

Child Protection and Safeguarding Policy

Hospital Education Service
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1 Definitions

1.1 'Safeguarding' is defined in **Keeping Children Safe in Education (2023)** as;

- protecting children from maltreatment;
- preventing the impairment of children's mental and physical 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.

1.2 'Child Protection' is the intervention that occurs when children have been significantly harmed or are at risk of significant harm.

1.3 'Child' refers to everyone under the age of 18.

1.4 'Parent' refers to birth parents and other adults in a parenting role for example adoptive parents, step parents and foster carers.

1.5 'Staff' or 'members of staff' refers to all teaching, non-teaching, support, supply, peripatetic, contract staff, governors, volunteers and trustees working in or on behalf of the Hospital Education Service.

1.6 Within this policy, we use the term 'victim', although it is recognised that not everyone considers themselves to be a victim or would want to be described in this way. We also recognise the importance of not using the terminology of 'perpetrator' in relation to children in cases where the behaviour can be harmful to both parties. The appropriate use of terminology will be determined on a case-by-case basis.

2 Introduction

2.1 We recognise that safeguarding and child protection and promoting the welfare of children is an essential part of our duty of care to all students. As such, all staff and governors have a responsibility to provide a safe environment in which children can learn. We understand that safeguarding, child protection and promoting the welfare of all children is everyone's responsibility and everyone has a role to play in protecting children. We recognise that our Hospital Education Service is part of a wider safeguarding system for children and work closely with other agencies to promote the welfare of children. We maintain an attitude of 'it could happen here' and will consider what is in the best interests of each child in line with and upholding the Human Rights Act 1998 and Equality Act 2010.

2.2 The purpose of this policy is to;

- Promote safeguarding and child protection and to demonstrate *the Hospital Education Service's* commitment to keeping children safe;
- Provide all members of staff with the information required to meet their safeguarding duty and protect children from harm;

- Provide stakeholders with clear information relating to *the Hospital Education Service's* safeguarding and child protection procedures;
- Ensure that staff understand, can recognise and can respond to the indicators of abuse, exploitation and neglect;
- Ensure that all staff are aware of their mandatory reporting duty in relation to Section 5B of the Female Genital Mutilation Act 2003; and
- Ensure that children are protected from maltreatment or harm.

2.3 *The Hospital Education Service* is committed to the following principles;

- All children have the right to be protected from harm.
- Children should feel safe and secure and cannot learn unless they do so.
- All staff are responsible for keeping children safe and have a responsibility to act if they think a child is at risk of harm.
- All staff take on a responsibility to promote children's welfare
- Providing support to families and/or children as soon as a problem emerges is essential to improving outcomes for children and families.

2.4 Safeguarding aims

2.4.1 The safeguarding aims of *the Hospital Education Service*, in line with Keeping Children Safe in Education (September 2023) are to;

- work to identify children who are suffering or likely to suffer abuse, exploitation or neglect and act to protect them;
- work with relevant services and agencies to ensure that children are protected from harm;
- provide a learning environment for children which is safe and secure;
- teach children how to keep themselves safe and provide structures for them to raise concerns if they are worried or at risk of harm;
- support children's mental health and wellbeing;
- ensure that we adhere to safer recruitment guidance and legislation, deal promptly with allegations of abuse against staff and take bullying and harassment seriously;
- train staff effectively in all safeguarding issues (including online safety) and in their responsibilities for identifying and protecting children that are or may be at risk of harm;
- have a designated safeguarding lead and designated deputies, who will provide support to staff, students and families;
- recognise that all children may be vulnerable to abuse, but be aware that some children have increased vulnerabilities due to special educational needs or disabilities or particular protected characteristics (LGBTQ+, etc);
- maintain a robust recording system for any safeguarding or child protection information;

- ensure that everyone in *the Hospital Education Service* understands the safeguarding procedures; and to
- regularly review policies and procedures to ensure that children are protected to the best of our ability.

2.5 This policy adheres to the following documents;

- [Keeping Children Safe in Education \(2023\)](#)
- [Working Together to Safeguard Children 2018 \(updated 2022\)](#)
- [Guidance for Safer Working Practice for those working with children and young people in education settings \(May 2019\)](#)
- [Guidance for Safer Working Practice for those working with children and young people in education settings addendum \(April 2020\)](#)
- [What to do if you are worried a child is being abused: Advice for practitioners \(2015\)](#)

2.6 We continue to work closely with the Local Authority and the Coventry Safeguarding Children Partnership to safeguard children across the city..

2.7 Please note that there are a number of other documents (statutory and non-statutory) that inform our policy and practice. A list of these can be found in Annex B of Keeping Children Safe in Education (September 2023).

2.8 This policy should be read in conjunction with the following policies;

- Positive Behaviour Policy
- Behaviour Policy
- HES Code of Conduct (CCC)
- CME Flowchart
- Online Safety Policy
- Educational Visits Policy
- Exclusions Policy
- First Aid Policy
- Relationship and Sex Education Policy and Framework
- HES Anti Bullying Policy
- HES Health and Safety Policy
- HES Attendance Policy

Links to these policies can be found in Appendix A.

2.6 Scope

2.6.1 This policy applies to all teaching, non-teaching, support, supply, peripatetic, contract staff, governors, volunteers and trustees working in or on behalf of the Hospital Education Service. All references in this document to 'staff' or 'members of staff' should be interpreted as relating to the aforementioned unless otherwise stated.

2.6.2 Rather than duplicating content from Keeping Children Safe in Education (September 2023) in this policy, it should be understood that the Hospital Education Service will always refer to this document as the benchmark for all safeguarding practice.

3 Roles and Responsibilities

- **3.1 The Role of the Governing Body**

- 3.1.1 Governing bodies have a strategic leadership responsibility for our safeguarding arrangements. We have a senior board level lead role carried out by James Gillum. Part 2 of Keeping Children Safe in Education (September 2023) sets out the responsibilities of governing bodies. As part of these overarching responsibilities the Governing Body will;
- Have a strategic leadership responsibility for the Hospital Education Service safeguarding arrangements
- Aware of the obligations under the [Human Rights Act 1998](#) , the [Equality Act 2010](#) and the [Public Sector Equality Duty](#)
- Ensure that we comply with their duties under legislation;
- Ensure a whole service approach to safeguarding, including the use of mobile and smart technology in school;
- Ensure that policies, procedure and training are effective and comply with the law at all times and that they allow concerns to be responded to in a timely manner;
- Ensure we consider local authority and Coventry Safeguarding Children Partnership policies and supply information as requested by the safeguarding partners (the Local Authority, a clinical commissioning group for an area within the local authority and the chief office of police for a police area within the local authority);
- Ensure we have an effective child protection policy, that it is published on the school website (see Annex A for link) or available by other means (on the school's One Drive and Share Point Site) and review this annually;
- Ensure we have a staff behaviour policy or Code of Conduct which refers to low level concerns, allegations against staff and whistleblowing procedures alongside acceptable use of technologies;
- Ensure that all staff and governors undergo safeguarding and child protection training on induction (including online safety) and filters and monitoring processes) and this is regularly updated;
- **Ensure we** contribute to multi-agency working in line with statutory guidance;
- Ensure that there are clear systems and processes in place for identifying when children may be experiencing mental health problems;
- Ensure that children are taught about safeguarding, including online safety as a whole service approach and curriculum planning but recognising that a one size

fits all approach may not be appropriate for all children. See section 12 of this policy for further information;

- Put in place and follow appropriate safeguarding responses for children who are absent from education;
- Appoint an appropriate member of staff from the senior leadership team to the role of Designated Safeguarding Lead including leading on filters and monitoring processes;
- Understand the local criteria for action and local protocol for assessment;
- Recognise the importance of information sharing between practitioners and local agencies but take a risk-based approach to level of information that is provided to temporary staff, volunteers and contractors;
- Ensure that appropriate filters and monitoring systems are in place to keep children safe online and share information regarding online abuse and risks including where to access advice with parents and carers;
- Respond to allegations of abuse against the headteacher whilst ensuring there are procedures in place to manage safeguarding concerns or allegations against staff (including supply staff, volunteers and contractors); and
- Ensure safer working practice is embedded and effective within policies.

