

January 2021 - COVID-19 school closure and remote learning arrangements for Safeguarding and Child Protection for Hospital and Outreach Education

Context

During the current pandemic, the advice and guidance to schools is changing rapidly and this policy takes account of the fact that the HOE centres may be open for face to face attendance, that some parents may choose to keep their children at home and they would access their learning remotely, that some children will be self isolating due to contracting the virus or that HOE may have to close to face to face teaching due to staff shortages or an outbreak of infections.

This addendum of the Hospital and Outreach Education Safeguarding, and Child Protection policy should be read alongside the full policy and contains details of our additional safeguarding arrangements for these situations.

Key contacts

Role	Name	Contact number	Email
Designated safeguarding lead	Penny White	07921 494639	pwhite@nhoe.org.uk
Deputy designated safeguarding leads	Linda Aslett Sarah Jones Shean Osler Rachel Peace Charlotte Colgan Alison Hutchinson Lianne Leverage	07894 885682 07894 885687 07484 939384 07771 980185 07771 978163 07894 885685 07770 966985	laslett@nhoe.org.uk sjones@nhoe.org.uk sosler@nhoe.org.uk rpeace@nhoe.org.uk ccolgan@nhoe.org.uk ahutchinson@nhoe.org.uk lleverseidge@nhoe.org.uk
Headteacher	James Shryane	07375 448266	jshryane@nhoe.org.uk
Trust safeguarding manager	Cath Kitchen	07894 885686	c.kitchen@skylarkpartnershiptrust.co.uk
Chair of governors	Gary Telford	07909 535489	garyatelford@aol.com
Safeguarding governor	Dr Jane Napier	01536 410141	jane.napier@nhft.nhs.uk
Chair of Trust	Frances Jones	07801 434196	fsjones1000@gmail.com
Safeguarding trustee	Nicci Marzec	07979 911950	Nicci.marzec@northantspfcc.pnn.co.uk

MASH	Various	0300 126 1000 option 1	
Local Area Designated Officer (LADO)	Andy Smith Christine Lamb	01604 364031 (admin)	LADOReferral@northamptonshire.gov.uk
Safeguarding in Education advisor	Debbie Carrie	07850 299921	dcarrie@northamptonshire.gov.uk

Definition of Vulnerable children

Vulnerable children include those who have a social worker and those children and young people up to the age of 25 with education, health and care (EHC) plans. Those who have a social worker include children who have a Child Protection Plan and those who are looked after by the Local Authority. A child may also be deemed to be vulnerable if they have been assessed as being in need or otherwise meet the definition in section 17 of the Children Act 1989. All pupils who attend alternative provision schools, such as HOE would be deemed as vulnerable.

All pupils whose parents have decided not to send them into centres for face to face teaching have been contacted, and if required, a risk assessment has been put in place as to whether they can safely have their needs met at home: this includes pupils with EHC plans. This risk assessment may include, if necessary, carers, therapists or clinicians visiting the home to provide any essential services.

Eligibility for free school meals is not the determining factor in assessing vulnerability. Senior leaders, especially the Designated Safeguarding Lead and deputies, know who our most vulnerable children are and who will need additional support if they are going to be accessing learning from their home environment.

Young people in the Child and Adolescent Mental Health Units would meet the criteria for vulnerable children and an educational offer is being offered as usual to those young people well enough to attend.

Hospital and Outreach Education staff are currently not permitted to access the children's wards at either Kettering General or Northampton General Hospitals so are not offering any teaching. This is being managed by nursing and play team staff. HOE staff are liaising with multidisciplinary teams and ward staff to identify any inpatients for whom education is an issue or who might require online support. HOE staff are available to provide that online teaching where the child's home school does not have the appropriate provision for them in place.

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

There is an expectation that vulnerable children who have a social worker will attend an education setting, so long as they do not have underlying health conditions that put them at risk. In circumstances where a parent does not want to bring their child to an education setting, and their child is considered vulnerable, the social worker and Hospital and Outreach Education will explore the reasons for this directly with the parent.

Where parents are concerned about the risk of the child contracting COVID19, Hospital and Outreach Education or the social worker will talk through these anxieties with the parent/carer following the advice set out by Public Health England.

Hospital and Outreach Education will encourage our vulnerable children and young people to attend a setting if required, including remotely.

Attendance monitoring

Local authorities and education settings do not need to complete their usual day-to-day attendance processes to follow up on non-attendance. This is being recorded on a weekly communication sheet that is shared with all staff in order that the information is accessible and up to date. This enables absence follow ups to be conducted in a timely manner, even for pupils who are accessing learning remotely.

HOE will follow the DfE guidance on using the 'X' and 'C' codes.

