



Medina House School Safeguarding Policy

‘Safeguarding children is everybody’s business’ (Laming enquiry)

The DCSF’s guidance “Keeping Children safe in education 2016 states that ‘safeguarding and promoting the welfare of children is everyone’s responsibility’. Everyone who comes into contact with children and their families has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child centred. This means they should consider at all times what is in the BEST interest of the child.

At Medina House we will

- Complete the annual LA Safeguarding Audit and address any issues it raises in an action plan
- Complete any audits distributed by LSCB e.g Safeguarding Disabled Childrens Audit (Oct 2015)
- Provide a safe environment where everyone has a voice and the right to be listened to, heard and respected, and which gives every child the appropriate support to achieve and enjoy being part of the community.

This will be achieved by adhering to protocols and statutory guidance in the following ways:

Child Protection

All staff will work to ensure that:

- Children and young people feel listened to, valued and respected – in spite of any communication challenges they may have
- Staff are aware of indicators of abuse and know how to share their concerns appropriately with the Designated Safeguarding Lead (DSL), Julie Stewart or the Deputy DSL (Alex Augustus)
- All staff and unpaid volunteers are subject to rigorous recruitment and vetting procedures
- The Single Register is accurate and up to date including volunteers and Governors, as well as paid staff and regular visitors to the school e.g. peripatetic teachers/ coaches
- New protocols from the Isle of Wight 4LSCB, will be incorporated into practice e.g protocol for management of actual or suspected bruising in infants who are independently mobile
(See Appendix A)
- All staff and unpaid volunteers are given appropriate support and training
[See Child Protection Policy](#)

Safe Recruitment and Safe Practices

When recruiting, all statutory guidelines will be followed for every position

[See Safer Recruitment Policy](#)

All staff will ensure that they work in a professional way considering safeguarding issues at all times

[See Safer Working Practices Policy and Lone Working Policy](#)

All staff will use agreed protocols to report any behaviour which is a potential threat to a child's safety

[See Allegations of Abuse Against Staff Policy and Whistle Blowing Policy](#)

The DfE issued new guidance on 17 October 2014 clarifying that the childcare regulations outlining who is disqualified from providing childcare **do** apply to childcare provided in a school setting. Medina House School leader are aware of what obligations this places on them.

[The Childcare Act 2006](#) and the [childcare \(disqualification\) regulations 2009](#) place separate and additional requirements on schools. At the point that an individual is convicted of, or cautioned for, a criminal offence of a specified type or category, or where they meet other disqualification criteria set out in the regulations. The act and regulations disqualify staff from:

- providing early years childcare or later years childcare to children who have not attained the age of eight; or
- if they are directly concerned in the management of that childcare.

In addition to inclusion on the children's barred list, the wider disqualification criteria include:

- being cautioned for or convicted of certain violent and sexual criminal offences against children and adults;
- grounds relating to the care of children (including where an order is made in respect of a child under the person's care);
- having registration refused or cancelled in relation to childcare or children's homes or being disqualified from private fostering;
- **living in the same household, where another person who is disqualified, lives or works (disqualification 'by association').**

This is what the legislation specifies, but the school is not limiting this to early years, as the school safeguards all pupils, by making all staff employed at Medina House aware of the implications for schools, not just of essential DBS checks, but the wider implications of the pupil-safeguarding.

Therefore, Medina House School has added a template ([See Appendix B](#)) to our recruitment procedures, so those completing the template commit to disclosure and future disclosure of any known association. This template will be used in recruitment but also to carry out an annual check on staff.

Attendance

At Medina House all unexplained absences will be followed up on the same day by phone in the first instance. There is a nominated member of the Administration Team who takes the lead on Attendance and informs the Headteacher of any worrying trends as well as liaising closely with the Education Welfare team. All actions taken re attendance are logged.

Medina House School has a Service Level Agreement with the IOW Education Welfare Service.

The Headteacher, Governors, LMT and attendance officer work together to achieve desired outcomes against the attendance action plan.

If a child has a medical appointment (or other) meaning they arrive or leave school within the school day, Parents/Carers are required to sign them in or out of school.