3.2. The Role of the Headteacher

3.2.1 The headteacher will;

- Ensure that this policy is reviewed annually at minimum and ratified by the governing body;
- Ensure that this policy and associated procedures are adhered to by all staff;
- Ensure that all staff are made aware of the named governor for safeguarding and the Designated Safeguarding Lead;
- Ensure that the role of 'Designated Safeguarding Lead' is explicit in the role-holder's job description including leading on filters and monitoring processes;
- Decide whether to have one or more deputy safeguarding leads and ensure they are trained to the same standard as the Designated Safeguarding Lead;
- Organise appropriate cover for the role of Designated Safeguarding Lead for any out of hour/out of term activities;
- Appoint a 'Designated Teacher for Looked-After and Previously Looked-After Children' to promote the educational achievement of children looked after;
- Appoint a lead for online safety;
- Promote a whole Hospital Education Service approach to safeguarding;
- Promote resilience to social and emotional wellbeing, which is tailored to the needs of the children;
- Ensure that all recruitment follows the 'Safer Recruitment' guidance and a single, central record is maintained with details of all members of staff who are in contact with children;
- Respond to allegations of abuse against all other members of staff including supply staff, volunteers and contractors;

- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required;
- Ensure that the Hospital Education Service collaborates with Children's Services, the police, health services and other services to; promote the welfare of children; provide a co-ordinated offer of early help assessment when need is identified; contribute to inter-agency plans for children subject to children protection plans and to protect children from harm;
- Safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties (Teaching Standards, 2012); and
- Ensure that Children's Services (from the host local authority or placing authority) have access to the Hospital Education Service to conduct, or to consider whether to conduct a section 47 or section 17 assessment, as per Keeping Children Safe in Education (September 2023).

3.3 The Role of the Designated Safeguarding Lead

3.3.1 The Designated Safeguarding Lead (DSL) for the Hospital Education Service is Sharon Cutler. Our Deputy Designated Safeguarding Leads (DDSLs) are Asif Takolia and Kay Griffin, who deputise in the DSL's absence.

The Designated Safeguarding Lead will;

- Take overall lead responsibility for safeguarding and child protection (including online safety and filters and monitoring) in *the Hospital Education Service*;
- Liaise with the safeguarding partners and work with other agencies in line with Working Together to Safeguard Children (2018);
- Always be available during term time school hours (during Hospital Education Service hours) for staff in the Hospital Education Service to discuss safeguarding concerns. In the event that they are not available, a deputy will be made available;
- Undergo training to provide them with the knowledge and skills required to carry out this role and update this every two years as a minimum;
- Act as a source of support and expertise on matters relating to safeguarding and child protection to ensure that other members of staff can carry out their safeguarding duty;
- Be best placed to advise on the response to safeguarding concerns;
- Identify if children may benefit from early help;
- Act as a point of contact with the safeguarding partners;
- Make referrals to Coventry's Multi-Agency Safeguarding Hub (MASH) where children have been harmed or are at risk of significant harm.
- Make referrals to the Channel programme where there is a radicalisation concern and/or support staff that make a referral to Channel;

- Support the Hospital Education Service with regards to their responsibilities under the Prevent duty and provide advice and support on protecting children from radicalisation;
- Refer cases to the police where a crime may have been committed¹;
- Ensure all staff have read and understood Part 1 and/or Annex A of Keeping Children Safe in Education (September 2023);
- Update their knowledge and skills regularly and keep up with any developments relevant to their role;
- Provide staff in Hospital Education Service with the knowledge, skills and support required to safeguard children;
- Take responsibility for the accurate and timely recording of safeguarding and child protection concerns and take overall responsibility for safeguarding and child protection files;
- Take responsibility for the transfer of safeguarding files when a child leaves *the Hospital Education Service*;
- Attend or ensure an appropriate representative attends multi-agency safeguarding or child protection meetings;
- Promote supportive engagement with parents and/or carers in safeguarding and promoting the welfare of children;
- Work closely with other relevant education professionals (e.g. SENCO, Virtual Hospital Education Service Head) to ensure children with additional vulnerabilities are safeguarded;
- Help to promote educational outcomes of child who have experienced or are experiencing safeguarding or child protection issues by sharing relevant information with teachers and the Hospital Education Service leadership team;
- Promote a 'culture of safeguarding', in which every member of the Hospital Education Service community acts in the best interests of the child;
- Ensuring the Hospital Education Service knows who its cohort of children or have or have had a social worker are, understanding their academic progress and attainment, and maintaining a culture of high aspirations;
- Regularly meet (every half term at a minimum) with the safeguarding link governor and/or Chair of Governors to review safeguarding in the Hospital Education Service; and
- Liaise with the senior mental health lead when safeguarding concerns are linked to mental health
- Be aware of the requirement for children to have an Appropriate Adult – PACE Code C 2019.

3.3.2 Further details on the role of the Designated Safeguarding Lead can be found in Annex C of Keeping Children Safe in Education (September 2023).

3.4 The Role & Responsibilities of all Staff within Hospital Education Service

3.4.1 Hospital Education Service staff play a particularly important role because they are in a position to identify concerns early in order to provide help for children. All staff in *the Hospital Education Service*;

- Have a responsibility to provide a safe environment, where children can learn;
- Should know what to do if a child tells them that he/she is being abused, exploited or neglected; but that children may not feel ready or know how to tell someone that they are being abuse, exploited or neglected and/or recognise their experience as harmful;
- Will be aware of indicators of child-on-child abuse and procedures to deal with this;
- All staff, but especially the DSL and deputies, will also consider whether children are at risk of abuse or exploitation in situations outside their families;
- Will be able to identify indicators of abuse, exploitation and neglect; with an awareness of safeguarding issues that put children at risk of harm and behaviours associated with these risks;
- Will be made aware of; the safeguarding and child protection policy; the Hospital Education Service behaviour policy; the staff behaviour policy; information about the safeguarding response to children absent from or missing in education; the role of the designated safeguarding lead and systems in the Hospital Education Service that support safeguarding and child protection;
- Will be provided with a copy of Part 1/Annex A of Keeping Children Safe in Education (September 2023) annually and receive annually updated training on their safeguarding roles and responsibilities;
- Should have an awareness of safeguarding issues that put children at risk of harm and behaviours associated with these risks;
- Should know what to do if a child makes a disclosure of abuse and never promise confidentiality when a child makes a disclosure;
- Will be made aware of the early help assessment process and understand their role in it;
- Should be prepared to identify children who may benefit from early help and will discuss early help requirements with the safeguarding lead in the first instance;
- May be required to support social workers and other agencies following a referral;
- Will be made aware of the process for making referrals to Children's Services (though the MASH), understand statutory assessments and the role that they may be expected to play in such assessments;
- Should be prepared to make referrals to the MASH if they have concerns about a child's welfare and understand the role that they may be expected to play in such assessments;
- Will receive regularly updated safeguarding and child protection training including online safety and filtering and monitoring;
- Will receive safeguarding updates throughout the year as part of continuous professional development;

- Should be able to contribute to the development of safeguarding policy and practice.
- Should make a record of all concerns raised using the Hospital Education Service safeguarding recording system: CPOMS <https://ches.cpoms.net>;
- Understand the referral process to the (LADO) and the role they play should they have concerns or allegations are made against any member of staff;
- Should always seek advice from the Designated Safeguarding Lead if they are unsure; and
- All teachers should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties (Teaching Standards, 2012).

3.5 Multi-Agency Working

3.5.1 The Hospital Education Service is committed to multi-agency working and operates under Working Together to Safeguard Children (2018) and local safeguarding arrangements.

3.5.2 The Hospital Education Service will work with Children's Services, the police, health services, local Early Help practitioners and other relevant agencies to promote the welfare of children and protect them from harm.

3.5.3 We work closely with our local Family Hubs to ensure children, regardless of which part of the city they are from, receive appropriate, co-ordinated Early Help Assessments. The Early Help Assessment Coordinator (EHAC) for the Hospital Education Service is Claire Smith.

3.5.4 The Coventry Safeguarding Children Partnership (CSCP) have designated that Hospital Education Services and colleges are a named 'relevant agency'. As such, the Hospital Education Service is under a statutory duty to co-operate with published CSCP arrangements.

4 Types of abuse

4.1 As outlined above, all staff will be trained in indicators of abuse, exploitation and neglect and should be able to recognise signs of these. We recognise that abuse, exploitation and neglect along with other safeguarding issues are complex and often multidimensional and therefore don't fall solely under one category. Types of abuse or harm can take many forms including directly inflicting harm on a child or failing to protect a child from harm online as well as face to face both inside and outside of the school/college as well as online, including the multi-faceted occurrence of factors causing emotional harm.

The four main types of abuse that staff are trained to recognise are;

- Physical abuse;
- Sexual abuse;
- Emotional abuse;
- Neglect.

4.2 Types of abuse (Taken from Keeping Children Safe in Education, 2023)

Type of abuse	Information
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional

	<p>abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>
Sexual abuse	<p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p> <p>The sexual abuse of children by other children is a specific safeguarding issue in education and all staff should be aware of this and of the Hospital Education Service policy and procedures for dealing with this.</p>
Neglect	<p>The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>

4.3 Indicators of abuse can be found in Appendix B.

4.4 If a child is in immediate danger or at risk of harm, a referral will be made to Children's Services (through the MASH) and any member of staff can make this referral. A Designated or Deputy Designated Safeguarding Lead should be available at all times, but in exceptional circumstances the member of staff should speak to a member of the Senior Leadership Team or seek advice directly from Children's Services and then take appropriate action. The Designated Safeguarding Lead should be made aware as soon as possible.

