

Cambian Spring Hill School

Safeguarding Action Plan 2021 - 2022

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Policy Level	Local
Staff Groups Affected	All Staff

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1. Overview

This Safeguarding Action Plan is designed so that all staff work knowledgeably and effectively in a coordinated way to guarantee that our children and young people are seen, safe and heard. It is intended to secure the highest quality of care and education in order to fully safeguard children and young people and offer appropriate levels of support to their parents/carers. The plan identifies our key priorities to ensure continuing improvements to safeguarding practice at Spring Hill School and covers the period 2021 to 2022. To minimise the possibility of abuse and harm to our students, Spring Hill School is committed to working in partnership with all agencies to ensure that education, training and access to safeguarding best practice information and support are available for those who work at Spring Hill School in any capacity.

Our role in safeguarding:

- **Advocacy**
Promoting access to safeguarding advice and encouraging and supporting parents/carers and other stakeholders to work in partnership with us in the best interests of the child
- **Education**
Improving understanding amongst colleagues in order to tailor appropriate support and signpost external support services to children and young people and their immediate family, if appropriate
- **Scrutiny**
Using our best endeavours to ensure that all relevant policies and processes are in place and they are being implemented fully

In developing our priorities, this action plan seeks to demonstrate its' commitment to continuous improvement by ensuring that strategy builds on the work achieved at Spring Hill, to date. The identified priorities recognise the critical areas to which the Safeguarding Action Plan will give targeted input, ensuring that each priority identifies the key actions to be taken and the expected outcomes we intend to achieve. The plan also identifies the person(s) who will oversee each action and who will contribute to the progress of each action. The plan will also identify success indicators, as well as the intended impact of this activity on the welfare of children and young people.

This Plan is monitored by the Regional Education Lead, with exceptions being presented for review and resolution at each termly Governance meeting. The Safeguarding Plan is aligned to NYCC's Safeguarding Children Board (NYSCB) Quality Assurance Framework and its' performance indicators. This ensures that there is clear line of sight between Spring Hill School and that of the partnership work with NYSCB.

This Safeguarding Plan considers the context of the Covid-19 pandemic and Spring Hill School's response to it.

A handwritten signature in black ink, appearing to read "Samantha Campbell", with a small dot at the end.

Samantha Campbell

August 2021

2. Priority 1: Policies, Procedures, and Guidance

Safeguarding Objective	What and Who?	Focused Outcomes	Measure	Timeframe
Key safeguarding policies are up to date, accurate, aligned with any legislative or best practice updates, and fit for purpose	Undertake detailed policy review of: <ul style="list-style-type: none"> - Safeguarding Children /Child Protection Policy – CS - Missing Protocol and CME Policy – CS - RSE Policy further to consultation with parents/carers – EH - Visitor and Contractor Protocol - SC Facilitate Governor Safeguarding Audit from Regional Lead (NA) – SC	Detailed policy reviews complete and policy updates ratified. Policy reflects latest KCSIE statutory expectations Outcomes of audit in report which identifies best practice and development points RSE policy reflects statutory expectations and parents/carers consulted Visitor and contractor protocol are robust DSL and other safeguarding literature/posters are updated	Actions identified further to safeguarding audit and SAP revised. Policy updates ratified by Governors Updated Policies published and uploaded onto website Audit progress updates shared with Governors Supervision documents reflect identified training need Full alignment with KCSIE Sept. '21 Visitors know how to report a safeguarding concern	Termly internal review of SAP As appropriate, CPD opportunities facilitated Autumn Term Governance meeting Annual Policy review and circulation Safeguarding Audit, August 2021 - Regional Lead, NA
NYSCB have confidence in relation to safeguarding practice at SHS	Engage with NYSCB Annual Audit – CS/SC	Strategic alignment with focus areas identified from NYSCB	NYSCB audit scrutinised by Governor (NA)	August 2021
CV19 Risk Assessment aligns with latest Government diktat	Update site risk assessment in readiness for new academic year - SC	Protocol in place to minimise risk of infection (reference to daily DfE emails to support) Clinically vulnerable risk assessments reviewed	Updated risk assessment in place and distributed Revised individual risk assessments in place	September 2021

