

BETHLEM AND MAUDSLEY HOSPITAL SCHOOL

SAFEGUARDING and CHILD PROTECTION POLICY
(Incorporating the Staff Code of Conduct)

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INTRODUCTION

The Bethlem and Maudsley Hospital School is committed to providing a safe and secure environment for children, staff and visitors and promoting a climate where children and adults will feel confident about sharing any concerns which they may have about their own safety or the well-being of others. We aim to safeguard and promote the welfare of children by protecting them from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Child protection aims to keep children safe where there is serious risk of harm. Serious risk of harm many arise from a single event or a serious of concerns over time. Safeguarding refers to all children, whilst Child Protection refers distinctly to children at risk of harm.

The School's Safeguarding and Child Protection (S&CP) Policy draws upon duties conferred by the Children Acts 1989 and 2004, The Children and Families Act 2014, S175 of the 2002 Education Act, The Education (Independent School Standards) Regulations 2014 (for independent schools). The Non-Maintained Special Schools (England) Regulations 2015 (for non-maintained special schools) and the guidance contained in "[Working Together to Safeguard Children](#)", the DfE's statutory guidance "[Keeping children safe in education](#)", Ofsted Guidance and procedures produced by the London Safeguarding Children Board ([LSCB](#)) and the Southwark Safeguarding Children Partnership ([SSCP](#)). Southwark Safeguarding Children Partnership (SSCP). We also have regard to the advice contained in DfE's "[What to do if you're worried a child is being abused](#)" and "[Information Sharing – Advice for practitioners](#)". The Policy is applicable to all on and off-site activities undertaken by pupils whilst they are the responsibility of the School.

We will ensure that all staff read at least Part one of DfE guidance "[Keeping children safe in education](#)" and that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part one.

Updated versions of the guidance above and others can be accessed on: <http://schools.southwark.gov.uk/safeguarding/useful-links> .

POLICY AIMS

This Policy applies whenever a pupil is on the roll at the Bethlem and Maudsley Hospital School.

- The purpose of this policy is to: Outline the role of the governing body
- Outline how the implementation of this Policy will be monitored.
- Describe what should be done if anyone in the School has a concern about the safety and welfare of a child who attends the School (Referrals)
- Outline how complaints against staff will be handled

- Clarify how children will be kept safe through the everyday life of the School (Staff Code of Conduct: Section 2)
- Set out expectations in respect of training (Training)
- Ensure that those responsible for recruitment are aware of how to apply safeguarding principles in employing staff (Recruitment)
- Set out expectations of how to ensure children are safeguarded when there is potential to come into contact with non-school staff, e.g. volunteers, contractors, hospital staff, staff in other schools etc. (Volunteers and Contractors) Set out expectations regarding record keeping (Records) Identify the particular attention that should be paid to our children who fall into a category deemed “vulnerable” (Appendix 4, Types of Child Abuse and Neglect)
- Identify the names of responsible persons in the School and explain the purpose of their role (Appendix 5)

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

- Anti-Bullying Policy Online-Safety Policy
- Positive Handling Policy
- School Journey-Outings Policy
- Special Educational Needs and Disability (SEND) Policy
- Code of Conduct for staff
- Missing Child Protocol

In this policy the term **Designated Safeguarding Lead** is denoted by the initials **DSL** and **Deputy Designated Person**, by **DDSL**. The DSL holds the responsibility for ensuring that safeguarding and child protection within the school is upheld: the DDSLs hold that responsibility within departments of the school and in the DSL’s absence.

RESPONSIBILITIES AND IMMEDIATE ACTION

- 1.1 Safeguarding and promoting the welfare of children in our school is the responsibility of the whole school community. All adults working in this School (including visiting staff, volunteers and students on placement) are required to report instances of actual or suspected child abuse or neglect to the Designated Safeguarding Lead who is a member of the school’s leadership team at the earliest opportunity that day.
- 1.2 The Designated Safeguarding Lead (DSL) takes lead responsibility for safeguarding and child protection (including online safety) and provides advice and support to other staff on child welfare and child protection matters, takes part in strategy discussions

and inter-agency meetings, and/or supports other staff to do so, and contributes to the assessment of children. The DSL is the first point of contact for external agencies that are pursuing Child Protection (CP) investigations and co-ordinates the School's representation at CP conferences and Core Group meetings (including the submission of written reports for conferences). When an individual concern/incident is brought to the notice of the Designated Safeguarding Lead, they will be responsible for deciding upon whether or not this should be reported to other agencies as a safeguarding issue. Where there is any doubt as to the seriousness of this concern, or disagreement between the DSL and the member of staff reporting the concern, advice will be sought from the (DDSL) or the LA's Strategic Lead Officer for safeguarding in education services. If a child is in immediate danger or is at risk of harm, a referral will be made to Southwark Multi Agency Safeguarding Hub ([MASH](#)) (or its equivalent in another LA if the child resides in a different LA) and/or the police immediately.

Although all staff should be aware of the process for making referrals to children's social care and for statutory assessments that may follow a referral, along with the role they might be expected to play in such assessments, the DSL (and any DDSL) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns. The DSL or a ~~deputy~~ DDSL will always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or a DDSL) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from the relevant local children's social care. In these circumstances, any action taken should be shared with the DSL (or DDSL) as soon as is practically possible.

THE ROLE OF THE GOVERNING BODY

- 2.1 The Governing Body will ensure that they comply with their duties under legislation and that the policies, procedures and training in the school are effective and comply with the law at all times. Governors are expected to receive appropriate training on safeguarding at induction that is updated regularly. In addition, they should receive information on safeguarding and child protection at least annually so that they can demonstrate knowledge of their responsibilities relating to the protection of children, young people and vulnerable adults.
- 2.2 The Governing Body will ensure that the school contributes to inter-agency working in line with statutory guidance "[Working Together to Safeguard Children](#)" and that the School's safeguarding arrangements take into account the procedures and practice of the local authority as part of the inter-agency safeguarding procedures set up by the Southwark Safeguarding Children Partnership (SSCP).

- 2.3 The Governing Body has formally adopted this Policy and will review its contents annually or sooner if any legislative or regulatory changes are notified to it by the designated governor or the headteacher.
- 2.4 The Governing Body has nominated Rebecca Osuntokun as a lead to take leadership responsibility for the School's safeguarding arrangements.
- 2.5 Concerns about and allegations of abuse made against the headteacher will be referred to the chair of governors who will liaise with the LA's designated officer (LADO) and partner agencies and will attend any strategy meetings called in respect of such an allegation against the headteacher.
- 2.6 As a good practice, the headteacher will provide termly/annual report to the Governing Body outlining details of any safeguarding issues that have arisen during the term/year and the outcome of any cases identified. These reports will respect all issues of confidentiality and will not therefore identify any person(s) by name.
- 2.7 Also, as a good practice, the nominated governor will meet on a regular basis with the Designated Safeguarding Lead to monitor the School's safeguarding arrangements and both the volume and progress of cases where a concern has been raised to ensure that the School is meeting its duties in respect of safeguarding.

MONITORING AND EVALUATION

3. The Governing Body will monitor the safeguarding arrangements in the School to ensure that these arrangements are having a positive impact on the safety and welfare of children. This will be evaluated on the basis of evidence of:
 - The extent to which a positive culture and ethos is created where safeguarding is an important part of everyday life in the School, backed up by training at every level
 - The content, application and effectiveness of safeguarding policies and procedures, and safer recruitment and vetting processes
 - The quality of safeguarding practice, including evidence that staff are aware of the signs that children may be at risk of harm either within the setting or in the family or wider community outside the setting
 - The timeliness of response to any safeguarding concerns that are raised
 - The quality of work to support multi-agency plans around the child.

School designated safeguarding contacts: see Appendix 5

REFERRALS

- 4.1 Where there is a safeguarding concern, we consider the child's wishes and feelings when determining what action to take and what services to provide. We have systems in place for children to express their views and give feedback. We acknowledge that children who are affected by abuse or neglect may demonstrate their needs and distress through their words, actions, behaviour, demeanour, school work or other children. Ultimately, all our systems and processes operate with the best interests of the child at heart.

REFERRALS – Bethlem Site

- 4.2 All safeguarding concerns about pupils, on both sites, will be shared with the hospital-based local authority social workers for the relevant school ward. Concerns are usually shared by the DSL or one of the DDSLs, but anyone can make a separate referral in an emergency. The contact details for the ward-based local authority social workers are found in APPENDIX 5.
- 4.3 Where a child is deemed to be 'at risk' the referral must be made within 24 hours. The hospital-based local authority social workers will normally assume responsibility for initiating safeguarding referral, for pupils as hospital patients, the decision as to who refers to whom will be taken by the School's DSL and DDSLs in discussion with the relevant ward social worker. Where the ward social worker, who is usually in contact with the child's local Social Care team, disagrees with the referral, the school's DSL and DDSLs will do so.
- 4.4 MASH Team, Bromley Civic Centre 020 8461 7373, 7379 or 7026
Bromley LADO (Local Authority Designated Officer) -Mrs Rita Dada - 020 84617669
Email: rita.dada@bromley.gov.uk
- 4.5 There is also a duty system and one of the Child Protection Coordinators in Quality Assurance Units is on duty each day to deal with Designated Officer issues when the Designated Officer is unavailable. Duty telephone number for enquiries/referrals is 020 7525 3297.
- 4.6 The following is an attached, for information, as an appendix:
Appendix 1: South London and Maudsley (SLAM) Safeguarding Children Policy and Procedures referral flow chart.
This is given to show how the hospital's process works.

