

SCHOOL SAFEGUARDING INDUCTION PACK FOR STAFF

1. Introduction

Child Safeguarding Designated Persons have a legal duty to provide Safeguarding Induction to all new staff at their school. We recommend that this is done within 2 weeks of a member of staff starting work. This pack lays out the minimum information that needs to be provided.

For further information go to 'Keeping Children Safe in Education (2018)'

This Safeguarding Induction does not replace the training that is legally required by all school staff that have regular contact with children. This should be provided every 3 years.

This induction pack can be also be used as the training for those staff who do not necessarily have regular contact with children and young people at school.

It is also useful for the Child Safeguarding Designated Person to ensure that any new member of staff or visitor to the school (who will be working with children) receives a Safeguarding Induction Sheet when they arrive. This sheet gives a brief explanation about the school's expectations about safeguarding children and who to share information with. A template for this is included at the back of the pack.

2. What is Safeguarding?

We all have a statutory duty to: "Safeguard and Promote the welfare of Children"

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

'Working Together to Safeguard Children', HM Government 2015 page 5

3. Summary of Code of Conduct relating to Child Safeguarding

This summary does not replace the School Code of Conduct for staff. All staff are still required to read and sign a copy of the Code of Conduct.

Do's:

- **DO** treat everyone in a professional manner
- **DO** provide a positive example you wish others to follow
- **DO** plan activities to involve more than one adult – at the very least, make sure you can be seen or heard by other people
- **DO** respect a young person's right to privacy (except where a young person discloses information of a child safeguarding nature to you where you have a duty to refer this information further)
- **DO** create an environment in which young people and adults feel comfortable in pointing out attitudes and behaviours they don't like
- **DO** remember that someone else may misinterpret your actions, no matter how well-intentioned
- **DO** report and challenge abusive youth and/or adult activities, such as ridicule or bullying

Do Not's:

- **DO NOT** play inappropriate physical contact games with young people
- **DO NOT** engage in inappropriate verbal banter
- **DO NOT** jump to conclusions without checking facts
- **DO NOT** make suggestive remarks or gestures or tell jokes of a sexual nature
- **DO NOT** rely on your good name to protect you – it may not be enough
- **DO NOT** believe that an allegation could not be made against you, it could
- **DO NOT** give your personal details, e.g. home or personal mobile phone number, personal e-mail address, home address to any child or young person that you work with
- **DO NOT** have an open access facebook or other social media account under your own name and it is forbidden to correspond with pupils via their accounts.

4. Sharing Information about Children

4.1 Why do we share information?

- To ensure the fullest possible picture of the child's circumstances
- To enable practitioners to assess the needs of the child properly
- To co-ordinate and improve service provision to the child and family

4.2 Seven Golden Rules for Information Sharing:

1. **Remember that the Data Protection Bill is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person in question and others who may be affected.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

If you are still unsure about sharing information, seek advice from your colleagues, supervisor, manager or the school Child Safeguarding Designated Person. For further information you can refer to 'Information Sharing: Pocket Guide', available at

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationdetail/page1/dcsf-00807-2008>

4.3 Some examples of information to be shared:

- Child seems hungry, inappropriately dressed, has hygiene concerns etc;
- Child's behaviour is concerning e.g. aggressive, withdrawn, unhappy, overly familiar, sexually inappropriate, etc;
- Suspicion/evidence child has an injury e.g. awkward/protective movement, bruising, marks, cuts, burns, etc;
- Things said by/about child that are concerning.
- If a child starts to behave differently for a sustained period

4.4 Who should I share information with?

Low level issues should be shared with support and/or teaching staff at your school, as soon as possible.

Serious issues about a child or young person should **only** be reported to the Child Safeguarding Designated Person or their deputy. This should be done **as soon as practicably possible**. The Child Safeguarding Designated Person will decide who else needs to have this information.

The school Child Safeguarding Designated Person is: **Kath Formby**

The Deputy Child Safeguarding Designated People are **Jane Morgan, Cathy Johnson, Lois Gore, Daniel Shires, Josie Blacklock and Pat Burgess**

Any allegation or disclosure that is received that involves a member of staff, a child's foster carer or a volunteer at the school must be reported directly to the Headteacher, unless it involves the Headteacher and then it should be reported directly to the Chair of the Management Committee.