Safeguarding Objective	What and Who?	Focused Outcomes	Measure	Timeframe
School PREVENT checklist is compliant	<p>Update current checklist – SC</p> <p>Staff undertake annual Home Office PREVENT training: Home Office - Prevent</p>	<p>Protocol in place to address students at risk of radicalisation</p> <p>PSHCE curriculum appropriately addresses associated issues</p> <p>Staff fully aware of statutory duties and actions in relation to PREVENT agenda</p> <p>Best practice in place which reflects 'Revised Prevent Duty Guidance: for England and Wales', updated April 2021</p>	<p>Individual Curriculum and Safeguarding Audits undertaken informing the Safeguarding Action plan - Regional Lead NA</p> <p>Training matrix reflects staff compliance</p> <p>Accountability meetings 'test' staff knowledge and understanding</p>	<p>Safeguarding Audit – August 2021</p> <p>Curriculum Audit – HT1 '21</p> <p>Refresher PREVENT Training completed – by December 2021</p> <p>Monthly accountability meetings</p>

3. Priority 2: Organisational Ownership of Safeguarding

Safeguarding Objective	What and Who?	Focused Outcomes	Measure	Timeframe
Staff demonstrate tangible understanding of statutory policy and protocol	Spot checks/learning walks to 'test' staff understanding of policy – SLT and Regional Lead, NA	SLT and Governors are confident in SHS ability to appropriately safeguard CYP Staff demonstrate confidence when discussing and managing safeguarding protocol	When challenged, staff are able to respond proficiently Understanding translates into appropriate and timely management with effective reporting and recording Parents/carers have confidence in the service and CYP feel safe	Termly spot checks
Estates - Enhance site security	CAPEX allocated to fund project – SC Establish gated solution at entrance to site (currently open access) – Governors Replace damaged fencing adjacent to Palace Road - Governors	Access to campus restricted to approved visitors only Restricted access to site to enhance safeguarding of CYP and staff Dog walkers and visitors to Walled Garden no longer access site	0% unwanted visitors on site	Gates In situ HT1 – '21 Fencing repaired by Easter '22
The DSL has sufficient administrative and management time	Enhance capacity of DSL to ensure sufficient time to manage safeguarding across the school – SC	DSL has the capacity to undertake role effectively	DSL (Assistant Head) supervision reflects satisfaction with recalibrated role	Supervision HT1 '21

Safeguarding Objective	What and Who?	Focused Outcomes	Measure	Timeframe
	<p>Reallocate: Exams administration GL Assessment admin</p> <p>Revise DSL JD - SC</p>	<p>DSL has capacity to coordinate and deliver robust programme of staff training</p> <p>DSL JD revised to reflect removal of current exams and assessment responsibilities and management of staff CPD</p>	<p>Training programme established</p> <p>Staff report high satisfaction with safeguarding training programme</p> <p>LADO reports high confidence in management of safeguarding at SHS</p>	<p>Annual programme of training as per Safeguarding Network calendar</p> <p>Bi-annual staff survey – HT2 and HT5</p>
Safer Recruitment is robust	The recruitment process satisfies criteria as per KCSIE and statute – CR/SC/CS	<p>Staff files are fully compliant</p> <p>The SCR is compliant</p>	Safeguarding audit of random files and SCR undertaken by Regional Lead, NA	August 2021 for initial audit with outcomes informing next steps