REFERRALS – Maudsley Site

- 4.7 Southwark LADO (Local Authority Designated Officer) for Southwark – Eva Simcock – 020 7525 0689 or Eva.Simcock@southwark.gov.uk.
Referrals to services regarding concerns about a child or family typically fall into three categories:
- Early Help Services;
 - Child in Need - Section 17 (Children Act 1989) referrals;
 - Child Protection - Section 47 (Children Act 1989) referrals.
- 4.8 [The Southwark Safeguarding Board Multi Agency Threshold Guide](#) sets out the different levels of need and detailed guidance about how concerns within these different levels should be responded to by Southwark agencies.
- 4.9 Safeguarding referrals should be made to Southwark Multi Agency Safeguarding Hub ([MASH](#)) via [Inter Agency Referral Form \(IARF\)](#) and copied to the LA's Schools Safeguarding Coordinator. Prior to any written IARF being sent as a referral to social care, there should be a verbal consultation with the MASH social worker or manager, by calling the duty desk on **020 7525 1921**, to ensure that making a referral is an appropriate action. The parent/carer will normally be contacted to obtain their consent before a referral is made. However, if the concern involves, for example, alleged or suspected child sexual abuse, Honour Based Violence, fabricated or induced illness or the Designated Safeguarding Lead has reason to believe that informing the parent at this stage might compromise the safety of the child or a staff member, nothing should be said to the parent/carer ahead of the referral, but a rationale for the decision to progress without consent should be provided with the referral.
- 4.10 The new [Early Help Referral Form](#) will be used to request additional early help for a family when the needs of a child are beyond the level of support that can be provided by universal services.
- 4.11 All parents can gain access to the policy, on our website. In situations where pupils sustain injury or are otherwise affected by an accident or incident whilst they are the responsibility of the School, parents will be notified of this as soon as possible.
- 4.12 When we make a referral, the relevant local authority should make a decision, within one working day of a referral being made, about the type of response that is required and should let us, as the referrer, know the outcome. We will follow up if this information is not forthcoming.
- 4.13 If, after a referral, the child's situation does not appear to be improving, we will consider following local escalation procedures to ensure that the concerns have been addressed and, most importantly, that the child's situation improves.

Types of Child Abuse and Neglect – See Appendix 4

VULNERABLE PUPILS

- 5.1 Particular vigilance will be exercised in respect of pupils who are subject to Child Protection Plans and any incidents or concerns involving these children will be reported immediately to the relevant LA's allocated Social Worker (and, in the case of Southwark pupils, confirmed in writing; copied to the LA's Schools Safeguarding Coordinator:- Mr Apo Çagirici, Southwark Council, Children's Services, Early Help Service (EHS), 160 Tooley Street, London SE1 2QH 020 7525 2715 (apo.cagirici@southwark.gov.uk)).
- 5.2 If the pupil in question is a Looked-after Child, this will also be brought to the notice of the Designated Safeguarding Lead with responsibility for children in public care. The School's Designated Teacher for Looked-after and Previously Looked-after Children will work with the virtual school head in Southwark, for Southwark pupils, who manages Pupil Premium Plus for Looked-after children, to discuss how funding can be best used to support the progress of looked-after children in the School and meet the needs identified in the child's Personal Education Plan. We will approach the virtual heads in other pupils' LAs: however, we appreciate that given the relatively short and variable length of admission to the Hospital, it may be preferable to identify additional support independent from the potential temporary transfer of funds. This may be especially important where there are issues for the home school relating to the pupil's successful reintegration. The designated teacher will also work with the virtual school head to promote the educational achievement of Previously Looked-after children. We note the DfE's statutory guidance [Designated teacher for looked-after and previously looked-after children](#).
- 5.3 We acknowledge that children with special educational needs (SEN) disabilities and mental health difficulties can face additional safeguarding challenges. We are aware that additional barriers can exist when recognising abuse and neglect in this group of children. This can include assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration; children with SEN and disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs; and communication barriers and difficulties in overcoming these barriers. We will ensure that staff are adequately trained with good responsive management.
- 5.4 If a pupil discloses that they have witnessed domestic abuse or it is suspected that they may be living in a household which is affected by family violence, this will be referred to the Designated Safeguarding Lead as a safeguarding issue.
- 5.5 The School also acknowledges the additional need for support and protection of children who are vulnerable by virtue of homelessness, refugee/asylum seeker status, the effects of substance abuse within the family, those who are young carers, mid-

year admissions, pupils who are excluded from school and pupils where English is an additional language, particularly for very young children, using the translation service if necessary.

ACTION TO BE TAKEN

5.6 General concerns

Report to John Ivens or, in his absence Maarten Crommelin (Deputy Headteacher), Philippa Levy, Petra Woodford, Sarah Adams, Ben Hughes, Sharon Chittenden, Wendy Croxton, Sandra Perera or Ruth Mumford.

Record nature of concern, time and date – See Record of Concern Form – Appendix 2.

- 5.7 This information will be passed on to and discussed by the senior members of the multi-disciplinary team (e.g. consultant, ward manager, ward social worker) and a decision will be made whether to convene a multi-disciplinary meeting, which will inform any course of action.

COMPLAINTS/ALLEGATIONS MADE AGAINST STAFF

- 6.1 The Bethlem and Maudsley Hospital School takes seriously all complaints made against members of staff. Procedures are in place for pupils, parents and staff to share any concern that they may have about the actions of any member staff or volunteer. All such complaints will be brought immediately to the attention of the Headteacher or one of the Designated Safeguarding Leads if the Headteacher is not available and nothing should be said to the colleague involved. In cases where the Headteacher is the subject of the allegation or concern, they will be reported to the Chair of Governors, in order that they may activate the appropriate procedures.

These procedures are used in respect of all cases in which it is alleged that a teacher or member of staff (including volunteers) in a school or college that provides education for children under 18 years of age has:

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

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

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

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

6.4 The full procedures about dealing with allegations of abuse made against teachers and other staff can be found in Part Four of the DfE guidance “[Keeping children safe in education](#)”.

If an allegation is made to you:

- Listen sympathetically and inform child their concerns/allegations will be discussed with senior staff to ensure they are safe.
- Record nature of concern, time and date.
- Pass onto John Ivens or Maarten Crommelin (Deputy Headteacher) or any available DDSL.
- Be discreet; say nothing to others.

Allegations against the School’s and/or hospital staff

6.5 The Headteacher will follow three avenues of actions, depending on whether the member of staff is employed by the hospital or the School

Allegation/risk relating to Hospital	Allegation/risk relating to School	Allegation/risk relating to another organisation
<p>Inform the relevant NHS Consultant, ward manager, ward social worker.</p> <p>The NHS Consultant, ward manager, ward social worker then follow ‘Local Guidelines In-Patient Units Child Protection Referrals’, as they judge fit (Appendix 1)</p>	<p>Discuss with Southwark LA’s Strategic Lead Officer for Guidance and Support (020 7525 3252)</p> <p>Actions by Head, on advice, may include:</p> <ul style="list-style-type: none"> • SUSPEND – as soon as is practical to protect child (Mickey Kelly Chair of Governors involved). 	<p>John Ivens will report to ward social worker/senior nurse (within 24 hours) to convene a multi disciplinary meeting/strategy meeting. In addition, John Ivens (or member of the SLT) will consult the LA’s Strategic Lead Officer (020 7525</p>

	<ul style="list-style-type: none"> • NO ENQUIRY – prior to clearance by social Services. Appropriate SUPPORT/PROTECTION organised for child/alleged perpetrator. <p>If the complaint concerns alleged abuse by the Headteacher, this should be brought to the attention of the Chair of Governors who will seek support from Southwark, as above.</p> <p>Staff who are formally disciplined for the mistreatment of pupils (or who resign before disciplinary action can be instigated), will be notified to the Disclosure and Barring Service and Teacher Regulation Authority. Throughout any such investigations, guidance and support will be sought from the LA’s Strategic Lead Officer for education services and human resources advisers and the hospital multi-disciplinary support network.</p>	3252) to decide whether the school should take any additional action.
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CHILD PROTECTION RESPONSIBILITIES IN SCHOOL

Promoting awareness of child protection issues

- 7.1 Respect for others can be taught explicitly and by example right across the curriculum: it is fundamental to the aims and purpose of this School and underlies all policies and practice. Opportunities should be made across the curriculum to promote positive attitudes, to build skills and self-esteem so that children and young people can and will make healthier choices in their lives.
- 7.2 The PHSE (Personal, Health and Social Education) curriculum, in particular, deals directly with the promotion of a healthy respect for oneself, one’s body and respect for others. Sex education can provide an opportunity for children and young people to learn healthy attitudes, as well as talk about any difficulties or worries they are

having or have experienced. Current affairs (English curriculum) discussions can promote moral and ethical debate about personal issues stemming from current news.