4.5 Staff, parents and the wider community should report any concerns that they have about the welfare of children, however minor or seemingly insignificant. Staff should not assume that someone else will report concerns.

4.6 The Hospital Education Service recognises that any child can be the victim of abuse and may benefit from early help. However, the Hospital Education Service will be particularly vigilant to potential need for early help if a child;

- is disabled or has certain health conditions and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- has a mental health need;
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines;
- is frequently missing/goes missing from care or from home;
- is a risk of modern slavery, trafficking, sexual or criminal exploitation;
- is misusing drugs or alcohol themselves;
- has a family member in prison, or is affected by parental offending;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is at risk of 'honour-based' abuse such as Female Genital Mutilation or Forced Marriage;
- is persistently absent from education, including persistent absences for part of the school day.
- is a privately fostered child.²

4.7 The Hospital Education Service recognises that abuse can take many different forms. Staff will also receive training on the following issues and action will be taken if the Hospital Education Service believes that a child is at risk of or is the victim of;

- bullying, including cyber- or online-bullying;
- child criminal exploitation and sexual exploitation (including involvement in county lines);
- domestic abuse;
- emotional abuse;
- fabricated or induced illness;
- faith-based abuse;
- female genital mutilation;
- forced marriage;
- gangs or youth violence;
- gender-based violence;
- hate;
- mental health;
- neglect;
- Child on child abuse;
- physical abuse;
- radicalisation;
- relationship abuse;
- serious violence and harassment;
- sexual abuse;
- sexual violence or sexual harassment (including peer on peer abuse);
- sharing of consensual or non-consensual nude and semi-nude images/videos;
- So-called 'honour-based' abuse;
- trafficking and modern slavery.

4.8 The Hospital Education Service will also take action to protect;

- Children missing education;
- Children missing from home or care.

4.8.1 There are other familial issues that can have a detrimental impact on children.

We work with other agencies in line with Keeping Children Safe in Education (2023) to support children and families in the following circumstances;

- Children facing the court procedures and/or children in the court system;
- Children with family members in prison;
- Children who are homeless;
- Children who need a social worker.

4.9 Child potentially at greater risk of harm

4.9.1 The Hospital Education Service recognises that some children need a social worker due to abuse, neglect or complex family circumstances and that abuse and trauma can leave children vulnerable to further harm, as well as educational disadvantage.

4.9.2 The Designated Safeguarding Lead will hold information relating to social workers working with children in the Hospital Education Service.

4.9.3 This information will inform decisions about safeguarding and promoting welfare (including the provision of pastoral and/or academic support).

4.10 Children Absent from Education

4.10.1 The Hospital Education Service understands that children that are absent from education for prolonged periods and/or repeat occasions can act as a vital warning sign to a range of safeguarding issues including neglect, child sexual and criminal exploitation – particularly county lines.

The Hospital Education Service will report information to the Local Authority when problems are first emerging and if there is a need for the removal of a child from roll.

4.10.2

4.11 Elective Home Education

4.11.1 The Hospital Education Service recognises that many home educated children have a positive learning experience and the decision is one with the child's best interests at heart.

4.11.2 Since 2016, the Hospital Education Service has a statutory duty to inform the Local Authority of all deletions from roll. When Elective Home Education is the reason for this removal, the Local authority and other key professionals will work alongside *the Hospital Education Service* to coordinate a meeting with parents where possible ideally before a final decision is made.

4.12 Children Requiring Mental Health Support

4.12.1 The Hospital Education Service recognises that safeguarding and promoting the welfare of children includes preventing the impairment of children's mental health or development. The Hospital Education Service's Wellbeing Strategy for pupils and staff provides a framework in which positive mental and physical wellbeing are supported and promoted.

4.12.2 All staff will be aware that mental health problems may be an indicator that a child is suffering or is at risk of suffering abuse, neglect or exploitation.

4.12.3 Staff will not attempt to make a diagnosis of a mental health problem unless they are appropriately trained.

4.12.4 We recognise that staff are well-placed to observe behaviour that may indicate that a child is experiencing a mental health problem, or is at risk of developing one. There are clear systems and processes in place for identifying possible mental health problems. If staff are concerned that a child is suffering a mental health problem, they should report their concerns immediately to the Hospital Education Service's SENCo and record their concerns on the service's 'Wellbeing Log'. The SENCo will then use a variety of tools to complete: an assessment to establish a clear analysis of the pupil's needs; a plan to set out how the pupil will be supported; action to provide that support; and regular reviews to assess the effectiveness of the provision and lead to changes where necessary. The SENCo may identify a wellbeing mentor to work closely with the child to establish possible reasons and/or triggers for their decline in mental wellbeing and identify strategies to manage their feelings and build resilience. Where appropriate, the child may be offered an Introduction to Acceptance and Commitment Therapy (ACT-DNV) with the Hospital Education Service's Wellbeing Lead. Where concerns remain about a child's mental wellbeing, these concerns will be escalated through the appropriate pathway: Early Help Assessment.

4.12.5 If staff are concerned that a child is experiencing a mental health problem that is also a safeguarding concern, they must report this to the Designated Safeguarding Lead (or deputy Designated Safeguarding Lead) immediately.

4.12.6 All staff at the Hospital Education Service have had Youth Mental Health First Aid training and Suicide Prevention Training. There is a designated Wellbeing Lead who is responsible for the promotion of mental health and wellbeing across the Hospital Education Service. The Wellbeing Lead's main duties and responsibilities are to:

- Develop and implement policies for wellbeing in line with DfE priorities for staff and student mental health
- Promote wellbeing, its importance and the value that it brings across the school
- Have a good understanding of how wellbeing should be monitored and the impact it has on pupil achievement
- Use this understanding to feed into the school development plan and produce an action plan for the service.

- Work with the special educational needs co-ordinator (SENCO) to use referral information, triage according to existing therapeutic input, direct appropriate interventions and liaise with clinicians to best support wellbeing outcomes.

4.12.7 Further information, guidance and advice regarding mental health can be found on page 44 of Keeping Children Safe in Education 2022.

4.13 Children who are Lesbian, Gay, Bi or Trans (LGBT+)

The fact that a child or a young person may be LGBT is not in itself an inherent risk factor for harm. However, children who are LGBT can be targeted by other children. In some cases, a child who is perceived by other children to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT.

Risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open. It is therefore vital that staff endeavour to reduce the additional barriers faced and provide a safe space for them to speak out or share their concerns with members of staff.

LGBT inclusion is part of the statutory Relationships Education, Relationship and Sex Education and Health Education curriculum and there is a range of support available to help schools counter homophobic, biphobic and transphobic bullying and abuse.

5 Responding to signs of abuse

5.1 If a member of staff, parent or member of the public is concerned about a child's welfare, they should report it to the designated safeguarding lead as soon as possible. On occasions when the designated safeguarding lead is not available, it should be reported to the deputy safeguarding lead without delay. Although any member of staff can make a referral to Children's Services where possible there should be a conversation with the Designated Safeguarding Lead.

5.2 If anyone other than the Designated Safeguarding Lead makes a referral to Children's Services or to the police, they should inform the DSL as soon as possible.

5.3 All staff will be alert to indicators of abuse and will report any of the following to the Designated Safeguarding Lead immediately;

- Any concern or suspicion that a child has sustained an injury outside what is reasonably attributable to normal play;
- Any concerning behaviours exhibited by children that may indicate that they have been harmed or are at risk of harm, including unusual changes in mood or behaviour, concerning use of language and/or concerning drawings or stories.
- Any significant changes in attendance or punctuality;
- Any significant changes in a child's presentation;

- Any concerns relating to people who may pose a risk of harm to a child; and/or
- Any disclosures/allegations of abuse that children have shared.

5.4 There will be occasions where a child discloses/alleges abuse directly to a member of staff. If this happens, the member of staff will;

- listen carefully to the child and believe what they are saying;
- not promise confidentiality, as information may need to be passed on so the child and family can receive additional support;
- only ask for clarification if something is unclear and will not ask 'leading' questions;
- report disclosure to the designated safeguarding lead as soon as possible, certainly by the end of the day;
- only discuss the issue with colleagues that need to know about it; and
- will write up the disclosure and pass it to the designated safeguarding lead. It is likely they will have had a discussion with the DSL prior to this, but delay should be avoided.

5.5 The designated safeguarding lead will make a decision about the action that needs to be taken following a member of staff raising a concern about a child, or following a direct disclosure recording a clear rationale. The DSL may consider the following options;

- Manage support for the child internally within school;
- Seek advice from the social worker advice line in the MASH;
- Instigate single agency intervention and work directly with the family to improve the situation;
- Offer an Early Help Assessment to provide multi-agency help to a family;
- In cases where children are deemed to be at significant risk of harm, the DSL will refer cases to the MASH for consideration for statutory intervention. Parental consent will be obtained wherever possible before referring cases to the MASH. However, if the Hospital Education Service is worried that telling parents will mean the child is at greater risk of harm, we may do this without informing them.
- If parents do not consent to a referral but the Hospital Education Service believes that a child is at significant risk of harm, a referral will still be made to Children's Services.

