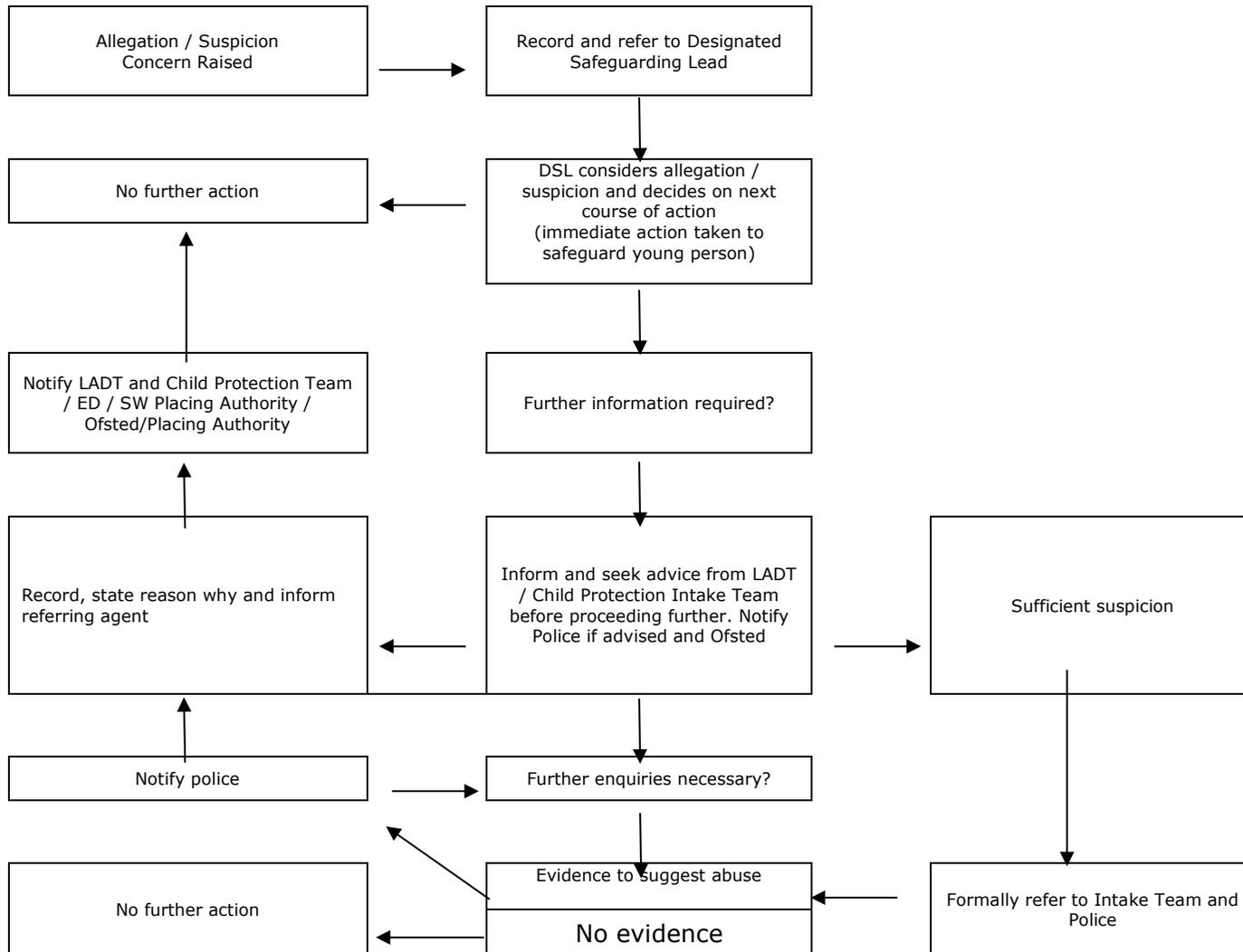
Within a residential school setting for children with SEMH, BESD, Complex needs and ASD, where one-to-one contact is more common and where children have difficulty in expressing their feelings, there can be:

- Increased opportunities for abuse
- Insensitive or humiliating handling of personal care tasks
- Denial of sexuality or abuse
- Poor training or inadequate supervision within the establishment

As a school, proactive practices are put into place to ensure that the risk and possibilities of such situations is minimised, quickly recognised should it occur and acted upon immediately.

Ellingham Hospital School's Local Safeguarding Procedure runs parallel with the Priory Safeguarding Children Policy. (Policy Number: OP06)

Flowchart – Appendix - 2 Action to be taken following allegation / suspicion of abuse



Appendix - 3

Some do's and don'ts when someone tells you they have been abused.

Do:

- Believe the person
- Stay calm
- Listen patiently
- Reassure the person they are doing the right thing in telling you
- Explain what you are going to do:
 - If necessary, you will get emergency medical treatment
 - You will treat the information seriously
 - You will report to the Designated Safeguarding Lead
 - You and the Designated Safeguarding Lead will take steps to protect the individual
- Report to the Head of School as soon as you can
- Follow the service guidelines concerning police involvement
- Write a factual account of the conversation you had with the individual as soon as you can. Try as far as possible to write down the person's own words. This report should be given to the Designated Safeguarding Lead. It may be used as part of a legal action.

Don't:

- DO NOTHING
- Do not appear shocked, horrified, disgusted or angry
- Do not press the individual for details (it is not your job to launch into investigation)
- Do not make comments or judgements, other than to show sympathy and concern
- Do not contaminate or remove possible forensic evidence (for example clothing, bedding). If the reported incident happened very recently it may still be possible for the police to obtain forensic evidence. Do not give the person a wash, a bath, or food or drink if it could be detrimental to the medical examination.
- Do not promise to keep secrets – you have a duty to pass on the information to the appropriate person.
- Do not give sweeping reassurances such as “now you have told someone This will never happen to you again” – no one can give such a guarantee.
- Do not confront the alleged abuser.

Ellingham Hospital School
Designated Safeguarding Leads

School Role	DSL	Area of Responsibility
The Director of Operations	Michelle Smith	<ul style="list-style-type: none"> • Responsible for ensuring that statutory requirements for safeguarding are met • Liaise with LADT on allegations made against the Head of School
Head of School	Ursula Castillo	<ul style="list-style-type: none"> • Liaise with LADT on all allegations made against staff. • Act as main contact point for concern about pupil welfare across the school. • Responsible for ensuring that statutory requirements for safeguarding are met. • Development of Policies, Procedures and oversight of how these are implemented in practice. • Responsible for ensuring all safeguarding recording and reporting happens in line with specified guidelines.

Post 16 Teacher/Pastoral Lead	Connie Crane	<p>(In the absence of Head of School)</p> <ul style="list-style-type: none"> • Liaise with LADT on all allegations made against staff. • Act as main contact point for concern about pupil welfare across the school. • Responsible for ensuring that statutory requirements for safeguarding are met. • Development of Policies, Procedures and oversight of how these are implemented in practice. • Responsible for ensuring all safeguarding recording and reporting happens in line with specified guidelines.
-------------------------------	--------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Safeguarding Concerns – What to Do



Abbreviation	Meaning
DSL	Designated Safeguarding Lead
LADT	Local Authority Designated Team
CP	Child Protection
LA	Local Authority
NCS	Norfolk Children's Services