The Chair of the Management Committee is: **Mike Gallafent**

They can be contacted by

Email Michael.gallafent@virgin.net

The member of Management Committee responsible for safeguarding is **Mike Gallafent**

He can be contacted by email or telephone 01302 852032

4.5 How will the information be used?

Depending on your role in school, you may be expected to contribute to, or initiate an:

- A Team Around a Child meeting
- An Early Help Assessment (formerly CAF(Common Assessment))

You may need additional training to help you do this.

5. Definitions of Abuse

5.1 General Definition:

An abused child is someone under the age of 18 years who has suffered physical injury, physical neglect, non-organic failure to thrive, emotional or sexual abuse which the person or persons who had custody, charge or care of the child either caused (acts of commission) or knowingly failed to prevent (acts of omission).

Some children will be deemed to be at particular risk where another child in the household has been harmed, or the household contains, or is regularly visited by, a known abuser (person posing a risk to children).

5.2 Physical Abuse:

Physical abuse 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.

Possible signs of physical abuse

Bruises, black eyes and broken bones are obvious signs of physical abuse. Other signs might include:

- injuries that the child cannot explain or explains unconvincingly
- untreated or inadequately treated injuries
- injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- bruising which looks like hand or finger marks
- cigarette burns, human or animal bites
- scalds and burns.

If a child is being physically abused, their behaviour may change in one or more of the following ways:

- become sad, withdrawn or depressed
- have trouble sleeping
- behave aggressively or be disruptive
- show fear of certain adults
- have a lack of confidence and low self-esteem
- use drugs or alcohol

5.3 Emotional Abuse:

Emotional abuse is 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 children that they are worthless or unloved, inadequate or

valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the 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, causing children frequently to feel frightened or in danger or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, through it may occur alone.

Possible signs of emotional abuse

These may include:

- physical, mental and emotional development lags
- admission to punishment which appears excessive
- over-reaction to mistakes
- continual self-deprecation
- sudden speech disorders
- fear of new situations
- inappropriate emotional responses to painful situations
- neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- self-mutilation
- fear of parents/carers being contacted
- extremes of passivity or aggression
- drug, solvent or alcohol misuse
- compulsive stealing or scavenging

5.4 Sexual Abuse:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Possible signs of sexual abuse

These might include a marked change in the child's general behaviour. For example:

- the child may become unusually quiet and withdrawn, or unusually aggressive, or they may start suffering from what may seem to be physical ailments, but which can not be explained medically.
- the child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected.
- they may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities.

- they may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age.
- the child may develop a tendency to cling or need constant reassurance.
- the child may regress to younger behaviour e.g. thumb sucking, acting like a baby, playing with discarded toys.
- the child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person.
- the child may complain of genital itching or pain.
- the child may self-mutilate, develop eating disorders or suffer bed-wetting

5.5 Neglect:

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy 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);
- ensure access to appropriate medical care or treatment.
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It may also include neglect of or unresponsiveness to a child's basic emotional needs.

Possible signs of Neglect:

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. This does not mean that their children are being neglected. Neglect involves ongoing, severe failure to meet a child's needs. Here are some signs of possible neglect:

- if the child seems underweight and is very small for their age
- if they are poorly clothed, with inadequate protection from the weather
- if they are often absent from school for no apparent reason
- if they are regularly left alone, or in charge of younger brothers or sisters.

6. Procedure if Child Abuse is Discovered or Suspected

6.1 Basic principles:

- do not interrogate the child, but check out in a non-leading way that you are receiving a correct message from the child.
- do not discuss with the parents/ carers the concerns that you have until you have discussed it with the Child Safeguarding Designated Person or their deputies.
- if appropriate, ensure that a familiar, trusted adult remains with the child.

- do NOT make promises that you cannot keep e.g. do not promise not to tell.
- allow the child space and time to talk to you.
- do not keep information to yourself (you need to share it with the Child Safeguarding Designated Person), but do not broadcast generally.
- remember that the child's welfare and protection is paramount.

Discuss your concerns immediately with the Child Safeguarding Designated Person or their deputies.

Record your concerns and give them to the Child Safeguarding Designated Person or their deputies.

If any of the above are not available contact;

the Local Authority Designated Officer, Jim Foy 01302 737748

or the Duty and Assessment Team on 01302 737777.