5.6 For further information about the Coventry Safeguarding Children Partnership's 'Right Help, Right Time' guidance, which is used by the Hospital Education Service to make decisions about protecting children, please visit <http://www.coventry.gov.uk/righthelprighttime>.

5.7 See page 24 for flowchart of actions that will be taken where there are concerns about a child (taken from Keeping Children Safe in Education, September 2023).

5.8 In cases where members of staff become aware that Female Genital Mutilation (FGM) has been carried out on a female below the age of 18, they have a mandatory duty to report this to the police without delay and will do so. Staff should refer this to the DSL first, but the legislation requires regulated health and Children's Service professionals and

teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either;

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.⁴

If you believe a child is at risk of FGM, a referral to the MASH is also required.

5.9 *The Hospital Education Service* has a duty to refer any children who are living in a private fostering arrangement to the local authority. Private fostering is when a child under the age of 16 (or 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, expected to last 28 days or more, or the school are aware the 28 days has been exceeded.

5.10 All schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 in the exercise of their functions to have "due regard" to the need to prevent people from being drawn into terrorism. See Appendix B for further information on the Hospital Education Service's Prevent duty.

5.11 If any member of staff is unsure about signs of abuse or neglect, they should speak to the Designated Safeguarding Lead.

5.12 Child on Child Abuse

5.12.1 *The Hospital Education Service* understands that both adults and other children can perpetrate abuse, and can happen inside and outside of school, online or face to face. Child on Child abuse is taken very seriously and can include bullying (including cyber-bullying, prejudice-based and discriminatory bullying), abuse in intimate personal relationships between children, physical abuse, sharing of consensual or non-consensual images of videos, causing someone to engage in sexual activity without consent, sexual violence and/or harassment, upskirting, and initiation/hazing ceremonies. The school recognise that safeguarding issues can manifest as child-on-child abuse. The service's Behaviour Policy sets out how the service manages reports of incidents of sexual violence and sexual harassment

5.12.2 All members of staff will be made aware of the school's policy and procedures with regards to child-on-child abuse. *The school will ensure staff understand what is meant by child-on-child abuse and the school policy on child-on-child abuse by:*

- Educating all Governors, Senior Leadership Team, staff, students and parents/carers about this issue;

- Ensuring that all child on child abuse issues are fed back to the Hospital Education Service's safeguarding lead so that they can spot and address any concerning trends and identify students who may be in need of additional support;
- Challenging the attitudes that underlie such abuse (both inside and outside the classroom);
- Creating a culture in which our students feel able to share their concerns openly, in a non-judgmental environment, and have them listened to and responding to cases of child on child abuse promptly and appropriately.

5.12.3 *The Hospital Education Service will work to prevent child on child abuse by:*

- Educating all Governors, Senior Leadership Team, staff, students and parents/carers about this issue;
- Ensuring that all child on child abuse issues are fed back to the School's safeguarding lead so that they can spot and address any concerning trends and identify students who may be in need of additional support;
- Challenging the attitudes that underlie such abuse (both inside and outside the classroom);
- Creating a culture in which our students feel able to share their concerns openly, in a non-judgmental environment, and have them listened to and responding to cases of child on child abuse promptly and appropriately.

5.12.4 Although it is recognised that if there are no reported cases, such abuse may still be taking place. If an allegation of child-on-child abuse is made, the Hospital Education Service will investigate this. The DSL will investigate the concerns or allegations with the member of staff or student who has reported them and will, where necessary, take any immediate steps to ensure the safety of the child/all children affected. The DSL will take a leading role using their professional judgement and supported by other agencies such as social care or the police as required. In the event of an allegation:

- when possible, two members of staff will be present where the report includes an online element. Staff will not view illegal images of children;
- will not promise confidentiality as reports will need to be passed onto Children's Service (and in some cases, the Police);
- recognises that a child is more likely to disclose to a member of staff they have the strongest relationship with;
- an initial disclosure may be the first incident that is reported rather than a singular event;
- some children may face barriers to disclosing such as, additional needs, vulnerability, sex, ethnicity and possibly sexual orientation;
- will always listen carefully to the child whilst being non-judgemental;
- write up the factual parts of the disclosure as soon as the child has finished disclosing;

- liaise with the MASH (and police if urgent response required).

5.12.5 In the event that an allegation of child-on-child abuse is made, victims, alleged perpetrators and any other children affected will be supported in the following ways and referral to the MASH will be considered:

- Ensuring a dialogue is kept open and the victim and perpetrator can choose to appoint a designated trusted adult;
- Ensure both are comfortable to return to the same classroom or make alternative arrangements;
- Obtain additional support from relevant agencies where appropriate;
- Ensure that everything possible is done to prevent the victim from bullying and harassment as a result of any report they have made.
- In some cases, a risk assessment may be required but will be kept under constant review. When there has been a report of sexual violence, the designated safeguarding lead (or a deputy) will make an immediate risk and needs' assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case-by-case basis.
- The risk and needs' assessment should consider: the victim (consider term used), especially their protection and support; the alleged perpetrator (who may also be 'a victim'); and all the other children (and, if appropriate, adult students and staff) at the Hospital Education Service, especially any actions that are appropriate to protect them;
- Risk assessments will be recorded, filed securely on CPOMS and kept under review. The designated safeguarding lead (or a deputy) will ensure they are engaging with MASH.

5.12.6 The Hospital Education Service will never pass off child on child abuse as 'banter', 'having a laugh', 'part of growing up' or other such terminology that does not recognise the harm caused. This should be a Zero-tolerance approach as this could lead to a culture of unacceptable behaviours. It is recognised with this, that all child-on-child abuse is unacceptable and will be taken seriously.

5.12.8 *The Hospital Education Service* will adhere to guidance set out in *Keeping Children Safe in Education (2023)* when responding to incidents of child-on-child abuse.

5.12.9 All staff will be made aware that 'upskirting' is a criminal offence.

5.13 Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

5.13.1 Both CSE and CCE are forms of abuse that occur when an individual or group take advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator through

violence or threat of violence. CCE and CSE can affect both males and females and can include children that have been moved for the purpose of exploitation (trafficking).

5.13.2 CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing, vehicle crime, threatening violence on others or even carrying weapons.

5.13.3 The school is responsible for recognising children involved in CCE are victims of exploitation and should be recognised as such due to the harm they have experienced even if they appear to have consented to the criminal activity.

5.13.4 CSE is a form of child sexual abuse including physical contact and non-contact online activities including the internet or by phone. This can happen over time or as a one off and may happen without the child recognising this as abuse or harmful.

5.13.5 The school recognises that children of the age of 16 and 17 who can legally consent to a sexual relationship may also be the victims of CSE but may not recognise this.

5.14. Sharing of consensual or non-consensual nude and semi-nude images or videos

5.14.1 "Sharing of consensual or non-consensual nude and semi-nude images or videos" refers to any sharing of youth-produced sexual imagery between children. This includes;

- A person under the age of 18 creating and sharing sexual imagery of themselves with a peer under the age of 18;
- A person under the age of 18 sharing sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult;
- A person under the age of 18 being in possession of sexual imagery created by another person under the age of 18.

5.14.2 The Hospital Education Service has a responsibility to educate children in the risks relating to 'sharing consensual or non-consensual nude images or videos' and how to keep themselves safe online. See the Hospital Education Service's Online Safety Policy/PHSE policy.

5.14.3 Any incidents or suspected incidents of 'sharing consensual or non-consensual nude images or videos' should be reported to the DSL without delay.

5.14.4 Once reported to the DSL, the DSL will decide on the appropriate course of action. This could include;

- Referrals to the MASH in regards to all parties involved (also the police if urgent response required);
- Confiscation of mobile phones in line with guidance 'Searching, Screening and Confiscation, (January 2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674416/Searching_screening_and_confiscation.pdf

- Support for young people involved to prevent reoccurrence;
- Sanctions in accordance with behaviour policy;

5.14.5 Any incidents of 'sharing consensual or non-consensual nude images or videos' involving the following will result in a MASH and sometimes a Police referral;

- Adult involvement;
- Coercion or blackmail;
- Children under the age of 13;
- Extreme, or violent content;
- Immediate risk of harm.

5.15 Domestic Abuse

5.15.1 Domestic abuse can be a single incident or a pattern of incidents. It can also include psychological, physical, sexual, financial or emotional acts of abuse.

5.15.2 The school recognises that children can be a victim of Domestic Abuse by seeing, hearing or experiencing the effects or suffering domestic abuse in their own personal relationships. These all have a detrimental impact on childrens health, well-being, development and ability to learn. (The Hospital Education Service is notified of reports of Domestic Abuse at the home address of a pupil).