If a child is thought to be missing from education, the LA procedures will be followed

[See Child Protection Policy and Attendance Policy](#)

Safe Handling

Some of the pupils at Medina House require adult help to move eg due to complex difficulties and many require physical assistance throughout the day eg with personal care activities. There are also some occasions where it is deemed necessary (as a final resort) to use physical restraint to ensure safety for a child(ren), staff, member of the public.

We address the safeguarding risks around such activities in the following ways:

Manual Handling

All new staff have moving children safely and hoist training within a week of starting their post.

All staff have annual 'Moving Children Safely' refresher training in September.

All class based and relevant non classed based staff have hoist training.

All children who need to be moved have a manual handling risk assessment which is updated at least annually and more often if any changes in equipment/physio/OT occur.

All children with complex difficulties are assessed by the OT for slings to ensure they are hoisted as soon as possible (rather than being lifted). Appropriate class teams are trained by the OT or physio for specific equipment that children are transferred to and specific hoisting guidelines are produced for every child who needs them.

TWO people are required for **EVERY** manouvre using a hoist

[See Moving and Handling Policy](#)

Intimate Care

All staff will follow strict guidelines and protocols when carrying out personal care tasks with children.

[See Intimate Care Policy and Safer Working Practices Policy](#)

Behaviour/Restraint

- All new staff receive the agreed positive behavioural management (including P I) training as soon as possible and definitely within their 1st term
- Subsequently, all staff receive refreshers within statutory time scales.
- Any child displaying challenging behaviour will have a behaviour plan written and a behavior risk assessment in place – with restraint protocol if deemed necessary within a responsive strategy plan. All plans will be shared with parents/carers.
- As appropriate, the EP service will be used to assess children and offer advice and support.
- There is an appointed behavior coordinator (Rachel Hayden) who advises staff on behaviour strategies

[See Policy on care and control of pupils and IOW guidelines for use of physical restraint in schools](#)

Health and Safety

- At Medina House all staff will follow health and safety procedures and protocols to ensure that the environment is safe at all times
- The LA safeguarding audit is completed and signed off by governors on an annual basis
- Risk Assessments are completed for all classrooms and potentially hazardous activities/substances (COSSH)
- Off site risk assessments are carried out and approved by the Headteacher/Education Visits Coordinator (EVC) in line with LA guidelines
- All pupils have an individual risk assessment which is completed at the beginning of every school year and updated as appropriate
- Appropriate training is provided for staff eg first aid to meet statutory requirements
- Fire Safety – All staff are made aware of fire safety procedures and a termly fire drill is carried out – with actions taken to improve procedures should any issues arise

[See Health and Safety Policies and Risk Assessment File](#)

Security

Medina House provides a secure site with a swipe system on the front door. All staff have a swipe card and wear photo ID.

All visitors are required to sign in at reception, using our Vis-ited system and are asked to read our safeguarding information

All visitors are required to wear a visitor's badge (with photo), which contains safeguarding information.

All staff are expected to challenge an unfamiliar person walking around school and /or alert the Headteacher.

Contractors will normally work out of school hours but should an emergency situation mean they need to be in school when children are present, they will be accompanied and the area will be evacuated of children

[See Child Protection Policy and Safe Working Practices](#)

Curriculum

Safeguarding is covered in the curriculum in the following ways:

PSHE curriculum includes relevant issues such as relationships, internet safety and stranger danger

Within every subject, safe practices are taught e.g. appropriate use of PE and DT equipment

Internet Safety

Children are encouraged to use the internet in a safe way – there are symbolised safe internet rules displayed in every class and the ICT suite which teachers explain to children

Parents sign permission forms for the use of the internet on admission of their child

[See e-safety Policy](#)

BE SAFE Programme

Medina House School has developed the ‘Be Safe’ programme which is taught across the school to ensure that **ALL** pupils are taught about appropriate physical contact and develop concepts of public and private so that they are empowered to make disclosures.