4. Priority 3: Safeguarding Training and Learning

Safeguarding Objective	What and Who?	Focused Outcomes	Measure	Timeframe
Staff demonstrate proficiency in their management of safeguarding matters	<p>Staff receive regular safeguarding training to develop knowledge and understanding – CS</p> <p>Statutory CPD completed within timeframes – SC</p> <p>Opportunities, through supervision to ascertain further CPD and/or support – Line Managers</p>	<p>Established programme of CPD as per Safeguarding Network – CS</p> <p>Full training compliance for all statutory modules – CS/SC</p> <p>Staff feel fully supported to enable them to dispense their duties effectively – Line Managers</p>	<p>Spot checks via accountability meetings and learning walks – SLT and Regional Lead, NA</p> <p>MYRUS reflects 100% completion with regards to Safeguarding Training report</p> <p>Staff surveys - CS</p>	<p>Calendared training programme in place - HT1 '21 – CS</p> <p>Bi-annual staff surveys - CS</p>
Planning and execution of educational visits and rewards trips is robust	<p>Visit Leaders have training with regards to use EVOLVE portal – SC</p> <p>Locality risk assessments clearly identify potential risk(s) - VC</p> <p>Head of Education signs off local and repeat visits - VC</p>	<p>Staff understand rationale of using EVOLVE and demonstrate confidence in its' use</p> <p>Locality risk assessments impact individual student risk assessments to mitigate risk as far as practicable</p> <p>All visits/trips are managed via the EVOLVE system</p>	<p>EVOLVE spot checks undertaken by Principal</p> <p>Audit undertaken by Regional Lead</p> <p>Audit via NYCC</p>	<p>In full use from HT1 '21 onwards</p>

Safeguarding Objective	What and Who?	Focused Outcomes	Measure	Timeframe
	<p>Principal signs off visits beyond locality and for new sites – SC</p> <p>Trip/visit evaluations are robust and inform future events- VC</p> <p>First Aiders are clearly identified on risk assessments – VC</p> <p>Medication is safely stored to eliminate risk of loss or inappropriate consumption – VC</p> <p>Control measures are in place Re: administration of medication - VC</p>	<p>Evidence reports available to support development of SMSC</p> <p>Trip/visit evaluations undertaken within 48 hrs of taking place</p> <p>Medication is administered as per protocol</p> <p>Medication is stored securely in a lockable container</p>		
<p>DSL, DDSL's and Governors are suitably trained by an accredited provider</p>	<p>Identify quality training programmes and allocate dates to ensure seamless accreditation – CS/ST</p> <p>Develop a bespoke training matrix managed by DSL – CS</p>	<p>DSL and DDSL's retain their status because training is in date</p> <p>CYP are appropriately safeguarded because there are sufficient designated staff assigned</p> <p>There is collated and accessible information identifying staff training</p>	<p>Programme of DSL L3 Refresher training in process</p> <p>Safeguarding audit undertaken by Regional Lead, NA</p> <p>Attendance and certificates logged via CPD tracker</p>	<p>Training matrix identifies windows for training – as required</p> <p>Bespoke training matrix in place January 2022</p>

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		Governors Safeguarding Training has been completed via Governors list		To be confirmed September '21
Emergency evacuation procedures are effective	<p>Remote Fire Marshall Training for identified staff, including all SLT - SC</p> <p>On-site training to be sourced for HT1 '21 to include use of extinguishers - SC</p> <p>Broker site visit from local Fire Service to audit current practice – SC</p> <p>Review location of muster points– FB/SC</p>	<p>In the event of a fire, correct procedures are followed to ensure the safety of all</p> <p>Fire Marshals receive appropriate hands-on training by approved trainers</p> <p>Regular emergency evacuation practice with recorded evidence of time taken and any issues</p> <p>Muster points are accessible and appropriately located</p>	<p>CYP and staff fully conversant of emergency procedures</p> <p>Log of procedure and notes available for scrutiny to substantiate above</p> <p>Parents/carers report they feel their child is safe at SHS.</p> <p>CYP verbalise that they feel safe at SHS</p>	<p>Review of muster points HT1 '21 – FB/SC</p> <p>Contact Ripon Fire Service to ascertain whether site visit viable – September '21 – SC</p> <p>CYP and parent/carer Autumn Term Survey HT2 '21 - CS</p>
First Aid is administered effectively	Revise and localise Cambian First Aid Policy – SC/SS	Minor injuries are appropriately managed	Verbally survey staff and CYP regarding their understanding of First Aid resource	Additional x3 Day Paediatric First Aider in place by Easter '22