5.16 Searching, Screening and Confiscation

5.16.1 Where necessary, searching, screening and confiscation will be used to safeguard a child/children in *the school*.

5.16.2 The Hospital Education Service adheres to 'Searching, Screening and Confiscation: Advice for Schools (January 2018).

5.17 Online Safety

5.17.1 *The school recognises that in today's world, children need to be safeguarded from potentially harmful and inappropriate online material with many children having unlimited and unrestricted access to the internet via their mobile phone. The breadth of issues can be categorised currently into four areas of risk as taken from Keeping Children Safe In Education 2022:*

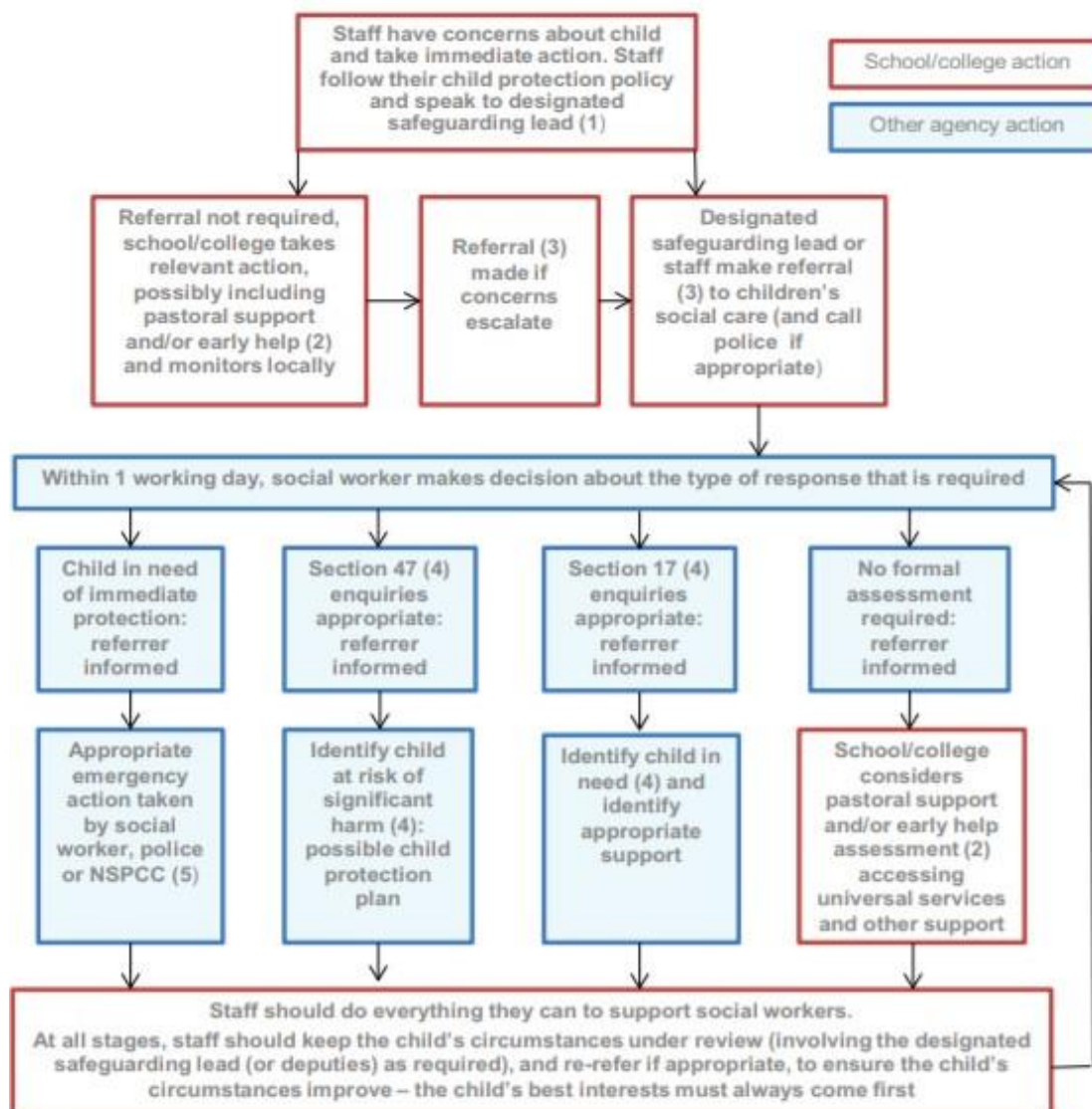
- *Content – being exposed to illegal, inappropriate, or harmful content (pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation, and extremism)*
- *Contact – being subject to harmful online interaction with other users (peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit)*
- *Conduct – online behaviour that increases the likelihood of, or causes, harm (making, sending and receiving explicit images)*

- *Commerce – risks such as online gambling, inappropriate advertising, phishing and or financial scams*

5.17.2 The Hospital Education Service understands that the above can take place on a student's phone or smart device (including smart watches) whilst at school/college or elsewhere. The school have responded to this by having a whole school approach to online safety which aims to protect and educate students, parents and staff in their use of technology. Our Online Safety Policy and Acceptable Use of ICT Policy can be found on our website (link in Annex B).

5.17.3 The school has also established mechanisms to identify, intervene in and escalate any concerns highlighted through our filter and monitoring systems via the Local Authority for both staff and students and through the commissioning of forensic software called Impero for students in school and on Home Tuition. The effectiveness of this is regularly reviewed, with staff aware of how to escalate concerns.

Actions where there are concerns about a child



(1) In cases which also involve a concern or an allegation of abuse against a staff member, see Part four of this guidance.

(2) Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of [Working Together to Safeguard Children](#) provides detailed guidance on the early help process.

(3) Referrals should follow the process set out in the local threshold document and local protocol for assessment. Chapter one of [Working Together to Safeguard Children](#).

(4) Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989. Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in Chapter one of [Working Together to Safeguard Children](#).

(5) This could include applying for an Emergency Protection Order (EPO).

5.18 To raise concerns about children, members of staff should contact the Multi-Agency Safeguarding Hub (MASH) by telephone to discuss the referral. They should then complete the online Multi-Agency Referral Form (MARF) and submit this to the MASH. The

Hospital Education Service will follow up referrals if we do not receive feedback from Children's Services to ascertain the outcome of all referrals.

MASH Telephone number: 02476 788 555

MASH online referral form: <http://www.coventry.gov.uk/safeguardingchildren>

Out of hours Emergency Duty Team: 02476 832 222

Prevent/Channel Referrals: Refer to MASH (mash@coventry.gov.uk) and to CTU_GATEWAY@west-midlands.pnn.police.uk

5.18.1 If a child's situation does not appear to be improving following a referral, the Hospital Education Service may re-refer the child. We will also consider using the Coventry Safeguarding Children Partnership's Managing Professional Disagreements to ensure that our concerns have been addressed and that the situation improves for the child.

6 Record-keeping

6.1 All concerns, discussions and decision made will be recorded in writing and kept confidential and stored securely.

6.2 A written record of all safeguarding and/or child protection concerns, discussions and decisions made will be kept in individual children's files. This will be separate from the main school file and will only be accessed by the relevant safeguarding staff.

6.3 *The Hospital Education Service keeps all safeguarding files electronically, using a system called Child Protection Online Management System (CPOMS)*

6.4 Staff will submit all concerns in writing to the DSL at the earliest opportunity. This may be after having a verbal conversation, but conversations will also be followed up in writing.

6.5 In the event that a child moves school, the safeguarding file will be transferred to the new setting securely and separately from the main school file in a timely manner (within 5 days for in-year transfers). Once received by the new school, this school will not retain the information.

6.6 The school will seek to hold at least two emergency contacts for every child.

6.7 All data processed by the Hospital Education Service is done so in line with the General Data Protection Guidelines and the Data Protection Act (2018). Please see the following policies for additional information;

https://www.coventry.gov.uk/downloads/download/5380/hospital_education_service_policies

6.8 Further information regarding information sharing and data processing in relation to safeguarding can be found in Part One of Keeping Children Safe in Education (September 2023).

7 Photography and Images

7.1 Consent from parents to photograph children at school events for promotional reasons will be sought when the child joins *the school*. *Written consent is requested annually at the start of each new academic year or the pupil's point of entry.*

7.2 Parents can withdraw consent at any time and must notify *the school* if they do not wish their child's photographs to be used.

7.3 Photographs of children used publicly will not be displayed with their name or other identifiable personal information.

7.4 Photographs of children will be processed in line with the General Data Protection Regulation.

8 Early Help Assessment

8.1 The Hospital Education Service is committed to supporting families as soon as a possible problem arises. It is more effective to support a family through early help than reacting to a problem later. Everyone who comes into contact with children and their families and carers have a role to play in safeguarding children. The Hospital Education Service is committed to working closely with its neighbouring family hub to work with families in the community to improve outcomes for children.