7.3 Bullying in any of its forms is not tolerated in School and will be responded to quickly. The Headteacher (or senior teacher) will see any child/young person involved in bullying and appropriate measures will be taken to prevent this occurring again. Any sexual activity or relationships between pupils must be reported to the Designated Teacher and will be considered within a child protection context.

7.4 **Child Protection Concerns Record Sheet**

This sheet - see Appendix 2 - is used when a child protection/safeguarding concern does not require a referral, as decided by the DSL and DDSLs but does require that the information may be shared with others in the Designated Safeguarding Lead role or equivalent in the child's "home" setting.

This form will be scrutinised by the DSL or DDSLs and stored in the Headteacher's locked drawer.

7.5 **Safe practice in school**

7.5.1 Behaviour management – control and positive handling

Policies and guidelines are in place (see page 2 – Related School Policies) for staff involved in behaviour management or control/restraint. All staff should be aware and adhere to these guidelines. All staff should receive the appropriate training in these areas.

7.5.2 The danger of malicious/misplaced allegations.

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

- Staff should be particularly vigilant given the unique mental health needs and vulnerability of many of the pupils.
- Staff should not be alone with a child/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 or windows must give open access. Such individual work should only take place with children/young people if advised by hospital professionals and with agreement with members of the school's senior leadership team (SLT).
- Staff should not meet the children/young people outside of school-based activities unless agreed by the Headteacher or senior teacher.
- Physical contact with pupils is open to misinterpretation. It is often a normal and healthy part of working with young children (holding e.g. a child's hand when crossing a road etc.) However, staff must be cautious about any physical contact with older children/young people. 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.

7.5.3 Keeping pupils safe in school

- Daily risk assessments for each pupil are made during the morning multi-disciplinary handover. The program for each pupil that day will be amended in the light of any relevant information shared by the wards.
- Where either the ward or the school consider that the pupil would be unsafe in the school for that day then we may teach them on the ward.

TRAINING

- 8.1 All staff members will receive appropriate safeguarding and child protection training, including online safety, which is regularly updated. In addition, all staff members will receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. All newly recruited staff (teaching and non-teaching) and Governors will be apprised of this policy and will be required to attend relevant LA or Southwark Safeguarding Children Partnership (SSCP) training. In addition, all new staff and temporary staff will be required to attend an induction session with the DSL or the relevant DDSL on their first day in the school.
- 8.2 The Designated Safeguarding Lead (and their Deputies) will attend the LA's dedicated induction course and then refresher training at least every two years. The Designated Safeguarding Lead will also undertake Prevent awareness training and will be able to understand the unique risks associated with online safety. In addition to this formal training, their knowledge and skills will be refreshed (for example, via e-bulletins, meeting other designated safeguarding leads or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role. Designated staff will be encouraged to attend appropriate network meetings and to participate in the [multi-agency training programme](#) organised by the Southwark Safeguarding Children Partnership (SSCP).

RECRUITMENT

- 9.1 The Bethlem and Maudsley Hospital School is committed to the principles of safer recruitment and, as part of that, adopts recruitment procedures that help deter, reject and/or identify people who might abuse children. Safe recruitment processes are followed and all staff recruited to the school will be subject to appropriate identity, qualification and health checks. References will be verified and appropriate criminal record checks [Disclosure and Barring Service (DBS) checks], barred list checks and prohibition checks will be undertaken. The level of DBS check required, and whether

a prohibition check is required, will depend on the role and duties of an applicant to work in the school, as outlined in Part three of the DfE guidance "[Keeping children safe in education](#)". We will also have regard to DfE's statutory guidance for schools about the employment of staff disqualified from childcare "[Disqualification under the Childcare Act 2006](#)", which also contains information about 'disqualification by association'.

- 9.2 Relevant members of staff and governors who are involved in recruitment will undertake safer recruitment training. The school will ensure that at least one person on any appointment panel has undertaken safer recruitment training in line with staffing regulations. Repeat DBS checks will be carried out for permanent staff, where not electronically renewed, at 3 year intervals.
- 9.3 This School will only use employment agencies which can demonstrate that they positively vet their supply staff and will report the misconduct of temporary or agency staff to the agency concerned and to the LA. Staff joining the School on a permanent or temporary basis will be given a copy of this policy. Staff joining the school on a permanent or temporary basis will be given a summary of this Policy (appendix 3). All temporary staff are required to show the school photographic identification and an original enhanced DBS on their first day.

VOLUNTEERS

- 10.1 Any person/organisation engaged by the School to work in a voluntary capacity with pupils will be subject to all reasonable vetting procedures and Criminal Records Checks.
- Under no circumstances will a volunteer in respect of whom no checks have been obtained will be left unsupervised or allowed to work in regulated activity.
- 10.2 Volunteers who on an unsupervised basis teach or look after children regularly, or provide personal care on a one-off basis in our School are deemed to be in Regulated Activity. We will obtain an enhanced DBS certificate (which will include barred list information) for all volunteers who are new to working in regulated activity. Existing volunteers in regulated activity do not have to be re-checked if they have already had a DBS check (which includes barred list information). However, we may conduct a repeat DBS check (which will include barred list information) on any such volunteer should we have any concerns.
- 10.3 The law has removed supervised volunteers from regulated activity. There is no legal requirement to obtain DBS certificate for volunteers who are not in regulated activity and who are supervised regularly and on ongoing day to day basis by a person who is in regulated activity, but an enhanced DBS check without a barred list check may be requested following a risk assessment.
- 10.4 Further information on checks on volunteers can be found in Part Three of the DfE guidance "[Keeping children safe in education](#)".

- 10.5 Volunteers will be subject to the same code of conduct as paid employees of the school.
- 10.6 Voluntary sector groups that operate within this School or provide off-site services for our pupils or use school facilities will be expected to adhere to this Policy or operate a policy which is compliant with the procedures adopted by the Southwark Safeguarding Children Partnership (SSCP). Premises lettings and loans are subject to acceptance of this requirement.

SUPPLY OR TEMPORARY STAFF - INFORMATION

- 11 An information sheet (Appendix 3) will be supplied to all members of temporary or supply staff before working in the School. This will give a brief but effective overview of the School's policy and whom to contact. Supply & temporary staff sign a log book to confirm that they have read the guidelines.

STAFF CODE OF CONDUCT (See also Section 2: Safe practice in school)

- 12.1 All staff (paid and voluntary) are expected to adhere to a code of conduct in respect of their contact with pupils and their families. The Teachers' Standards 2012 state that all teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties. Children will be treated with respect and dignity and no punishment, detention, restraint, sanctions or rewards are allowed outside of those detailed in the school's Behaviour 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 the exceptional circumstances where it becomes necessary to physically restrain a pupil for their own protection or others' safety, this will be appropriately recorded and reported to the Headteacher and parents. Any physical restraint used will comply with DfE guidance "[Use of reasonable force in schools](#)".
- 12.2 Except in cases of emergency, first aid will only be administered by qualified First Aiders. If it is necessary for the child to remove clothing for first aid treatment, there will, wherever possible, be another adult present. If a child needs help with toileting or washing after soiling themselves, another adult should be present or within earshot. All first aid treatment and non-routine changing or personal care will be recorded and shared with parents/carers at the earliest opportunity.
- 12.3 Children requiring regular medication or therapies for long-term medical conditions will be made the subject of a Medical Plan that has been agreed with the parents and the hospital.

- 12.4 For their own and pupils' safety and protection, staff should always plan to be working with pupils with at least one other member of staff. The same applies to working professionals as well. Other than in formal teaching situations; for example, during musical instrument tuition, the door to the room in which the 1:1 coaching, counselling or meeting is taking place should be left open. Where this is not practicable because of the need for confidentiality, another member of staff will be asked to maintain a presence nearby and a record will be kept of the circumstances of the meeting. All rooms that are used for the teaching or counselling of pupils will have clear and unobstructed glass panels in the doors.
- 12.5 School staff should also be alert to the possible risks that might arise from social contact with pupils outside of the school. Home visits to pupils or private tuition of pupils should only take place with the knowledge and approval of the Headteacher. Visits/telephone calls by pupils to the homes of staff members should never occur. Any unplanned contact of this nature or suspected infatuations or "crushes" will be reported to the Headteacher. Staff supervising off-site activities or school journeys will be provided with school mobile phones as a point of contact for parents, carers and the hospital.
- 12.6 Staff will only use the school's digital technology resources and systems for professional purposes or for uses deemed 'reasonable' by the Head and Governing Body. Staff will only use the approved school email, school learning platform or other school approved communication systems with pupils or parents/carers and only communicate with them on appropriate school business and will not disclose their personal telephone numbers and email addresses to pupils or parents/carers. Staff will not use personal cameras (digital or otherwise) or camera phones for taking and transferring images of pupils or staff without permission and will not store images at home, whilst respecting the decision of pupils/parents who do not wish for photos/videos to be taken.
- 12.7 Staff should be aware of the school's whistle-blowing procedures and share immediately any disclosure or concern that relates to a member of staff with the Headteacher or one of the Designated Safeguarding Leads, if the Headteacher is not available. Nothing should be said to the colleague involved. The concern should be shared with the Chair of Governors, if it relates to the Headteacher.
- 12.8 Where teaching or meetings take place on the child's ward, or on an adult ward, school staff will request the presence of a member of the ward staff having consulted with their line manager in school and with the ward management before planning to meet or work with the child in a separate room. The function of the consultation, both with the school line manager and with the ward management, is to ensure that a fuller account of any potential risks has been considered. Where the school line management defines the risk as too great as to involve a member of the school staff in meeting the child in a one-to-one session, this will determine whether or not the

member of staff sees the child, even when the ward management may consider there to be negligible risk.