Prevent Duty

Staff within the school have access to support them to be able to recognise and report the signs, indicators or risks of radicalisation, child sexual exploitation or female genital mutilation. (See appendix C). The DSL will follow the established recording and referral processes including the use of the sexual exploitation risk assessment form (SERAF) for suspected exploitation. Training is provided on the Prevent Duty to ensure that roles and responsibilities are understood to ensure adherence to the Duty. The Duty requires the school to have due regard to the need to promote British Values:

- **Democracy** – respect for democracy and support for participation in the democratic process
- **The rule of law** – respect for the basis in which the law is made and applies in England
- **Individual liberty** – support for equality of opportunity for all
- **Mutual respect and tolerance of those with different faiths and beliefs** – respect for and tolerance of different faiths and religions and other beliefs

Each year staff will receive updated training which will include the latest advice from the DfE

Date policy was adopted by Governors :

Signed :

Chair of Governors

Signed :

Headteacher

It will be reviewed : November 2017

Hampshire, Isle of Wight, Portsmouth & Southampton 4LSCB

**Protocol for the
management of actual or
suspected bruising in infants
who are
not independently
mobile**

Hampshire, Isle of Wight, Portsmouth & Southampton 4LSCB
Protocol for the management of actual or suspected bruising in infants
who are not independently mobile

1. Introduction

Infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises without a clear explanation. Numerous serious case reviews, both locally and nationally, have identified the need for heightened concern about any bruising in any pre-mobile baby. Any bruising is likely to come from external sources and should raise child protection concerns.

2. Aim of policy

2.1 This protocol must be followed in all situations where an actual or suspected injury is noted in an infant who is not independently mobile.

2.2 This policy applies to all infants under the age of 6 months, and also to older children who are not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently.

3. Target audience

3.1 All those in the 4LSCB area whose work brings them into contact with children.

4. Action to be taken on identifying actual or suspected bruising

4.1 If the infant appears seriously ill or injured;

- Seek emergency treatment at an A&E department.
- Notify children's services of your concerns and the child's location.

4.2 In all other cases;

4.3 Record what is seen, using a body map or line drawing if appropriate (Appendix A).

4.4 Record any explanation or other comments by the parent/carer word for word.

4.5 Inform parents/carers of your professional responsibility to follow 4LSCB policies and procedures and stress that any action by children's social care will be informed by a paediatrician's opinion,

4.6 **Refer to children's social care** who will take responsibility for further multi-agency investigation including paediatric assessment (see appendix B).

5. Action following referral

5.1 Children's social care will follow the 4LSCB safeguarding procedures.

This will include gathering background information about the family and arranging a medical opinion.

5.2 The child must be seen on the day of referral for full paediatric assessment. This must include a detailed history from the carer, review of past medical history and family history including any previous reports of bruising, and enquiry about vulnerabilities within the family.

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6. Specific considerations

6.1 Birth injury: both normal births and instrumental delivery may lead to development of bruising and of minor bleeding into the white of the eye. However, staff should be alert to the possibility of physical abuse within a hospital setting and follow this protocol if there is any doubt about the origin of the features seen.

6.2 Birthmarks: these may not be present at birth, and appear during the early weeks and months of life. Certain birthmarks, particularly Mongolian blue spots, can mimic bruising. Where there is uncertainty about the nature of a mark, the infant should be discussed with the primary care team in the first instance.

6.3 Self inflicted injury: It is exceptionally rare for non-mobile infants to injure themselves during normal activity. Suggestions that a bruise has been caused by the infant hitting him/herself with a toy, falling on a dummy or banging against an adult's body should not be accepted without detailed assessment by a paediatrician and social worker.

6.4 Injury from other children: it is unusual but not unknown for siblings to injure a baby. In these circumstances, the infant must still be referred for further assessment, which must include a detailed history of the circumstances of the injury, and consideration of the parents' ability to supervise their children.