Our EHAC is Claire Smith.

8.2 *The school works within the Coventry Safeguarding Children Partnership's 'Right Help, Right Time' framework, available on the CSCP website.*

9 Staff training

9.1 In order for staff to be able to understand and discharge their safeguarding and child protection duties, the Hospital Education Service has committed to training staff throughout the academic year. All staff members will be made aware of the Hospital Education Service's safeguarding processes and structures and will receive training on these as part of their induction. As part of this training and their annual refresher, they will also receive;

- This 'Safeguarding and Child Protection Policy';
- The staff Code of Conduct
- Copies of Part 1 and/or Annex A of Keeping Children Safe in Education (September 2023)
- School procedures for Children Absent From Education
- The school Behaviour Policy

9.2 Staff at the Hospital Education Service will receive;

- Annual Safeguarding Refresher Training

- Termly face to face CPD on specific Safeguarding concerns such as Prevent, FGM, Child on Child Abuse, Gang Prevention, CSE and CCE, Online Safety
- Mandatory Online Training Modules in GDPR, Lone Working, Fire Safety, Manual Handling and Safeguarding
- Team Teach
- Updates from DSL Briefings
- Weekly bulletins
- Mental Health First Aid Workshops

Governors and volunteers will also receive a variety of specific safeguarding training available from Coventry Local Authority.

9.3 The Hospital Education Service recognises that children may engage in risky behaviours that may put them at additional risk of danger. These can include drug taking, alcohol abuse, truanting and the sharing of consensual or non-consensual nude images or videos. Staff will also be trained in these areas in order to be able to further recognise if a child is at risk of harm.

9.4 All staff are aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the DSL if they have concerns about a child. It is also important that staff determine how best to build trusted relationships with children and young people which facilitate communication.

10 Safer Recruitment

10.1 The Hospital Education Service is committed to providing children with a safe environment, in which they can learn. We take safer recruitment seriously and all staff are subject to the following checks;

- Identity check;
- DBS clearance;
- Prohibition from teaching checks (where required);
- Barred List check;
- Section 128 checks (as required - leadership and management);
- Reference check (two references required);
- Professional qualifications check ;
- Right to work in the UK check;
- Further checks for those who have lived outside the UK;
- Disqualification Under the Childcare Act 2006 checks (as required).
- Verification on the candidate's mental and physical fitness may also be sought.

10.2 A record of all checks completed for members of staff will be recorded on the Single Central Record.

10.3 All new members of staff will be required to obtain DBS clearance. *The Hospital Education Service* reserves the right to re-check DBS clearance for any member of staff where information is received that indicates that they may pose a risk to children and may ask candidates to be registered on the DBS update service.

10.4 At least one member of every interview panel will have undertaken Safer Recruitment training which it is recommended is refreshed every 2 years.

10.5 We take proportionate decisions on whether to check individuals above and beyond what is legally required dependant on individual circumstance.

10.6 Any visitor to the Hospital Education Service who has not been subject to the necessary checks will be supervised at all times and a risk assessment completed.

10.7 All safer recruitment practices at the Hospital Education Service comply with Keeping Children Safe in Education (September 2022). See Part 3 of Keeping Children Safe in Education (September 2023) for further information.

11 Allegations of abuse against staff

11.1 The Hospital Education Service takes all safeguarding matters including low level concerns and/or allegations that harm to a child has occurred against staff (including agency, volunteers and contractors) seriously and will manage them in line with this policy, Part Four of Keeping Children Safe in Education (September 2023) and the CSCP Guidance, '**Allegations Against Staff and Volunteers**'.

11.2 Allegations or concerns may include:

- Staff having behaved in a way that has harmed a child, or may have harmed a child;
- Staff possibly committing a criminal offence against or related to a child;
- Staff behaving towards a child or children in a way that indicates that he or she may pose a risk of harm to children; or
- Staff behaving or possibly behaving in a way that indicates they may not be suitable to work with children (including behaviour outside of work). This is known as 'Transferable risk'.

11.3 If a concern or allegation of abuse arises against the Headteacher, or should there be a conflict of interest to the Headteacher, it must be immediately reported to the Chair of Governors

11.4 If a concern or allegation of abuse arises against any member of staff, supply teacher, volunteer or contractor other than the Headteacher, it must be reported to the Headteacher without delay.

11.5 Concerns or allegations of abuse against staff must be reported to the Headteacher or Chair of Governors as appropriate and not discussed directly with the person involved.

11.6 The Headteacher or Chair of Governors should consider if the concern or allegation meets the harms threshold for Designated Officer intervention and seek guidance/advice if unsure by emailing lado@coventry.gov.uk. 'Low-level' concern does not mean it is not significant. This is a term used for any concern (no matter how small) that an adult working with a child may have breached the staff Code of Conduct and does not meet the harm threshold. Examples of which may include:

- Being overly friendly with children
- Having favourites
- Taking photographs of children on their mobile phone
- Engaging with a child on a one-to-one basis in a secluded area or behind a closed door. Or;
- Humiliating pupils.

The details of the LAdo can be found on the front of this policy. Immediate referrals can be made via the following link

https://www.coventry.gov.uk/info/206/coventry_safeguarding_children_partnership/2628/local_authority_designated_officer_lado

11.7 Concerns relating to a position of trust issue will be referred to the Local Authority designated officer within 24 hours. In accordance with *Keeping Children Safe in Education 2023*, the school will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

11.8 If a child has suffered or may have suffered abuse or harm, a MASH referral will also be made.

11.9 In the instances where an allegation is dealt with internally, the Local Authority designated officer will provide information and support to the Hospital Education Service in managing the allegation.

11.10 A referral to the Disclosure and Barring Service will be made if a member of staff is dismissed or removed from their post as a result of safeguarding concerns, irrespective of whether they have resigned.

11.11 Supply Teachers and all contracted staff

11.11.1 Although the school does not directly employ supply teachers and contractors, the school will ensure that any concerns or allegations are referred to LADO and the relevant agency informed as the employer.

11.11.2 The school will never cease to use a supply teacher for safeguarding reasons without liaising with the Local Authority Designated Officer and reaching an agreed outcome.

11.11.3 Governing bodies/proprietors will liaise with the supply agency to determine whether to suspend or redeploy the supply teacher whilst they carry out their investigation.

11.11.4 The school will inform supply agencies of its process for managing allegations, including inviting the agency's human resource manager (or equivalent) to meetings and regularly updating agencies on relevant school policies. The school will usually take the lead because agencies do not have direct contact with children or staff, so will not be able to gather information.

11.12 Governors

11.12.1 If an allegation or concern is about a Governor, the school/college will follow local procedures.

11.13 Volunteers

11.13.1 Risk assessments and a DBS check will be requested for all volunteers. Under no circumstances will a volunteer prior to satisfactory checks being completed be alone with children unsupervised or allowed to work in regulated activity.

11.14 Whistleblowing

11.14.1 The Hospital Education Service operates a culture of safeguarding and all staff should report any concerns about poor or unsafe practice, or the service's safeguarding processes to the senior leadership team.

11.14.2 Appropriate whistleblowing procedures are in place whereby the senior leadership team will take all concerns seriously.

11.14.3 In the event that a member of staff is unable to raise an issue with senior leadership in school, they should refer to Part 1 of Keeping Children Safe in Education for additional guidance on whistleblowing procedures.

11.15 Complaints Procedure

The Hospital Education Service operates a complaint procedure which will be followed where a pupil or parent raises a concern about poor practice towards a pupil that initially does not reach the threshold for child protection action. Poor practice examples include unfairly singling out a pupil or attempting to humiliate them, bullying or belittling a pupil or discriminating against them in some way. Complaints are managed by the headteacher, other members of the senior leadership team and governors.

https://www.coventry.gov.uk/downloads/download/5380/hospital_education_service_policies

Complaints from staff are dealt with under the school's complaints and disciplinary and grievance procedures. (Also refer to Low level concerns)

Complaints which escalate into a child protection concern will automatically be managed under the school's child protection procedures.

12 Promoting safeguarding and welfare in the curriculum

12.1 The Hospital Education Service recognises the importance of teaching children how to stay safe and look after their mental health and are committed to equipping children with the skills and knowledge to have successful and happy lives.

12.2 The Hospital Education Service will teach children about safeguarding, including online safety. As part of a broad and balanced curriculum, the Hospital Education Service will cover relevant issues in line with government guidance on Relationships Education, Relationships and Sex Education and Health Education (See RSE Policy here: https://www.coventry.gov.uk/downloads/file/28752/rse_policy)

12.3 Schools and colleges play a crucial role in preventative education. Preventative education is most effective in the context of a whole-school or college approach that prepares pupils and students for life in modern Britain and creates a culture of zero tolerance for sexism, misogyny/misandry, homophobia, biphobic and sexual violence/harassment. The school/college will have a clear set of values and standards, upheld and demonstrated throughout all aspects of school/college life. These will be underpinned by the school/college's behaviour policy and pastoral support system, as well as by a planned programme of evidence based RSHE delivered in regularly timetabled lessons and reinforced throughout the whole curriculum (RSHE)

Children at the Hospital Education Service will receive the following as part of our of focus on preventative education through the curriculum:

Elements of relationship and sex education are taught to all students through the PSHE/Citizenship programme. Topics are introduced at an appropriate stage and groups organised flexibly according to the needs of students and the topics being covered.