Should the situation arise, Hospital and Outreach Education and social workers will agree with parents/carers whether children in need should be attending a setting – Hospital and Outreach Education will then follow up on any pupil that they were expecting to attend, who does not. Hospital and Outreach Education will also follow up with any parent or carer who has arranged care for their child(ren) and the child(ren) subsequently does not attend. This will include attending live online lessons.

To support the above, Hospital and Outreach Education will, when communicating with parents/carers and carers, confirm emergency contact numbers are correct and ask for any additional emergency contact numbers where they are available. In all circumstances where a vulnerable child does not take up their place at a setting, or does not engage with live online lessons, or discontinues, the social worker will be contacted.

Designated Safeguarding Lead

Hospital and Outreach Education has a Designated Safeguarding Lead (DSL) and 7 Deputy DSLs (see key contacts) .

HOE will have a trained DSL (or deputy) available on site when Hospital and Outreach Education sites are open. In rare cases where this is not the case, a trained DSL (or deputy) will be available to be contacted via phone or online video - for example when working from home.

Where a trained DSL (or deputy) is not on site, in addition to the above, a senior leader may assume responsibility for coordinating safeguarding on site. This might include updating and managing access to child protection online management system, MyConcern, and liaising with the offsite DSL (or deputy) and as required liaising with children's social workers where they require access to children in need and/or to carry out statutory assessments.

It is important that all Hospital and Outreach Education staff and volunteers have access to a trained DSL (or deputy). On each day staff required onsite will be made aware of who that person is and how to speak to them.

The DSLs will continue to engage with social workers, and attend all multi-agency meetings, which can be done remotely.

Reporting a concern

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

In the unlikely event that a member of staff cannot access their MyConcern from home/their work phone, they should email the Designated Safeguarding Lead, and their Leader of Learning. This will ensure that the concern is received. Staff are reminded of the need to report any concern immediately and without delay.

Where staff are concerned about any adults working with children in Hospital and Outreach Education they should report the concern to the headteacher. If there is a requirement to make a notification to the headteacher whilst away from school, this should be done verbally by phone and followed up with an email to the headteacher.

Concerns around the Headteacher should be directed to the Chair of Governors: Gary Telford.

The Multi-Academy Trust will continue to offer support in the process of managing allegations.

Safeguarding Training and induction

DSL training and updates will only take place online whilst there remains a threat of the COVID 19 virus. Monthly safeguarding updates for the team will be coordinated by the DSI and deputies and will also be online.

All existing Hospital and Outreach Education staff have had safeguarding training and have read part 1 of Keeping Children Safe in Education (2020). The DSL will communicate with staff any new local arrangements, so they know what to do if they are worried about a child.

Where new staff are recruited, or new volunteers enter Hospital and Outreach Education, they will continue to be provided with a safeguarding induction. If staff are deployed from another education or children's workforce setting to our setting as we open, we will take into account the

DfE supplementary guidance on safeguarding children during the COVID-19 pandemic and will accept portability as long as the current employer confirms in writing that:-

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

The new member of staff will receive appropriate safeguarding training online. Upon arrival, they will be given a copy of our Safeguarding and Child Protection policy, confirmation of local processes and confirmation of DSL arrangements.

Safer recruitment/volunteers

It remains essential that people who are unsuitable are not allowed to enter the children's workforce or gain access to children. When recruiting new staff, Hospital and Outreach Education will continue to follow the relevant safer recruitment processes for their setting, including, as appropriate, relevant sections in part 3 of Keeping Children Safe in Education (2020) (KCSIE).

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

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

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

Hospital and Outreach Education will continue to consider and make referrals to the Teaching Regulation Agency (TRA) as per paragraph 166 of KCSIE and the TRA's 'Teacher misconduct advice for making a referral.

During the COVID-19 period all referrals should be made by emailing:

Misconduct.Teacher@education.gov.uk .

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

Online safety in schools and colleges

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

Children and online safety away from school and college

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

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

- No 1:1s, groups only (if one to one sessions are planned, there must be at least one other member of staff present)
- Staff and children must wear suitable clothing, as should anyone else in the household.
- Any computers used should be in appropriate areas, for example, preferably not in bedrooms; and the background should be appropriate.
- Facilities to record the live class using work phone recorders are in place for any situations where a potential risk has been identified, so that if any issues were to arise, the recording can be reviewed.
- Live classes should be kept to a reasonable length of time, or the streaming may prevent the family 'getting on' with their day.
- Language must be professional and appropriate, including any family members in the background.
- Staff must only use Google platforms provided by Hospital and Outreach Education to communicate with pupils
- Staff to refuse entry to any unknown person(s) to any Google Meets and report to IT technician, as per normal reporting practice.
- Staff should record, the date and attendance of students in any sessions

Supporting children not in school

Hospital and Outreach Education is committed to ensuring the safety and wellbeing of all its children and young people. We will inform the home schools of all of our children and young people that we will be continuing our safeguarding responsibilities, in line with the dual registration arrangements, for any pupil who is not attending the sites to access their education.