- 12.9 Staff are obliged to apply the same procedures as outlined in this Policy in relation to staff in other settings e.g. at hospital, home school or when visiting an institution.
- 12.10 Staff should raise their concerns with the DSL or DDSLs at the Bethlem and Maudsley Hospital School, who will then decide on the action to be taken. Where a child is perceived to be at immediate risk and if the DSLs are not available at the Bethlem and Maudsley Hospital School, then the concern must also be raised with another local DDSL at the school site visited. Once any immediate risk for the child has been addressed then the DSL will consult the relevant LADO as to what steps to take.

CONTRACTORS

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

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

- 13.2 We will always check the identity of contractors and their staff on arrival at the school.
- 13.3 Where contractors are engaged by the Hospital Trust on works either within the school or adjacent to it, there will be an expectation that the Trust will make the school aware of these works beforehand and that they will confirm that such practices as outlined above will have been carried out by the Trust. This will avoid duplication of checks. However, if the work involves the staff being within the school buildings, then a copy of Appendix 3 - 'Safeguarding children at the Bethlem & Maudsley Hospital School' - will be given to each person working.

- 13.4 The full procedures about dealing with allegation of abuse made against teachers and other staff can be found in Part four of the DfE guidance “Keeping children safe in Education”- ([“Keeping children safe in education”](#))

RECORDS

- 14.1 Brief and accurate written notes will be kept of all incidents and child protection or child in need concerns relating to individual pupils. These notes are significant especially if the incident or the concern does not lead to a referral to other agencies. This information may be shared directly with other agencies as appropriate. All contact with parents and external agencies will be logged and these will be kept as CP records. The school will consider the views and wishes of the child who is the subject of the concern but staff will be alert to the dangers of colluding with dangerous “secrets”.
- 14.2 Child protection records are not open to pupils or parents. All CP records are kept securely by the Designated Safeguarding Lead and separately from educational records. They may only be accessed by the Designated Safeguarding Lead, their Deputies and the senior managers of the school.
- 14.3 The content of Child Protection Conference or Review reports prepared by the school will follow the headings recommended by Children’s Services and will, wherever possible, be shared with the parents/carer in advance of the meeting.
- 14.4 Child Protection records will be sent to receiving schools separately where appropriate and under a confidential cover when pupils leave the school, ensuring secure transit and a confirmation of receipt will be obtained.
- 14.5 In addition to the child protection file, the DSL will also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving. For example, information that would allow the new school or college to continue supporting victims of abuse and have that support in place for when the child arrives.
- 14.6 When we receive child protection records from other schools, we will ensure key staff such as the DSL and DDSs are aware as required.
- 14.7 If a pupil is withdrawn from the school all efforts will be made to identify any new address and the school to which they are being admitted and to ensure that their educational records are sent without delay to the child’s new school. If the parent/carer fails to provide this information, an urgent referral will be made to the child’s L.A. in order that they might make further enquiries. If a Southwark pupil, this referral will be made to the School’s Single Point of Contact (SPOC) or the Family EHS Duty Manager.
- 14.8 A child’s name will only be removed from any School’s Admissions Register in accordance with the [Pupil Registration Regulations](#) or with the authorisation of a Team Manager in the Family Early Help Service.

SAFETY IN THE SCHOOL

- 15.1 No internal doors to classrooms will be locked whilst pupils are present in these areas, except where it is considered there is a greater risk from an external threat. Where doors will be locked in these circumstances, this will only be done for the duration that the threat is perceived.
- 15.2 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 Headteacher or school office. Carelessness in closing any controlled entrance will be challenged.
- 15.3 The presence of intruders and suspicious strangers seen loitering near the School or approaching pupils, will be reported to the adjacent hospital wards and the hospital porters (tel. no. 020 3228 4550) at the Bethlem site and (tel. 020 3228 2135) at the Maudsley Site.
- Parents, carers or relatives may not take still or video photographic images of pupils in School or on school-organised activities. Images taken must be for private use only. Recording and/or photographing other than for private use would require the consent of the other parents whose children may be captured on film. Without this consent the Data Protection legislation would be breached. If parents do not wish their children to be photographed or filmed and express this view in writing, their rights will be respected.

CURRICULUM

- 16.1 The Bethlem and Maudsley Hospital School acknowledges the important role that the curriculum can play in the prevention of abuse and in the preparation of our pupils for the responsibilities of adult life and citizenship. We will ensure that children are taught about safeguarding, including online safety and will consider this as part of providing a broad and balanced personalised curriculum. It is expected that all teachers and SLT members will consider the opportunities that exist in their area of responsibility for promoting the welfare and safety of pupils. As appropriate, the curriculum will be used to build resilience, help pupils to keep safe and to know how to ask for help if their safety is threatened. As part of developing a healthy, safer lifestyle, pupils will be taught, for example:
- to recognise and manage risks in different situations and then decide how to behave responsibly;
 - to judge what kinds of physical contact are acceptable and unacceptable;
 - to recognise when pressure from others (including people they know) threatens their personal safety and well-being; including knowing when and where to get help;

- to use assertiveness techniques to resist unhelpful pressure;
 - emotional literacy.
- 16.2 All computer equipment and internet access within the School will be subject to appropriate “parental controls” and Internet safety rules in line with our Anti-bullying Policy and on-line safety procedures in relation to cyber-bullying policy. We will be careful that “over blocking” does not lead to unreasonable restrictions as to what children can be taught with regard to online teaching and safeguarding.

HEALTHY SCHOOLS

- 17 The Bethlem and Maudsley Hospital School will work with partners to promote a whole healthy school approach and achieving the “Healthy School London” status – including a focus on the curriculum with the aim of:
- Developing a school ethos, culture, spiritual, moral, social and cultural (SMSC) development provision and environment which encourages a healthy lifestyle for all pupils, including the vulnerable;
 - Using the full capacity and flexibility of the curriculum to help pupils to be safe and healthy;
 - Ensuring that food and drink available across the school day reinforce the healthy lifestyle message;
 - Covering relevant issues through Relationships Education and Relationships and Sex Education (formerly known as Sex and Relationship Education) and/or where delivered, through Personal, Social, Health and Economic (PSHE) education. We note the Government’s regulations which will make the subjects of Relationships Education (for all primary pupils) and Relationships and Sex Education (for all secondary pupils) and Health Education (for all pupils in state-funded schools) mandatory from September 2020.
 - Providing high quality Physical Education (PE) and sport to promote physical activity;
 - Promoting an understanding of the full range of issues and behaviours which impact upon lifelong health and wellbeing, including emotional wellbeing and mental health;
 - Working in partnerships with parents/carers, local communities, external agencies and volunteers to support health and wellbeing of all pupils including the vulnerable.

WORKING IN PARTNERSHIP WITH PARENTS

- 18 It is our policy to work in partnership with parents or carers to secure the best outcomes for our children. We will therefore communicate as clearly as possible about the aims of this school.
- We will use clear statements in our correspondence.
 - We will liaise with agencies in the statutory, voluntary and community sectors that are active in supporting families.
 - We will be alert to the needs of parents/carers who do not have English as their first language.
 - We will make available a printed copy of this Policy to any parent who requests it. The policy will also be available through the school's web site.
 - We will keep parents informed as and when appropriate.
 - We will provide a link to Southwark LA's leaflet for parents, "[Protecting Children in Education Settings](#)". This provides useful information though parents of pupils from other LAs should contact the school if they wish to find out the relevant contacts in their area.

WORKING IN PARTNERSHIP WITH HOME SCHOOLS

- 19 On admission to the school we contact the admin. team contact the child's home school/college, with a request for any relevant safeguarding information. As pupils arrive and are admitted first as patients, there is no previous contact with the child's school and so important safeguarding and child protection will not be passed to us without us taking the first contact. We carry out this contact with the home school's DSL as a separate matter from liaising about educational information, which requires pupil or parental permission.