Science will also compliment this framework within the curriculum to discuss the biological side of the human body when it comes to reproduction and puberty. Together with other curriculum areas, as well as off-timetable activities that will be used to help reinforce the key principles.

We ensure that pupils are offered a balanced programme by providing a programme of study that covers:

- Relationships, love, care and the responsibilities of parenthood as well as sex;

- Respecting yourself and others in relationships.
- Taking on responsibility and the consequences of one's actions in relation to sexual activity and parenthood.
- Different types of contraception, safe sex and how they can access local sources of further advice, support and treatment.
- Having a clear understanding of the arguments for delaying sexual activity and resisting pressure.
- Understanding the link between sex and relationship education with issues of peer pressure and other risk-taking behaviour, such as drugs, smoking and alcohol.
- Understanding how the law applies to sexual relationships, with a focus on age of consent, sexting and child pornography.
- Understanding on and offline safety, consent and sexual exploitation.

PSHE/RSE Curriculum Maps for Primary/Secondary and Home Tuition Pupils can be found on our website:

https://www.coventry.gov.uk/info/258/hospital_education_service/3621/parents_zone/2

12.4 Education at home and remote education

The Hospital Education Service continues to operate under this policy and KCSIE/WTSC whether children are learning at home, online or at school. Please refer to the Hospital Education Service's Lone Working Policy and Remote Education Policy for additional guidance:

Lone Working Policy:

https://coventrycc.sharepoint.com/:w:/r/teams/People/EduLibAdLearning/EducationEnt/HospitalEduService/_layouts/15/Doc.aspx?sourcedoc=%7B8BD6C18E-E50B-4104-9673-63B3BC9C43C2%7D&file=Lone%20Working%20Policy%202018-2022.docx&action=default&mobileredirect=true

Remote Education Policy:

https://www.coventry.gov.uk/downloads/file/35010/remote_learning_policy

13 Children Looked After

13.1 The most common reason for children to be looked-after is because they have experienced abuse and/or neglect. The Hospital Education Service recognises that children looked after may have additional vulnerabilities by virtue of this. The Designated Lead for Looked-After and Previously Looked-After Children is Asif Takolia.

13.2 Staff will receive training on how to best safeguard children who are Looked-After and who have been Previously Looked-After.

13.3 The Hospital Education Service will work with Personal Advisors when children leave care (where applicable).

13.4 The Hospital Education Service is committed to working with other agencies to ensure the best outcomes for Looked-After Children and those who have been Previously Looked-After.

14 Children with Special Educational Needs and Disabilities or physical health needs

14.1 As outlined in Keeping Children Safe in Education (2023), The Hospital Education Service is aware that children with additional needs or disabilities may be more vulnerable to abuse both online and offline and additional barriers may exist when recognising abuse and neglect. This could be because;

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children;
- the potential for children with SEN and disabilities or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.⁶
- Being unable to understand the difference between fact and fiction in online content

14.2 Any reports of abuse involving children with SEND will therefore require close liaison with the DSL and SENCO. Staff will also be trained in recognising signs of abuse in children with SEN and disabilities or certain medical conditions.

14.3 Staff will take into account the needs of a child when responding to concerns of abuse or when taking a disclosure. We recognise that some children require specialist intervention to communicate and advice from the SENCO will be sought in these circumstances.

14.4 Safeguarding learning opportunities within the curriculum will be appropriately differentiated to ensure all children can access it.

15 Use of reasonable force

15.1 There may be occasions when staff are required to use reasonable force to safeguard children. We will not use any more force than is proportionate and necessary.

All staff at HES are trained to look after pupils in their care. Staff have a duty to intervene in order to prevent pupils from hurting themselves or others. If a member of staff ever needs to intervene physically they will follow the school's Positive Handling Policy.

Only staff trained in the pre-emptive and responsive positive handling strategy techniques of TEAM TEACH will use physical intervention techniques with children when necessary. Further details of the TEAM TEACH approach can be found on the TEAM TEACH website. The website address is www.team-teach.co.uk

The term positive handling includes a wide range of supportive strategies for managing challenging behaviour. The term 'physical restraint' is used when force is used to overcome active resistance. A clear and consistent positive handling policy supports pupils who have social, emotional and behavioural difficulties within an ethos of mutual respect, care and safety.

The TEAM TEACH system is recognised by the Local Authority and accredited through BILD – British Institute of Learning Disabilities. All of our staff undergo Team Teach training and, although any member of staff may be required to physically intervene with a pupil who is endangering themselves or others, we would expect accredited staff to take over as soon as possible. Before using physical controls we take effective action to reduce risk by:

- Showing care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiating and reasoning
- Giving clear directions for pupils to stop
- Reminding them about rules and likely outcomes
- Removing an audience or taking vulnerable pupils to a safe place
- Making the environment safer by moving furniture and removing objects which could be used as weapons
- Using positive guidance to escort pupils to somewhere less pressured
- Ensuring that colleagues know what is happening and call for help

Restraint

At HES we only use physical restraint when there is no realistic alternative. We expect staff to conduct a risk assessment and choose the safest alternative. It also means that we expect staff to experiment and think creatively about alternatives to physical intervention which may be effective. The paramount consideration is that the action is taken in the interest of the child and that it reduces rather than increases risk. Any response to extreme

behaviour should be reasonable and proportionate. Physical restraint must only be in accordance with the following:

- The child should be in immediate danger of harming himself or another person or in danger of seriously damaging property
- The member of staff should have good grounds for believing this
- Only the minimum force necessary to prevent injury or damage should be applied
- Every effort should be made to secure the presence of other staff before applying restraint. These staff can act as assistants or witnesses.
- Once safe, restraint should be relaxed to allow the child to regain self-control
- Restraint should be an act of care and control, not punishment
- Physical restraint should not usually be used purely to force compliance with staff instructions when there is no immediate danger present to people and property
- The restraint should be discussed with the child, if appropriate, and the parents at the earliest opportunity

Following a serious incident, it is the policy of the school to offer support to all involved. This is an opportunity for learning and time needs to be given for following up incidents so that pupils have an opportunity to express their feelings, suggest alternative courses of action for the future and appreciate other peoples' perspective.

A member of senior staff would expect to talk to staff and children involved (if appropriate) in any incidents involving violence. If members of staff need time to rest or compose themselves, then the head of service will make arrangements for the class group to be supported. All incidents of unacceptable behaviour should be recorded and all serious incidents or incidents involving restraint will be recorded on the appropriate form.

16 Work Experience/ Alternative Provision

The Hospital Education Service will continue to be responsible for the safeguarding of Students placed with an alternative provision provider or work experience and will be satisfied that this provider meets the needs of the pupil. Written confirmation from the provider that appropriate safeguarding checks have been carried out will be sought on individuals working at the establishment, i.e. those checks that the school would otherwise perform in respect of its own staff.

16.2 The DSL will continue to have oversight of all pupils accessing any part of their learning from an alternative provider or delivery online or offsite provided by any organisation or individual not employed by the school. The DSL will ensure that robust arrangements are in place for timely and effective information sharing of safeguarding information between the school and alternative/external providers.

16.3 The DSL will also take responsibility for ensuring that robust procedures are in place to confirm attendance and to enable the swift reporting of non-attendance and children going missing from alternative/ external providers at any time when they should be with that provider.

17 Children staying with host families (see Annex D KCSIE)

18 Boarding schools and residential settings

19 Summary

19.1 The Hospital Education Service is committed to safeguarding children and will always make safeguarding decisions that are in the best interests of each child. For further information or if you have any queries about this policy, please contact the Hospital Education Service.