7. Rationale and evidence base

7.1 Bruising is the commonest presenting feature of physical abuse in children. Systematic review¹ of the literature relating to bruises in children shows that;

- Bruising is strongly related to mobility.
- Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual.
 - Only one in five infants who is starting to walk by holding on to the furniture has bruises
 - Unintentional bruises in pre-mobile infants are rare, with a prevalence of <1% ('Those who don't cruise rarely bruise')

The message from this research is that Infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises without a clear explanation (RCPCH child protection companion 2013).²

7.2 The National Institute for Clinical Excellence (NICE) guideline 'When to suspect child maltreatment',³ aimed at health professionals, categorises features that should lead staff to 'consider abuse' as part of a differential diagnosis, or 'suspect abuse' such that there is a serious level of concern. In relation to bruising, health professionals are advised to 'suspect abuse' and refer to children's services in the following situations:

a) If a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement.

b) If there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a causative coagulation disorder) and if the explanation for the bruising is unsuitable. Examples include:

- bruising in a child who is not independently mobile
- multiple bruises or bruises in clusters
- bruises of a similar shape and size
- bruises on any non-bony part of the body or face including the eyes, ears and buttocks
- bruises on the neck that look like attempted strangulation
- bruises on the ankles and wrists that look like ligature marks.
- Ear Bruising

7.4 The NICE guideline³ also advises practitioners to 'suspect abuse' when features of injury such as bites, lacerations, abrasions, scars and thermal injuries are seen on a child who are not independently mobile and there is an unsuitable explanation.

7.5 Numerous serious case reviews, held following death or serious injury to a child in connection with abuse or neglect have identified situations where children have died because practitioners did not appreciate the significance of what appeared to be minor bruising in a non-mobile infant. National analysis of reports published as 'New learning from serious case reviews' (Department for Education 2012)⁴ reiterates the need for 'heightened concern about any bruising in any pre mobile baby....any bruising is likely to come from external sources. The younger the baby the more serious should be the concerns about how and why even very tiny bruises on any part of the child are caused'.

8. References

1) Core Info Cardiff Child Protection Systematic Reviews www.coreinfo.cardiff.ac.uk

2) Royal College of Paediatrics and Child Health Child Protection Companion 2nd Edition 2013

3) When to suspect child maltreatment National Collaborating Centre for Women's and Children's Health 2009 ISBN 978-1-906985-15-8

4) New learning from serious case reviews July 2012 ref DFE-RR226 ISBN 978-1-78105-123-8

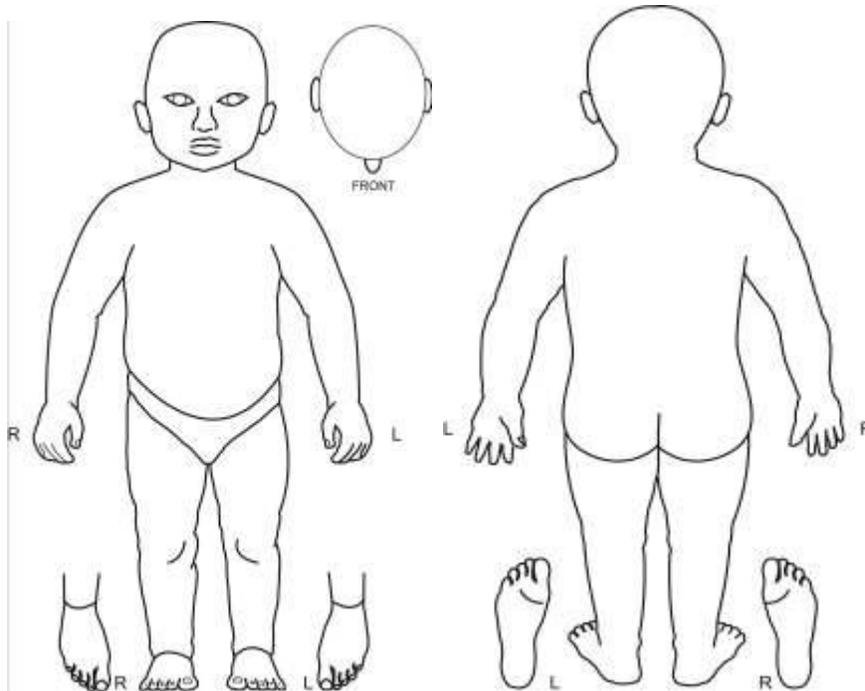
Additional Reading

Working Together to Safeguard Children March 2013

Hampshire, Isle of Wight, Portsmouth & Southampton 4LSCB
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who are not independently mobile

Appendix A Skin Map

Skin map and box to record name and signature



Child's name:

Date of birth:

Date/time of skin markings/injuries observed:

Who injuries observed by:

Information recorded:

Date:

Time:

Name: Signature:

Appendix B

Hampshire, Isle of Wight, Portsmouth & Southampton 4LSCB
Protocol for the management of actual or suspected bruising in infants
who are not independently mobile

**Flow Chart for the Management of actual or suspected
bruising in infants who are not independently mobile**

Practitioner observes bruise

Suspect child maltreatment

**An infant who is seriously ill or
injured refer immediately to
hospital.
Notify children's social care
department**

**Accurately record what is seen
and explanation/comments by
parents/carers**

**Explain to the family the reason
for an immediate referral to
children's social care department**

**Refer to Children's social care for
multi-agency assessment and
information sharing.
Same day paediatric assessment
will be undertaken**

Follow 4LSCB procedures

**Contact Numbers for Local Authority Children's Services Social Care
Departments:**

| | Hampshire | Southampton | Portsmouth | Isle of Wight |
|---------------------|----------------------|----------------------|----------------------|----------------------|
| Office Hours | 0845 603 5620 | 023 8083 3336 | 023 9283 9111 | 0300 300 0117 |
| Other times | 0845 600 4555 | 023 8023 3344 | 0845 600 4555 | 0845 600 4555 |



Appendix B

MEDINA HOUSE SCHOOL

Staff suitability declaration

This form is to be completed by all new staff before commencement of employment and all volunteers and completed by all staff and volunteers on an annual basis at the commencement of the autumn term.

Name:

Post:

Head teacher: Julie Stewart

Please answer the questions and sign the declaration below to demonstrate that you are safe to work with children. If there are any aspects of the declaration that you are not able to meet, you should disclose this immediately to the head teacher.

Please circle yes or no against each bullet point below:

| | |
|--|---|
| <p>Questions relating to you:</p> <p>Are you <i>disqualified for caring for children</i>? For example:</p> <ul style="list-style-type: none"> • Have you been cautioned or convicted of any offences against a child? • Have you been cautioned or convicted of any violent or sexual offences against an adult? • Have you been barred from working with children by the Disclosure and Barring Service (DBS)? • Have your children been taken into care? • Have or are your children the subject of a child protection order? • Has a court order been made in respect of a child under your care? • Have you been refused registration or had registration cancelled in relation to childcare or a children’s home or have you been disqualified from private fostering? | <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> |
| <p>Questions relating to ALL others in your household (‘household’ means anyone residing permanently with you or for any temporary period of time):</p> <p>Is anyone living in your household <i>disqualified for caring for children</i>? For example:</p> <ul style="list-style-type: none"> • Has anyone living in your household been cautioned or convicted of any offences against a child? • Has anyone living in your household been cautioned or convicted of any violent or sexual offences against an adult? • Has anyone living in your household been barred from working with children by the Disclosure and Barring Service (DBS)? • Does anyone living in your household have children that have been taken into care? • Has anyone living in your household been the subject of a child protection order? • Has anyone living in your household had a court order made in respect of a child in their care? • Has anyone living in your household been refused registration or had registration cancelled in relation to childcare or a children’s home or has anyone been disqualified from private fostering? | <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> |

If you have answered YES to any of the questions above, please provide further information below:

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I understand my responsibility to safeguard children and am aware that I must notify the head teacher of anything that may affect my suitability or that of anyone living in my household.

I will ensure I notify the head teacher immediately of any changes to my situation or that of anyone living in my household.

I am aware that if I am taking medication on a regular basis I must notify the head teacher, and must keep the medication in a safe place, out of the reach of children.

I will ensure that I notify the head teacher if I experience any health concerns which could impact upon my ability to work with children.

I give permission for you to contact any previous settings, local authority staff, the police, the DBS, or any medical professionals, to share information about my suitability to care for children.

Signed.....

Date.....

(Name in block capitals).....

Head teacher (signature) *J Stewart*

Date.....

Head teacher – please record follow-on action taken, where relevant

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Signed.....

Date action taken.....

Head teacher

Acknowledgment: Template provided by NAHT member Denise Russell of Hackbridge Primary School and Chair of the Sutton Primary SBM Gr