COMPLAINTS

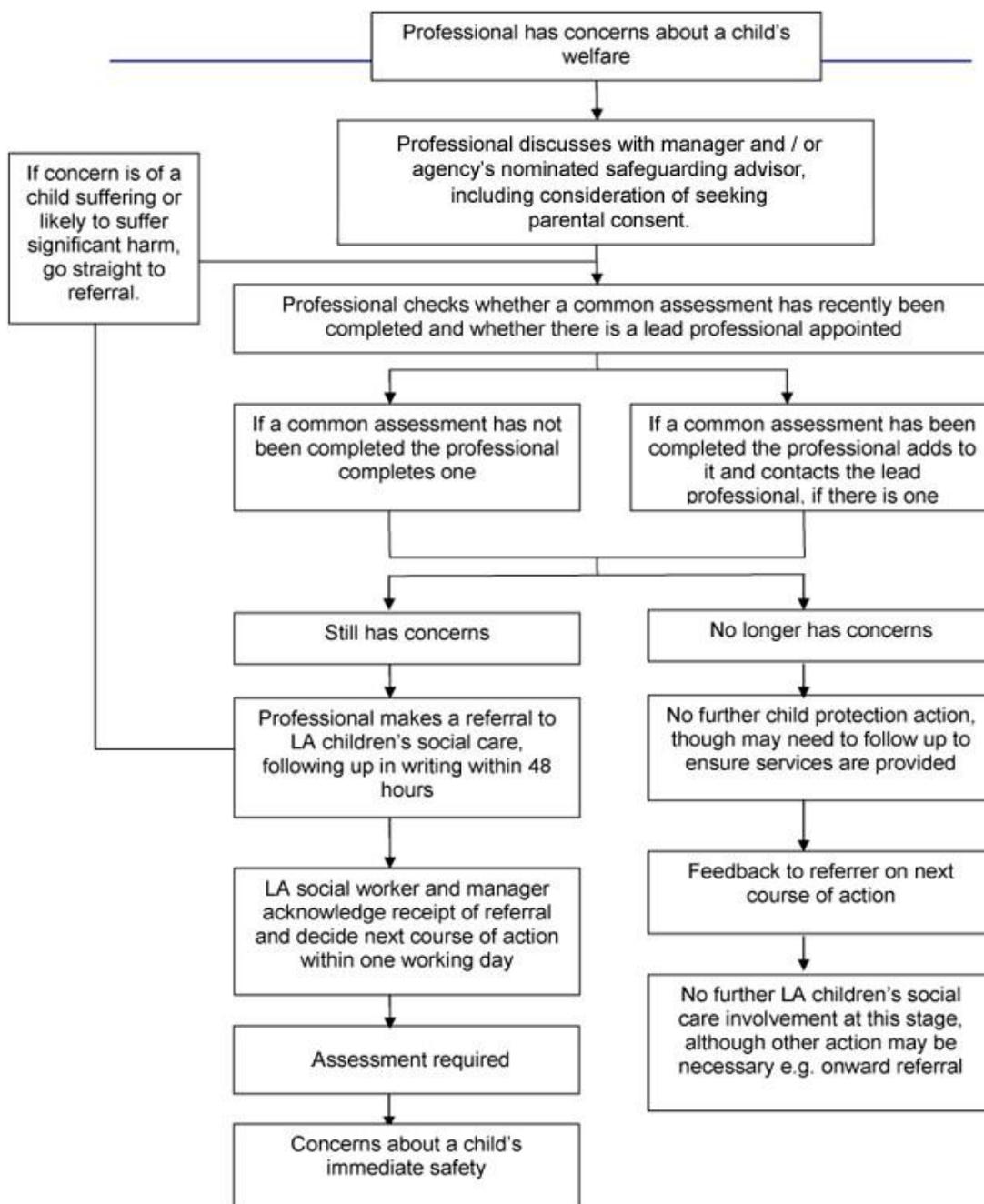
- 20 All complaints arising from the operation of this policy will be considered under the School's complaint procedure, with reference to the LA's Strategic Lead Officer for safeguarding in education services as necessary.

Jl

September 2019

APPENDIX 1 SLAM Referral Flowchart

4.3.6 – September 2015



APPENDIX 2 Child Protection Concerns Record Sheet**Bethlem and Maudsley Hospital School**

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

This form will only be used:

With Southwark 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.

Any use to hand over information outside Southwark schools will be done once it is established that the status of this information does not constitute a referral.

Name of Child:

DoB:

NC Year Group:

Name and designation of person raising the concern:

Description of concern:

Action taken:

Decision:

Name of DSL/DDSL at Bethlem and Maudsley Hospital School:

Signed:

Date:

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

APPENDIX 3 Temporary staff key safeguarding information sheet

SAFEGUARDING CHILDREN AND MAINTAINING CONFIDENTIALITY AT THE BETHLEM AND MAUDSLEY HOSPITAL SCHOOL

(To be handed to all supply and temporary staff before starting work with children)

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

- providing a safe environment for children and young people to learn; and
- identifying children and young people who are suffering or likely to suffer significant harm, and taking appropriate action with the aim of making sure they are kept safe both at home and at the school.
- all information about pupils remains confidential and stays within school

Guidelines for Staff

If you think a child or young person at the Bethlem and Maudsley 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 any danger of harm then you will have to seek advice because you have a duty to protect children and young people. Reassure them that they can be helped and kept safe.
6. Maintain confidentiality for the child or young person. It is normally the role of the Designated Safeguarding Lead to ring home or contact Children's Social Care services.
7. If you recognise a child whom you know, either professionally or personally, you will tell a senior member of staff.
8. Be discreet – do or say nothing that may place the child or yourself at risk.

9. Act quickly and share the information with your Designated and/or Deputy Designated Lead (DSL and DDSL) for Safeguarding at the Bethlem and Maudsley Hospital School. They are:

DSL: JOHN IVENS - Headteacher

DDSL: MAARTEN CROMMELIN (Deputy Headteacher)

DDSL: PHILIPPA LEVY (Assistant Headteacher)

DDSL: PETRA WOODFORD (Assistant Headteacher)

DDSL: SARAH ADAMS (Assistant Headteacher)

DDSL: BEN HUGHES (Teacher)

DDSL: WENDY CROXTON (Senior Administration Officer)

DDSL: SANDRA PERERA (I.T. Network Manager)

DDSL: SHARON CHITTENDEN (Senior Administration Officer)

DDSL: RUTH MUMFORD (Higher Level Teaching Assistant)

10. If the DSL is unavailable then contact any of the DDSLs above.

11. If the disclosure or your concern relates to a member of staff, this must as soon as possible be shared with the Headteacher or one of the DDSLs if the Headteacher is unavailable, nothing should be said to the colleague involved.

If you are in any kind of doubt about procedures for safeguarding children, then please see John Ivens straight away. Please inform the Chair of Governors if the concerns relate to the Headteacher.

KNOW YOUR PROCEDURES – THEY ARE YOUR BOUNDARIES. THEY ARE THERE TO PROTECT YOU AS MUCH AS TO PROTECT CHILDREN.

The school's Safeguarding and Child Protection Policy contains more detailed information about safeguarding children and can be accessed in the school office or online in the school's 'S' drive under whole school data/policies. All staff and volunteers should protect themselves by following the school's code of conduct for staff. Safe professional practice is vital for ensuring that they do not place themselves at risk.

APPENDIX 4 Types of child abuse and neglect

Annex A: Further information

Annex A of Keeping Children Safe in Education 2019 contains important additional information about specific forms of abuse and safeguarding issues. School and college leaders and those staff who work directly with children should read this annex.

As per Part One of this guidance, if staff have any concerns about a child's welfare, they should act on them immediately. They should follow their own organisation's child protection policy and speak to the designated safeguarding lead (DSL) or DDSL).

Where a child is suffering, or is likely to suffer from significant harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately.

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- Children missing from education
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- Preventing radicalisation
- Peer on peer abuse
- Sexual violence and sexual harassment between children in schools and colleges
 - What is Sexual violence and sexual harassment?
- Upskirting

The response to a report of sexual violence or sexual harassment

Additional advice and support

Children and the court system

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children [5-11-year olds](#) and [12-17 year olds](#).

The guides explain each step of the process, support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained.

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online [child arrangements information tool](#) with clear and concise information on the dispute resolution service. This may be useful for some parents and carers.

Children missing from education

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school's or college's unauthorised absence and children missing from education procedures.

Children with family members in prison

Approximately 200,000 children in England and Wales have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. [NICCO](#) provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

Child sexual exploitation

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. Like all forms of child sex abuse, child sexual exploitation:

- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and noncontact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Some of the following signs may be indicators of child sexual exploitation:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who have older boyfriends or girlfriends;
- children who suffer from sexually transmitted infections or become pregnant;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

Child criminal exploitation: county lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity, drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism¹ should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

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:

- psychological;
- physical;
- sexual; • financial; and
- emotional.

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a

¹ [Home Office - Modern slavery victims: referral and assessment forms.](#)

result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

- [NSPCC- UK domestic-abuse Signs Symptoms Effects](#)
- [Refuge what is domestic violence/effects of domestic violence on children](#)
- [Safelives: young people and domestic abuse.](#)

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The following factsheets usefully summarise the new duties: [Homeless Reduction Act Factsheets](#). The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

In most cases school and college staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the DSL or DDSL should ensure appropriate referrals are made based on the child's circumstances. The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on

the provision of accommodation for 16 and 17 year olds who may be homeless and/or require accommodation: [here](#).