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	<p>Ensure all First Aid Kits are identified via appropriate signage – VC</p> <p>Review and sufficiently publicise 'First Aiders' posters – VC</p> <p>x3 day Paediatric First Aid training in date – VC</p> <p>Identify additional staff member to undertake above training - VC</p>	<p>Staff and CYP know where to access First Aid resource and who First Aiders are</p> <p>The current complement of First Aiders is enhanced to include key office staff</p> <p>There are sufficient staff trained to administer First Aid in the absence of a trained staff member</p> <p>Staff who are first aid trained are identified on visit risk assessments</p> <p>First Aid kits are correctly stocked with in-date resource</p>	<p>Spot checks undertaken re: contents of First Aid Kits</p> <p>Opportunities to test understanding at monthly Accountability meetings</p> <p>Weekly SLT review accident reports to identify patterns and address anomalies</p>	<p>First Aid kits fully stocked in readiness for start of academic year '21/'22 and replenished upon use or further to expiration</p>
Management of medication and controlled drugs is robust	<p>Controlled drugs and homely remedies administered via EMAR system – VC</p> <p>Parents supported to declare medication changes as they arise – VC</p>	<p>Paper-based system replaced by EMAR programme</p> <p>Medication is accounted for and appropriately allocated via a 'failsafe' system</p> <p>Phase 2 of the training programme is implemented to</p>	<p>Automated prompts from EMAR system flag up irregularities</p> <p>Scrutiny from Governors</p>	<p>CYP data uploaded onto system – July 2021</p> <p>VC trained for EMAR and Meds to administer for Day Pupils – June 2021</p>

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	Enhance current cohort of trained staff re: EMAR system - VC	enhance current numbers of trained staff		Medication changes, for current cohort, uploaded by 10/09/21 EMAR account in place, for new starters, on day 1

5. Priority 4: Communicating Safeguarding Messages and Information

Safeguarding Objective	What and Who?	Focused Outcomes	Measure	Timeframe
At least monthly safeguarding bulletins shared with staff	Signpost staff to key articles from following despatches (CS): <ul style="list-style-type: none"> - National Online Safety (NOS) - NYCSB monthly bulletins Upload relevant online safety articles to parents' page of website – SC Ensure parents alerted to trends of concern - CS	Staff take a vested interest in developing their safeguarding knowledge and understanding beyond formal training and debrief sessions Parents receive guidance to support their child to act safely whilst on line CYP develop their understanding, of staying safe online, from baseline Termly newsletters include specific safeguarding article	Supervision reflects discussion regarding keeping CYP safe Parent/carers provide feedback to identify they feel well-supported CYP know how to identify and report suspect content Accreditation outcomes and/or certificates of achievements	Focused discussion during each mandatory supervision per annum All CYP to attain certificated outcome relating to online safety per annum
Raised awareness of NYCC Vulnerability Checklist and Thresholds	DSL and DDSL attend: <ul style="list-style-type: none"> - NYCC DSL Comprehensive Child Protection Pathway North Yorkshire Education Services (nyestraining.co.uk) - NYCC Young People and Risky Behaviour North 	Information from Mini Masterclasses cascaded to staff via briefings/training DSL and DDSL awareness raised	Termly reports to Governors levy challenge and support Referrals managed within policy timeframes	Monthly Mini Masterclasses from September '21 and ongoing throughout the year Comprehensive CP Pathway and Risky Behaviour training October '21

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	<p>Yorkshire Education Services (nyestraining.co.uk)</p> <p>- Global Search North Yorkshire Education Services (nyestraining.co.uk) monthly mini masterclasses</p>	<p>LADO referrals are timely and appropriate</p> <p>MAST referrals are timely and appropriate</p>		