Appendix A

The school's safeguarding policy is intended to be used in conjunction with the following policies. The school adheres to Coventry Safeguarding Children Partnership Policies, the names of which can be found below. All policies can be found by clicking on this link:

https://www.coventry.gov.uk/downloads/download/5380/hospital_education_service_policies

- [Allegations Against Staff or Volunteers \(CSCP\)](#)
- [Allegations Against Members of Staff](#)
- Anti – Bullying Policy
- Anti-Discrimination and Harassment Policy
- Attendance Policy
- Behaviour Policy
- Children/Young people with Medical Needs
- Children Missing in Education Procedures
- Complaints Policy
- Critical Incident Plan (Emergency Evacuation Plan)
- Data Protection Policy and Privacy Notice
- Drugs and Alcohol Policy (in Behaviour Policy)
- Equalities Policy
- [Managing Professional Disagreements \(CSCP\)](#)
- Health & Safety Policy
- Online Safety Policy including information on *the filtering and monitoring system*.
- Remote Education Policy
- Intimate Care Policy
- IT Policy

- Lone Working Policy/Home visits policy
- Medicine & First Aid Policy
- PSHE Policy
- Health & Safety Policy
- Safer Recruitment Policy (in this policy)
- SEND Policy
- Staff Code of Conduct (CCC)
- Trips and Visits Policy
- Use of Reasonable Force Policy (In Behavior Policy)
- Whistleblowing Policy (in this policy)

Appendix B – Further Safeguarding Information

Types of Abuse

As outlined in paragraph 4.4, the Hospital Education Service will take action if we believe a child is at risk of or is suffering from abuse. Abuse is not limited to physical, emotional, sexual abuse and neglect. For further information on the definitions of the types of abuse below, please refer to Keeping Children Safe in Education (2023), Annex A.

See below for policy information relating to other key safeguarding issues. All decisions taken in responding to concerns of abuse will be taken in the best interests of the child.

Bullying, including cyber- or online-bullying

The Hospital Education Service takes all forms of bullying seriously and will respond sensitively and quickly to any reported bullying. Children should report any bullying to their lead teacher, to the DSL or to any trusted member of staff and we will work to resolve it.

We also teach children about the dangers of bullying through PSHE and our wider curriculum.

Bullying can take many forms and we have several policies that cover different aspects of bullying. Please see the Anti-Bullying Policy, the Behaviour Policy and paragraph 5.8 of this policy for further information.

Child criminal exploitation (including involvement in county lines)

The Hospital Education Service works closely with West Midlands Police to keep updated on what is currently happening in our area. The service educates its staff to look for signs of CSE/CCE, such as:-

- persistently going missing from school or home
- unexplained acquisition of money, clothes, or mobile phones
- relationships with controlling / older individuals or groups
- suspicion of physical assault / unexplained injuries
- parental concerns

- carrying weapons
- significant decline in school results / performance
- gang association or isolation from peers
- self-harm or significant changes in emotional well-being

Should we have reason to believe a pupil has become involved we will make referrals to both the Police and Children's Services.

Domestic abuse

The Hospital Education Service is part of Operation Encompass – prior to 9am on the next school day, West Midlands Police notify the service's DSL if any students on roll have been exposed to or involved in any domestic incident. No action needs to be taken by staff at the Hospital Education Service – however, the information can be useful to help us make an informed judgement on how best to support the student. The DSL, Wellbeing Lead or Lead Tutor will discreetly check up on the student and provide any support required. The information is recorded on the student's Safeguarding File on CPOMs.

Fabricated or induced illness

<https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced>

Staff will report any suspicions of this to the DSL or deputy DSLs.

Faith-based abuse

Faith and belief-based child abuse, including practices around 'spirit possession' and 'witchcraft', is a hidden crime, which makes it difficult to quantify in terms of magnitude. However, we know this kind of abuse is under-reported. Staff will report any suspicions of this to the DSL or deputy DSL.

Female genital mutilation (A form of so-called 'honour-based abuse')

There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

If staff at the Hospital Education Service have any concerns at all, they will refer to the DSL or Deputy DSL immediately.

Forced marriage (A form of so-called 'honour-based abuse')

Forcing a person into marriage is a crime. 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.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the 'one chance' rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them.

If a member of staff suspects that a pupil is being forced into marriage, they will speak to the pupil about their concerns in a secure and private place. They will then report this to the DSL or deputy DSL.

Gangs or youth violence

Staff should always take what the child tells them seriously and refer immediately to the DSL/deputy DSL. The DSL/deputy DSL should assess this together with the child's presenting behaviours in the context of whatever information they know or can gather from the child about the risk factors for children affected by gangs and serious youth violence. Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator.

This requires staff to assess and support his/her welfare and wellbeing needs at the same time as assessing and responding in a criminal justice capacity. If there is a concern that a child is at significant risk of harm as a victim or a perpetrator of serious youth violence, gang-related or not, the DSL will refer to Children's Services and/or the police (school police liaison officer in the first instance)

Gender-based violence

Gender based violence (GBV) is a major public health, equality and human rights issue. It covers a spectrum of violence and abuse, committed primarily but not exclusively against women by men. This includes, but is not limited to:

- domestic abuse
- rape and sexual assault
- childhood sexual abuse
- stalking and harassment
- commercial sexual exploitation
- harmful practices - such as female genital mutilation, forced marriage and so-called 'honour' based violence

If staff at the Hospital Education Service have any concerns at all, they will refer to the DSL or Deputy DSL immediately.

Hate

The term 'hate crime' can be used to describe a range of criminal behaviour where the perpetrator is motivated by hostility or demonstrates hostility towards the victim's disability, race, religion, sexual orientation or transgender identity.

These aspects of a person's identity are known as 'protected characteristics'. A hate crime can include verbal abuse, intimidation, threats, harassment, assault and bullying, as well as damage to property. The perpetrator can also be a friend, carer or

acquaintance who exploits their relationship with the victim for financial gain or some other criminal purpose.

At the Hospital Education Service students are supported to develop their understanding of these issues through PSHE/RSE and the wider curriculum. If staff at the Hospital Education Service have any concerns at all, they will refer to the DSL or Deputy DSL immediately.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. A member of staff who becomes aware that a student is (about to be) homeless should inform the designated safeguarding lead / deputy DSL. The safeguarding team should be aware of contact details and referral routes into 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 Services where a child has been harmed or is at risk of harm. In most cases 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 designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances.

(So-called) 'Honour-based' abuse (For FGM and Forced Marriage, types of so-called 'honour-based' abuse, see above)

Staff should be aware of the signs of HBA and immediately refer to the DSL or deputy DSL so that appropriate referrals and actions to safeguard can be made. Signs:

- withdrawal of student from school by those with parental responsibility
- truancy or persistent absences
- request for extended leave or student not returning from an overseas visit
- surveillance by siblings/cousins/extended family members at school
- decline in behaviour, engagement, performance or punctuality, poor exam results. – particularly for previously motivated students.
- decline in physical presentation or demeanour

Radicalisation and Extremism

The Counter-Terrorism and Security Act places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism and radicalisation("the Prevent duty").

The Counter-Terrorism and Security Act 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must include the local authority and chief officer of the local police. Panels will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, following a referral from the police and where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals.

The Act requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in undertaking the initial assessment as to whether a referral is appropriate. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the Act as partners of the panel.

Further info and toolkit:
https://www.coventry.gov.uk/info/41/community_and_living/3057/prevent/3

Relationship abuse

See paragraph 5.8 of this document in conjunction with part 5 of KCSIE. Staff are supported to identify the signs of relationship abuse and raise appropriate concerns to the DSL.

Serious Violence

Staff should always take what the child tells them seriously and refer immediately to the DSL/deputy DSL. The DSL/deputy DSL should assess this together with the child's presenting behaviours in the context of whatever information they know or can gather from the child about the risk factors for children affected by gangs and serious youth violence. Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator.

This requires staff to assess and support his/her welfare and well-being needs at the same time as assessing and responding in a criminal justice capacity. If there is a concern that a child is at significant risk of harm as a victim or a perpetrator of serious youth violence, gang-related or not, the DSL will refer to social care and/or the police (school police liaison officer in the first instance).

Sexual violence or sexual harassment (including peer-on-peer abuse)

See paragraph 5.9 of this document in conjunction with part 5 of KCSIE. Staff are supported to identify the signs of this and raise appropriate concerns to the DSL.

Sharing of consensual or non-consensual nude images and videos

See paragraph 5.10 of this document.

Trafficking and modern slavery

Staff are supported to identify the signs of trafficking and modern slavery and raise appropriate concerns to the DSL.

Children absent from education, home or care

The Hospital Education Service will also take action to protect;

- Children absent from education
- Children absent from home or care

Children Absent from Education

[CME Statutory Guidance](#)

[Attendance Policy](#)

Children Missing from home or care

[CME Statutory Guidance](#)

Private Fostering

The Hospital Education Service have a duty to refer any children who are living in a private fostering arrangement to the local authority.

We will do this through a MASH referral. It is important that parents/carers inform us if a child is going to be staying at an alternative address to that of their primary care-givers for more than 28 days.

Indicators of abuse

See below for possible indicators of abuse. (Taken from *What to do if you are worried a child is being abused*, 2015)

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at Hospital Education Service, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with

- strangers;
- Children who reach developmental milestones, such as learning to speak or walk,
- late, with no medical reason;
- Children who are regularly missing from Hospital Education Service or education;
- Children who are reluctant to go home after Hospital Education Service;
- Children with poor Hospital Education Service attendance and punctuality, or who are consistently late
- being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from Hospital Education Service when drunk, or under the influence
- of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

The Hospital Education Service recognises that the above list of indicators is not exhaustive and staff will receive training on indicators of abuse.