So-called ‘honour-based’ violence (including Female Genital Mutilation and Forced Marriage)

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 female genital mutilation (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. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Actions

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the DSL and DDSs. As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on **teachers**² that requires a different approach (see following section).

FGM

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

FGM mandatory reporting duty for teachers

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 through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should **not** be examining pupils or students, but the same definition of what is meant by “to discover that an act of

² Under Section 5B(11)(a) of the Female Genital Mutilation Act 2003, “teacher” means, in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England).

FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: [Mandatory reporting of female genital mutilation procedural information](#)

Teachers **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out.³ Unless the teacher has good reason not to, they should still consider and discuss any such case with the school’s or college’s DSL and DDSLs and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures. The following is a useful summary of the FGM mandatory reporting duty: [FGM Fact Sheet](#).

Forced marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

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

Preventing radicalisation

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a schools’ or colleges’ safeguarding approach.

³ Section 5B(6) of the Female Genital Mutilation Act 2003 states teachers need not report a case to the police if they have reason to believe that another teacher has already reported the case.

[Extremism](#)¹⁰⁵ is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces. [Radicalisation](#)¹⁰⁶ refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the DSL and DDSs making a referral to the Channel programme.

[The Prevent duty](#)

All schools and colleges 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 regard¹⁰⁷ to the need to prevent people from being drawn into terrorism".¹⁰⁸ This duty is known as the Prevent duty.

The Prevent duty should be seen as part of schools' and colleges' wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the revised [Prevent duty guidance: for England and Wales](#), especially paragraphs 57-76, which are specifically concerned with schools (and also covers childcare). The guidance is set out in terms of four general themes: risk assessment, working in partnership, staff training, and IT policies.

As defined in the Government's Counter Extremism Strategy.

¹⁰⁵ As defined in the Revised Prevent Duty Guidance for England and Wales.

¹⁰⁶ According to the Prevent duty guidance 'having due regard' means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions.

¹⁰⁷ "Terrorism" for these purposes has the same meaning as for the Terrorism Act 2000 (section 1(1) to (4) of that Act).

Additional support

The department has published advice for schools on the [Prevent duty](#). The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

There is additional guidance: [Prevent duty guidance: for further education institutions in England and Wales](#) that applies to colleges.

[Educate Against Hate](#), a website launched by the Her Majesty's Government has been developed to support and equip school and college leaders, teachers, and parents with information, tools and resources (including on the promotion of fundamental British values) to help recognise and address extremism and radicalisation in young people. The platform provides information on and access to training resources for teachers, staff and school and college leaders, some of which are free such as Prevent e-learning, via the Prevent Training catalogue.

Channel

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. Guidance on Channel is available at: [Channel guidance](#), and a Channel awareness e-learning programme is available for staff at: [Channel General Awareness](#).

The school's or college's designated safeguarding lead (and any deputies) should be aware of local procedures for making a Channel referral. As a Channel partner, the school or college may be asked to attend a Channel panel to discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required.

Peer on peer abuse

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

(including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiation/hazing type violence and rituals.

Sexual violence and sexual harassment between children in schools and colleges

Context

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

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that **all** victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

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

What is sexual violence and sexual harassment?

Sexual violence

It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual violence offences under the Sexual Offences Act 2003⁴ as described below:

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body

⁴ [Legislation.gov.uk](http://legislation.gov.uk)

or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

What is consent?⁵ Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another,

e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.⁶⁷

Sexual harassment

When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

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

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual “jokes” or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.⁸ It may include:
 - non-consensual sharing of sexual images and videos;
 - sexualised online bullying;

⁵ It is important school and college staff (and especially designated safeguarding leads and their deputies) understand consent. This will be especially important if a child is reporting they have been raped. More information: [here](#).

⁶ [PSHE Teaching about consent](#) from the PSHE association provides advice and lesson plans to teach consent at Key stage 3 and

⁷ .

⁸ [Project deSHAME](#) from Childnet provides useful research, advice and resources regarding online sexual harassment.

- unwanted sexual comments and messages, including, on social media;
- sexual exploitation; coercion and threats; and
- upskirting.

Upskirting⁹

‘Upskirting’ typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence.

The response to a report of sexual violence or sexual harassment

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow the referral process as set out from paragraph 35 in Part one of this guidance. As is always the case, if staff are in any doubt as to what to do they should speak to the DSL or a DDSL.

Additional advice and support

Abuse or Safeguarding issue	Link to Guidance/Advice	Source
Abuse	What to do if you're worried a child is being abused	DfE advice
	Domestic abuse: Various Information/Guidance	Home Office
	Faith based abuse: National Action Plan	DfE advice
	Relationship abuse: disrespect nobody	Home Office website

⁹ Additional information can be found at [GOV.UK](https://www.gov.uk).

Bullying	Preventing bullying including cyberbullying	DfE advice
	Advice for 5-11-year olds witnesses in criminal courts	MoJ advice

Abuse or Safeguarding issue	Link to Guidance/Advice	Source
Children and the courts	Advice for 12-17 year old witnesses in criminal courts	MoJ advice
Children missing from education, home or care	Children missing education	DfE statutory guidance
	Child missing from home or care	DfE statutory guidance
	Children and adults missing strategy	Home Office strategy
Children with family members in prison	National Information Centre on Children of Offenders	Barnardo's in partnership with Her Majesty's Prison and Probation Service (HMPPS) advice
Child Exploitation	County Lines: criminal exploitation of children and vulnerable adults	Home Office guidance
	Child sexual exploitation: guide for practitioners	DfE
	Trafficking: safeguarding children	DfE and HO guidance
Drugs	Drugs: advice for schools	DfE and ACPO advice
	Drug strategy 2017	Home Office strategy
	Information and advice on drugs	Talk to Frank website
	ADEPIS platform sharing information and resources for schools:	Website developed by

	covering drug (& alcohol) prevention	Mentor UK
“Honour Based Violence” (so called)	Female genital mutilation: information and resources	Home Office
	Female genital mutilation: multi agency statutory guidance	DfE, DH, and HO statutory guidance
	Forced marriage: statutory guidance and government advice	Foreign Commonwealth Office and Home Office
Health and Wellbeing	Fabricated or induced illness: safeguarding children	DfE, Department for Health and Home Office
	Rise Above: Free PSHE resources on health, wellbeing and resilience	Public Health England resources
	Medical-conditions: supporting pupils at school	DfE statutory guidance
	Mental health and behaviour	DfE advice
Homelessness	Homelessness: How local authorities should exercise their functions	MHCLG

Abuse or Safeguarding issue	Link to Guidance/Advice	Source
Online	Sexting: responding to incidents and safeguarding children	UK Council for Child Internet Safety
Private fostering	Private fostering: local authorities	DfE - statutory guidance
Radicalisation	Prevent duty guidance	Home Office guidance
	Prevent duty advice for schools	DfE advice
	Educate Against Hate Website	DfE and Home Office

Violence	Gangs and youth violence: for schools and colleges	Home Office advice
	Ending violence against women and girls 2016-2020 strategy	Home Office strategy
	Violence against women and girls: national statement of expectations for victims	Home Office guidance
	Sexual violence and sexual harassment between children in schools and colleges	DfE advice
	Serious violence strategy	Home Office Strategy

Private Fostering: Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or by marriage). Great grandparents, great aunts, great uncles and cousins are not regarded as close relatives.

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

If we become aware of a child in a private fostering arrangement within Southwark, we will notify the council's Multi Agency Safeguarding Hub ([MASH](#)) by emailing MASH@southwark.gov.uk or calling **020 7525 1921**. Advice about whether there is a need to notify the council, can be obtained by calling **07539 346808** or sending an email to privatefosteringadvice@southwark.gov.uk.

APPENDIX 5 SCHOOL DESIGNATED SAFEGUARDING CONTACTS

The Designated Safeguarding Lead (DSL) is: John Ivens (tel. no: 020 8777 1897)

The Deputy Designated Safeguarding Leads (DDSLs) are: Maarten Crommelin, Philippa Levy, Petra Woodford, Sarah Adams, Ben Hughes, Wendy Croxton, Sandra Perera, Sharon Chittenden and Ruth Mumford.

School Contact Number: 020 8777 1897

The Nominated Governor with CP responsibility is: Rebecca Osuntokun (contactable via the school office)

The Chair of Governors is: Mickey Kelly (Tel: 07702 809336)

The Vice Chair is: currently vacant

When the DSL/DDSLs are unavailable, the chair, Mickey Kelly (Tel: 07702 809336) and Rebecca Osuntokun (Tel: TBC) should be contacted.

Southwark contacts

The Southwark DO is: Eva Simcock 020 7525 0689, Head of Social Work Improvement and Quality Assurance

There is also a duty system and one of the CP Coordinators in Quality Assurance Unit is on duty each day to deal with DO issues when DO is unavailable. Duty telephone number for DO enquiries/referrals is 020 7525 3297.

Southwark LA's Strategic Lead Officer for Safeguarding in education services is: Nina Dohel 020 7525 3252.