At the hospital school we would inform the named nurse for the child if they made any disclosure followed by a call to the safeguarding nurses. Their contact is 01302 642432 or via switchboard if unavailable.01302 366666 and ask for safeguarding for children to be bleeped.

6.2 Relevant Information

If contacting the Local Authority Designated Officer or the Duty and Assessment Team try to give as much detail as possible about what you have seen or heard to support the belief that abuse has occurred. This should include:

- details of child – name, address, date of birth, family doctor, names and addresses of anyone with parental responsibility, health visitor etc;
- location of child;
- details of concern – description of injuries/circumstances which are causing concern, details of any explanation or comment from the child or carer, time and date of incident/concern;
- condition of the child;
- information given to parents/carers, if any;
- any background information.

6.3 Recording

Comprehensive and factual records are vital if efficient child protection procedures are to be followed:

- give dates and times to all records, including the date and time you obtained the information, and the date and time of writing the record.
- include the nature of your concerns, what gave rise to them, any action you take and the extent and nature of any involvement by others.

- if a disclosure is made, you must thoroughly record the content of the disclosure in the words that have been said to you as soon as possible and any responses you made.
- all recording must be factual and your professional opinions must be supported by evidence.

6.4 Confidentiality

Anything recorded must be kept locked in a private drawer or cabinet. Never leave anything lying around. Child Protection records are not, and should not be, available for perusal by anyone else, including anyone with parental responsibility for the child.

Staff to be informed should be kept to a minimum in the early stages and then only informed on a “need to know” basis determined by the Child Safeguarding Designated Person and the Headteacher.

Do not discuss any confidential information about a child with general staff without the agreement of the Child Safeguarding Designated Person who is the Headteacher.

6.5 Further Action

Read at least part one and part 5 of ‘Keeping Children Safe in Education 2018’

Receive training on early Help and regularly update safeguarding training

Depending on your role in school/relationship with the child, you may be asked to:

- contribute towards the implementation of a child’s plan of action or Early Help Assessment
- attend a Child in Need meeting and/or assist with the implementation of a Child in Need Plan
- contribute towards a report to, and/or attend a child’s case conference and assist with the implementation of a Child in Need Plan.

You may need additional training to undertake this work.

7. Local Authority Contacts

Referrals to LADO - Jim Foye

Tel: 01302 737748

Duty and Assessment Team:

Tel: 01302 737777

SCHOOL SAFEGUARDING INDUCTION SHEET

For all new/supply staff/visitors working with children

NAME OF SCHOOL: MAPLE MEDICAL PRU

We all have a statutory duty to ‘safeguard and promote the welfare of children’.

If you have any concerns about the health and safety of a child at this school or feel that something may be troubling them, you should share this information with the Child Safeguarding Designated Person or their Deputies as soon as possible.

Please do not worry that you are reporting small matters – we would rather that you tell us things which turn out to be nothing than miss a worrying situation.

Some issues e.g. a child’s appearance, hygiene, general behaviour, can be shared with any teacher or member of support staff in the school.

However, if you think the matter is very serious and may be related to a child protection concern, e.g. physical, sexual, emotional abuse or neglect, you must talk to the people below immediately.

If you are unable to contact them you can ask the school office staff to find them and ask them to speak to you straight away about an urgent matter.

The people you should talk to are:

Name: Kath Formby who is the school Child Safeguarding Designated Person.

Her job role is: Head teacher

She is located at Maple Medical PRU, Cedar Road, Balby, Doncaster DN4 9HT

Her telephone number is: 01302 850949/ 07547678847

Her address is: kath.formby@doncaster.gov.uk

Name: Cathy Johnson who is the school Deputy Child Safeguarding Designated Person.

Her job role is: Deputy Head (JASP)

Her room is located: Maple building next door to the dining room.

Her telephone number is: 01302 572796

Name: Jane Morgan who is the school Deputy Child Safeguarding Designated Person.

Her job role is Assistant Head (Hospital School and Mulberry)

She is located: Floor 4, Children's & Women's Hospital, DRI

Her telephone number is: 01302 642784

All other deputies (named above) can be contacted on 01302 572796

Thank you for supporting and safeguarding the children/young people at our school.

Date: March 2019

Review: March 2020

Signed

Head teacher.....

Chair of Management Committee.....