Where the DSL has identified a child to be on the edge of social care support, or who would normally receive pastoral-type support in school, they should ensure that a robust communication plan is in place for that child or young person. This plan will include the child/young person's home school if they are dual registered.

Details of this plan must be recorded on MyConcern, as should a record of contact have made. The communication plans can include; remote contact, phone contact, door-step visits. Other individualised contact methods should be considered and recorded.

Hospital and Outreach Education and its DSLs will work closely with all stakeholders to maximise the effectiveness of any communication plan. This plan must be reviewed regularly (at least once a fortnight) and where concerns arise, the DSLs will consider any referrals as appropriate.

Hospital and Outreach Education will share safeguarding messages on its website and via Twitter.

Hospital and Outreach Education recognises that it is a protective factor for children and young people, and the current circumstances, can affect the mental health of pupils and their parents/carers. Teachers at Hospital and Outreach Education need to be aware of this in setting expectations of pupils' work where they are at home. HLTAs will continue to maintain their mentoring role and signpost pupils to appropriate services online/by phone that they can use to access support. This may include their CAMHS workers.

Hospital and Outreach Education will ensure that if we care for children of critical workers and vulnerable children on site, we ensure appropriate safeguarding support is in place for them. This will be bespoke to each child and any safeguarding concerns recorded on MyConcern.

Health staff who have safeguarding concerns about any inpatients that they want to triage with education will contact Linda Aslett as link DSL for the mental health units, and Rachel Peace for the general hospitals.

All young people discharged from the inpatient units during the closure period for schools will remain dual registered with HOE. These young people will then be supported and tracked back to school by the HOE inpatient staff once education systems resumes more normally. HOE inpatient staff will work with the young people's home school to ensure that a risk assessment has been completed to ascertain whether the young person needs to be enabled to attend school or whether they are able to remain safely at home.

Supporting children if they are required to attend sites

Hospital and Outreach Education is committed to ensuring the safety and wellbeing of all its students.

Hospital and Outreach Education will continue to be a safe space for all children to attend and flourish. Where Hospital and Outreach Education are open, the Headteacher will ensure that appropriate staff are on site and staff to pupil ratio numbers are appropriate, to maximise safety.

Hospital and Outreach Education will refer to the Government guidance for education and childcare settings on how to implement social distancing and continue to follow the advice from Public Health England on handwashing and other measures to limit the risk of spread of COVID19.

If, when Hospital and Outreach Education is open and has concerns about the impact of staff absence – such as our Designated Safeguarding Lead or first aiders – They will discuss them immediately with the trust and risk assess as to whether it will continue to be safe to remain open.

Peer on Peer Abuse

Hospital and Outreach Education recognises that during the closure a revised process may be required for managing any report of such abuse and supporting victims.

Where we receive a report of peer on peer abuse, we will follow the principles as set out in part 5 of KCSIE and of those outlined within our Safeguarding and Child Protection Policy.

We will listen and work with the young person, parents/carers and any multi agency partner required to ensure the safety and security of that young person.

Concerns and actions must be recorded on MyConcern and appropriate referrals made.

Supporting children and young people with their mental health

Hospital and Outreach Education are aware of the impact of not being able to access family, peers and the wider education community on their pupil's mental health. This is significant for our pupils, most of whom were already not in their mainstream school due their poor mental health. Hospital and Outreach Education staff will regularly monitor pupil wellbeing through direct telephone calls, through mentoring sessions with HLTAs, through interaction in lessons and through talking to their parents/carers. Pupils will be encouraged to seek appropriate clinical support from external agencies including from their Child and Adolescent Mental Health Workers.

Dealing with bereavement

Hospital and Outreach Education recognise that during this period, the setting may experience bereavements of staff, pupils, their parents and other stakeholders. In this case, we would implement our critical incident policy as far as possible given the reduced services in place, and signpost pupils and their families to other organisations such as Winstons Wish, The Samaritans, Child Bereavement UK, Sue Ryder, Cruse Bereavement Care.

Support from the Multi-Academy Trust

The Multi-Academy Trust (MAT) Chief Executive Officer will provide support and guidance as appropriate to enable the DSL to carry out their role effectively. This includes, remotely accessing Child Protection files for the purpose of quality assurance, support, guidance and

direction. The MAT will also provide regular group and individual supervision sessions where required. This may take the form of an online meeting

Date of policy: 14.1.21

Date sent to governors for ratification: 15.1.21

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