Southwark LA's Duty Manager 0207 525 3893.

Family Early Help Service Duty Manager: 020 7525 3893

Southwark LA's Schools Safeguarding Coordinator is: Apo CAGIRICI 0207 525 2715

Family Early Help Service General Educational Enquiries: 0207 525 2714.

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

Bromley contacts

The MASH Team Bromley Civic Centre, Stockwell Close, Bromley, BR1 3UH 020 8461 7373, 7379 or 7026

Janet Bailey – Interim Social Care Director (020 8313 4644)

Kerry Davies Children’s Safeguarding Board Manager 020 8461 7563 or Joanna Gambhir-Business Manager – Development Officer (020 8461 7041)

Ward Social Workers contact details

Bethlem Adolescent Unit: Jenny Linker

Email: jenny.linker@slam.nhs.uk

Telephone number: 020 3228 4647 Internal: 84647

Acorn Lodge: Emma Brown

Email: emma.brown@slam.nhs.uk

Telephone number: 020 3228 4647 Internal: 84647

PICU: Emma Brown

Email: emma.brown@slam.nhs.uk

Telephone number: 020 3228 4647 Internal: 84647

Snowsfields: Anna Schmidt

Email: anna.schmidt@slam.nhs.uk

Telephone number: 020 3228 2216 Internal: 82216

ITP:

Dianne Russell – Designated Safeguarding Lead

Email: dianne.russell@slam.nhs.uk

Telephone number: 020 3228 3466 Internal: 83466 Or ITP Mobile: 07837 954916

Mariana Reis - Designated Safeguarding Lead – National and Specialist CAMHS

Email: Mariana.Reis@slam.nhs.uk

Telephone number: 020 3228 2869 Internal: 82869 or Mobile: 07860 915777

If a child is in immediate danger or is at risk of harm, a referral will be made to children’s social care and/or the police immediately. Anyone can make a referral. Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead will be informed, as soon as possible, that a referral has been made.

APPENDIX 6: COVID-19 school arrangements for Safeguarding and Child Protection for the Bethlem and Maudsley Hospital School

Context

From 20th March 2020 parents were asked to keep their children at home, wherever possible, and for schools to remain open for those children of workers critical to the COVID-19 response. Schools are also asked to provide care for children who are vulnerable, who have education, health and care plans, or who have a social worker. Young people in the Child and Adolescent Mental Health wards and services meet the criteria for these children and young people.

This addendum of the Bethlem and Maudsley Hospital School Safeguarding, and Child Protection policy contains details of our individual safeguarding arrangements.

Key contacts

Role	Name	Contact number
Designated Safeguarding Lead	John Ivens, headteacher John@maudsley-bethlehemhospital.southwark.sch.uk	02087771897
Deputy Designated Safeguarding Leads	Deputy Designated Safeguarding Lead and Deputy Head, Maarten Crommelin Maarten@maudsley-bethlehemhospital.southwark.sch.uk Deputy Designated Safeguarding Lead, Philippa Levy Philippa@maudsley-bethlehemhospital.southwark.sch.uk Deputy Designated Safeguarding Lead, Petra Woodford Petra@maudsley-bethlehemhospital.southwark.sch.uk Deputy Designated Safeguarding Lead, Sarah Adams Sarah@maudsley-bethlehemhospital.southwark.sch.uk Deputy Designated Safeguarding Lead, Ben Hughes Ben@maudsley-bethlehemhospital.southwark.sch.uk Deputy Designated Safeguarding Lead, Ruth Mumford Ruthm@maudsley-bethlehemhospital.southwark.sch.uk Deputy Designated Safeguarding Lead, Sandra Perera Sandra@maudsley-bethlehemhospital.southwark.sch.uk Deputy Designated Safeguarding Lead, Sharon Chittenden Sharon@maudsley-bethlehemhospital.southwark.sch.uk Deputy Designated Safeguarding Lead, Wendy Croxton Wendy@maudsley-bethlehemhospital.southwark.sch.uk	
Chair of Governors	Mickey Kelly	(07702 809336)

Vulnerable children

Vulnerable children include those who have a social worker and those children and young people up to the age of 25 with education, health and care (EHC) plans. Further information on vulnerable children can be found in Government's [guidance on vulnerable children and young people](#).

Those who have a social worker include children who have a Child Protection Plan and those who are looked after by the Local Authority. A child may also be deemed to be vulnerable if they have been assessed as being in need or otherwise meet the definition in section 17 of the Children Act 1989.

Those with an EHC plan will be risk-assessed in consultation with the Local Authority and parents, to decide whether they need to continue to be offered a school or college place in order to meet their needs, or whether they can safely have their needs met at home. This could include, if necessary, carers, therapists or clinicians visiting the home to provide any essential services. Many children and young people with EHC plans can safely remain at home.

Eligibility for free school meals in and of itself should not be the determining factor in assessing vulnerability.

Senior leaders, especially the Designated and Deputy Designated Safeguarding Leads know who our most vulnerable children are. They have the flexibility to offer a place to those on the edge of receiving children's social care support.

The Bethlem and Maudsley Hospital School will continue to work with and support children's social workers to help protect vulnerable children. This includes working with and supporting children's social workers and the local authority virtual school head (VSH) for looked-after and previously looked-after children. The lead person for this in school will be: John Ivens

Each vulnerable child will be allocated to a member of the DSL team. In the absence of the allocated member of the DSL team, responsibility for contacting vulnerable pupils may be re-allocated to another DSL, escalated to the HT or a member of SLT, or delegated to the class teacher (under SLT/HT guidance).

Key Teachers will make phone contact with each allocated child, where at home, on a weekly basis, in place of their weekly calls home to parents. This is in order to check their safety and wellbeing by speaking to child not just parent. This need not be done if teaching has taken place in the last week through audio or video links.

Key Teachers will alert their member of the SLT should any concern arise from these calls. If the member of the SLT is not available by phone, the Key Teachers should alert them through Egress Switch. Any unsuccessful contacts, as well as those that did take place will also be reported to the SLT. Such information will be recorded by the SLT or other DDSLs onto the electronic CPOMS system. Any urgent safeguarding concerns will be escalated

immediately, for example, through consultation with the Southwark Multi Agency Safeguarding Hub ([MASH](#)) duty (or its equivalent in another LA if the child resides in a different LA) and/or the police immediately.

We will encourage our vulnerable children and young people to attend a school, including remotely if needed.

Attendance monitoring

Local authorities and education settings do not need to complete their usual day-to-day attendance processes to follow up on non-attendance.

The Bethlem and Maudsley Hospital School will assess, with information from the hospital, whether a child in need should be attending school – we will then follow up on any pupil that was expected to attend, who does not.

Remote teaching and parental/pupil permissions

Should the situation arise, the Bethlem and Maudsley Hospital School will seek parental agreement with parents/carers as to whether children in need can access remote (Synchronous – live and asynchronous – emailed) teaching. A separate permission will be asked of parents or of pupils, where legitimate, to access remote teaching. This is because the usual safeguards that are in place in the school are not present in the same way remotely. Both school staff and pupils may be accessed from their respective homes. Consequently, we will require school staff to ensure that they maintain the same professional standards and dress codes that they apply in school. We also require that staff ensure that when they communicate with pupils that they are the only one present in the room. If this is not possible, staff are expected to inform the relevant SLT member beforehand in order to seek a solution. In this way we maintain confidentiality for the pupil and the member of staff's family/home setting.

The Bethlem and Maudsley Hospital School will follow up with any parent or carer, any pupil that they were expecting to attend and who does not. This will include attending live online lessons or responding to agreed work that has been emailed.

To support the above, the Bethlem and Maudsley Hospital School will, when communicating with parents/carers and carers, confirm emergency contact numbers are correct and ask for any additional emergency contact numbers where they are available.

We aim to have a trained DSL (or deputy) available on site if the Bethlem and Maudsley Hospital School remains open. Where this is not the case a DSL (or deputy) will be available to be contacted via phone or online video - for example, "Microsoft Teams" when working from home.

This might include updating and managing access to child protection online management system, CPOMS, and liaising with the offsite DSL (or deputy) and as required, liaising with children's social workers where they require access to children in need and/or to carry out statutory assessments at the school or college.

The DSL/DDSLs will continue to engage with pupils' social workers, and attend all multi-agency meetings, where this can be done remotely.

Reporting a concern

Where staff have a concern about a child, they should continue to follow the process outlined in the Bethlem and Maudsley Hospital School's Safeguarding Policy, this includes making a report via CPOMS, which can be done remotely.

In the unlikely event that a member of the DDSL team cannot access CPOMS from home/their work phone, they should email the DSL. This will ensure that the concern is received.

Staff are reminded of the need to report any concern immediately and without delay.

Where staff are concerned about any adults working with children in Bethlem and Maudsley Hospital School they should report the concern to the headteacher. If there is a requirement to make a notification to the headteacher whilst away from school, this should be done verbally by phone and followed up with an email to the headteacher: John@maudsley-bethlemhospital.southwark.sch.uk

Concerns around the Headteacher should be directed to the Chair of Governors: Mickey Kelly (07702 809336)

Safeguarding training and induction

DSL training is very unlikely to take place whilst there remains a threat of the COVID 19 virus. For the period COVID-19 measures are in place, a DSL or DDSL who has been trained will continue to be classed as a trained DSL or DDSL even if they miss their refresher training.

All existing school staff have had safeguarding training and have read part 1 of [Keeping children safe in education \(KCSIE\)](#) (2019). The DSL will communicate with staff any new local arrangements so that they know what to do if they are worried about a child.

Where new members of staff are recruited, or new volunteers enter The Bethlem and Maudsley Hospital School, they will continue to be provided with a safeguarding induction.

If staff are deployed from another education or children's workforce setting to our school, we will consider the DfE supplementary guidance on safeguarding children during the COVID-19 pandemic and will accept portability as long as the current employer confirms in writing that:

- the individual has been subject to an enhanced DBS and children's barred list check
- there are no known concerns about the individual's suitability to work with children
- there is no ongoing disciplinary investigation relating to that individual

Upon arrival, they will be given a copy of the receiving setting's Safeguarding (Child Protection) Policy, confirmation of local processes and confirmation of DSL arrangements.

Safer recruitment/volunteers and movement of staff

It remains essential that people who are unsuitable are not allowed to enter the children's workforce or gain access to children. When recruiting new staff, The Bethlem and Maudsley Hospital School will continue to follow the relevant safer recruitment processes for their setting, including, as appropriate, relevant sections in part 3 of [Keeping children safe in education \(KCSIE\)](#).

In response to COVID-19, the Disclosure and Barring Service (DBS) has made changes to its [guidance on standard and enhanced DBS ID checking](#) to minimise the need for face-to-face contact.

Where we are utilising volunteers, we will continue to follow the checking and risk assessment process as set out in paragraphs 167 to 172 of KCSIE. Under no circumstances will a volunteer who has not been checked be left unsupervised or allowed to work in regulated activity.

We will continue to follow the legal duty to refer to the DBS anyone who has harmed or poses a risk of harm to a child or vulnerable adult. Full details can be found at paragraph 163 of KCSIE.

We will continue to consider and make referrals to the Teaching Regulation Agency (TRA) as per paragraph 166 of KCSIE and the TRA's '[Teacher misconduct advice for making a referral](#)'. During the COVID-19 period all referrals will be made by emailing Misconduct.Teacher@education.gov.uk.

Whilst acknowledging the challenge of the current National emergency, it is essential from a safeguarding perspective that any school is aware, on any given day, which staff/volunteers will be in the school or college, and that appropriate checks have been carried out, especially for anyone engaging in regulated activity. As such, we will continue to keep the single central record (SCR) up to date as outlined in paragraphs 148 to 156 in KCSIE.

Online safety

The Bethlem and Maudsley Hospital School will continue to provide a safe environment, including online. Where students are using computers on sites, appropriate supervision and filtering will be in place as normal.

Children and online safety away from our setting

It is important that all staff who interact with children, including online, continue to look out for signs a child may be at risk. Any such concerns should be dealt with as per the Safeguarding and Child Protection Policy and where appropriate referrals should still be made to children's social care and as required, the police. Online teaching should follow the same principles as set out in the staff code of conduct.

The Bethlem and Maudsley Hospital School will ensure any use of online learning tools and systems is in line with privacy and data protection/GDPR requirements. Below are some things to consider when delivering virtual lessons, especially where webcams are involved:

- No one to one sessions. Where an online session is planned at least one other member of staff must be present in the online meeting. (see Appendix 2)
- Staff and children must wear suitable clothing, as should anyone else in the household.
- Any computers used should be in appropriate areas, for example, preferably not in bedrooms; and the background should be appropriate, use a 'green screen' background wherever possible.
- Facilities to record the live class must be in place, so that if any issues were to arise, the recording can be reviewed.
- Live classes should be kept to a reasonable length of time, or the streaming may prevent the family 'getting on' with their day.
- Language must be professional and appropriate, including any family members in the background.
- Staff must only use the platforms agreed by the Bethlem and Maudsley Hospital School to communicate with pupils
- Staff should record, the attendance of students and work carried out in any sessions using the school's database.
- Consider whether two-way visual interaction is needed? Do staff need to see the pupil(s) or can the link be audio alone or pupil seeing teacher but not teacher seeing pupil?

The Bethlem and Maudsley Hospital School recognises the school is a protective factor for children and young people, and the current circumstances can affect the mental health of pupils and their parents/carers. Teachers at the Bethlem and Maudsley Hospital School need to be aware of this in setting expectations of pupils' work where they are at home.

Supporting children if they are able to attend the hospital school

The Bethlem and Maudsley Hospital School is committed to ensuring the safety and wellbeing of all its pupils. We will continue to be a safe space for all children to attend and flourish. The Headteacher will ensure that appropriate staff are on site and staff to pupil ratio numbers are appropriate, to maximise safety. We will not provide education on site, if this cannot be ensured. We will refer to the Government guidance for education and childcare settings on [how to implement social distancing](#) and continue to follow the advice from Public Health England on handwashing and other measures to limit the risk of spread of COVID19.

Supporting children and young people with their mental health

The Bethlem and Maudsley Hospital School are aware of the impact of not being able to access family, peers and the education community on their pupil's mental health. This is significant for our pupils, most of whom were already not in their mainstream school due to their poor mental health. The Bethlem and Maudsley Hospital School Key Teachers will continue to monitor pupil wellbeing through weekly direct telephone calls, and through talking to their parents/carers. All such communications to be recorded in the pupil's learner folder. Where safeguarding concerns are raised, these will be shared with the DSL or a DDSL and recorded on CPOMS. Pupils will be encouraged to seek appropriate clinical support from external agencies including from their Child and Adolescent Mental Health Workers.

Peer on Peer Abuse

The Bethlem and Maudsley Hospital School recognises that during the closure a revised process may be required for managing any report of such abuse and supporting victims. Where we receive a report of peer on peer abuse, we will follow the principles as set out in part 5 of KCSIE and those outlined within our Safeguarding (Child Protection) Policy.

The school will listen and work with the young person, parents/carers and any relevant multiagency partner to ensure the safety and security of that young person. Concerns and actions will be recorded appropriately and appropriate referrals will be made.

Support from Southwark Local Authority

The LADO: Eva Simcock 020 7525 0689

Duty telephone number for enquiries/referrals when LADO is unavailable: 020 7525 3297

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

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

Southwark MASH Duty: 020 7525 1921

Southwark Family Early Help Service Duty: 0207 525 1922

We also note the attached list of suggestions from Southwark LA about the arrangements for identification of, and planning for, vulnerable pupils during school closure:



Identification of, and
planning for, vulneral

Dealing with bereavement

The Bethlem and Maudsley Hospital School recognise that during this period, the setting may experience bereavements of staff, pupils, their parents and other stakeholders. We will signpost pupils and their families to other organisations such as [Winston's Wish](#), [The Samaritans](#), [Child Bereavement UK](#), [Sue Ryder](#), [Cruse Bereavement Care](#).

Date of policy: 3.4.20

Date sent to the chair of governors for review

Please note that this policy will be updated to reflect new government guidance as and when it was produced.

Appendix A: Arrangements for safeguarding in the Easter Break

The Bethlem and Maudsley Hospital School is not planning to open over the Easter break. Online lessons will also not be provided during the break.

We are currently not open as all pupils will continue to be supported by SlaM staff.

Both staff and pupils need a break away from spending significant amounts of time in front of their computers engaged in online learning. This is particularly important as we are currently unaware of how much longer we may be required to work in this way in order to protect ourselves from the Covid-19 virus.

Appendix B: Virtual Learning Guidelines (ward and home- based students)

- All sessions must be agreed with:
 - Maarten Crommelin, Deputy Head, in relation to the Maudsley team, or with
 - Philippa Levy, Assistant Head Bethlem, in relation to the Bethlem team,
 before they can start.

If neither is available then Sarah Adams or Petra Woodford are to be consulted

- No “one to one” sessions. Where an online session is planned at least one other member of staff must be present in the online meeting
- The host teacher must have an additional member of staff present virtually before a lesson can start. If there are insufficient staff to start a lesson the session cannot proceed. A message will be sent to the student to advise them that the session has been re-scheduled
- Staff and children must wear suitable clothing, as outlined in the school’s dress code. Where a pupil is inappropriately dressed then end the session. Use the same standards that you would apply in school
- Online sessions should be held in neutral areas with a minimum of personal belongings in view. Where possible, use a ‘green screen’ background. If in doubt, consult Maarten or Philippa
- Only school staff should be present in the class
- Recording of the live class must be in place, so that if any issues were to arise, the recording can be reviewed
- Live classes should be kept to a reasonable length of time, no more than 20mins
- Language must be professional and appropriate, as in school
- Staff will only use the platforms agreed by the Bethlem and Maudsley Hospital School to communicate with pupils
- Staff should record, the attendance of students (email Maarten or Philippa) and work carried out in any sessions on the school’s database (Learning Records).

