



**Reference Guide: Safeguarding
Procedures for Academies within
The Forge Trust**

2024-25

Safeguarding and promoting the welfare of children is everyone's responsibility. 'Children' includes everyone under the age of 18.

Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

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

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment, whether that is within or outside the home, including online
- 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

Taking action to enable all children to have the best outcomes.

**'Keeping Children Safe in Education'
Sept 2024**

Responding to a disclosure

Staff will not investigate but will, wherever possible, listen, record and pass on information to the designated person in order that s/he can make an informed decision of what to do next.

Staff will:

- Listen to and take seriously any disclosure or information that a child may be at risk of harm
- Clarify the information
- Do not promise that you won't tell anyone. Explain sensitively to the child that if you feel they are in danger or that they are concerned about something they tell you that you may need to speak to someone else.
- Make a record of what the child has said using CPOMS or on a concern form to be passed onto a Safeguarding lead.
- Try to keep questions to a minimum and of an 'open' nature e.g. 'Can you tell me what happened?' rather than 'Did x hit you?'
- Try not to show signs of shock, horror or surprise
- Do not express feelings or judgments regarding any person alleged to have harmed the child.
- Reassure and support the person as far as possible
- Explain that only those who 'need to know' will be told
- Explain what will happen next and that the person will be involved as appropriate.

• Pass information to Joanne Knapp, or (if unavailable) Louise Hopper, Beth Salmon, Chris Baker, Deb Hawley, Matt Sangha or Tia Cooke. Photos of these members of staff are displayed around school.

General signs of abuse in children

- Regularly experiencing nightmares or sleeping problems.
- Changes in personality.
- Outbursts of anger.
- Changes in eating habits.
- Showing an inexplicable fear of particular places or making excuses to avoid particular people.
- Self-harming (includes head banging, scratching, cutting).
- Not receiving adequate medical attention after injuries.
- Showing violence to animals, toys, peers or adults.
- Knowledge of "adult issues" e.g. alcohol, drugs, sexual behaviour.
- Lacking in confidence or often wary/anxious.
- Regressing to the behaviour of younger children.
- Regular flinching in response to sudden but harmless actions, e.g. someone raising a hand quickly.

Signs of neglect

Some of the most obvious signs of neglect (e.g. children being thin, dirty or not wearing a coat) are not in themselves indicators of abuse. However, if, over time, it is clear that a child is not receiving an adequate level of care and supervision appropriate to their age, it may indicate that the child is being neglected.

The following are general and age-specific signs of neglect:

- Medical needs are not being met: not being registered with a G.P; not being taken to the dentist despite having obvious dental problems; failing to ensure that the school has a child's medication, e.g. asthma inhalers.
- Not taking the child to see a doctor when they are ill or have been injured.

Infancy to pre-school:

- Frequent and untreated nappy rash.
- Child has numerous accidental injuries and the explanations given suggest a lack of supervision.
- Immunisations are not up to date.
- Child is significantly underweight, but eats well when observed.

Middle childhood:

- Child has poor school attendance and punctuality and is often picked up late at the end of the day.
- A child is frequently tired at school due to a lack of routine at home (e.g. regular bedtimes).
- Parents are unsupportive and uninterested in the child's education or behaviour.
- A child frequently appears to be hungry and does not have a packed lunch or money to buy food.

Signs of sexual abuse

It is important to remember that some children are naturally open and affectionate, whilst others are more self-contained. Children also develop at different rates from one another and some may be slightly more or less advanced than other children in their age group. Mood swings and challenging behaviour are also a normal part of growing up. Be alert to behaviours which appear out of character for the individual child. The following are signs of sexual abuse.

- Talking about sexual acts or using sexually explicit language.
- Having sexual contact with other children.
- Using toys or other objects in a sexual way.
- Becoming withdrawn or very clingy.
- Physical signs such as anal or vaginal soreness or an unusual discharge.
- Masturbating in public.
- Showing adult-like sexual behaviour or knowledge.
- Inappropriate knowledge of adult matters such as sex, alcohol and drugs.
- Displays a lack of attachment towards known adult.
- Over affectionate towards adults they haven't known very long.
- Regularly experiencing sleep difficulties or nightmares.
- Frequently soils the bed.
- Extreme emotional outbursts which are out of character.

Signs of emotional harm

The following signs may indicate emotional abuse for children of all age groups:

- Inappropriate knowledge of 'adult' matters such as sex, alcohol and drugs.
- Extreme emotional outbursts.
- Regularly experiencing nightmares or sleep difficulties.

Infancy to pre-school:

- Over-affectionate towards strangers or people they haven't known for very long.
- Lacks confidence and is often wary or anxious.
- Displays lack of attachment to parent, e.g. when being taken to or collected from nursery etc.
- Is frequently aggressive or nasty towards other children and animals.

Middle childhood:

- Frequently soils the bed.
- Language and behaviour are not socially appropriate.
- Struggles to control strong emotions.
- Shows lack of attachment to a parent.
- Lacks social skills and has few if any friends.
- Self-harms, e.g. scratching, head banging.

Signs of Physical abuse

It is normal for children to have cuts and bruises on their bodies caused by accidents which happen whilst they are moving about and/or playing. These are marks that have an acceptable and reasonable explanation.

Marks or injuries which do not have an acceptable explanation may indicate that a child has been abused. This may include:

Bruising

- Bruises on the cheeks, ears, palms, arms and feet.
- Bruises on the back, buttocks, tummy, hips and backs of legs.
- Multiple bruises in clusters, usually on the upper arms or outer thighs.
- Bruising which looks like it has been caused by fingers, a hand, or an object i.e. belt, shoe etc.
- Large oval shaped bite marks.

•Burns or scalds

- Any burns which have a clear shape of an object, e.g. cigarette burns.
- Burns to the backs of hands, feet, legs, genitals, or buttocks.
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Injuries that have conflicting explanations between the child and parent should always be looked into with more detail.

Responding to a safeguarding concern

If you have a safeguarding concern about a child, this should be logged on our online record keeping system called CPOMS. If you are an employed member of staff, you will be trained to use this reporting system during your induction. If you need to report a concern and do not now how to log a concern on CPOMS you should complete a purple concern form. These are located in classrooms, the office and staffrooms. This should be given to Jo Knapp or one of the other Designated Teachers for Safeguarding who will log the concern on CPOMS.

If you feel that the concern is significant and requires immediate action from a Designated Teacher (e.g. if you feel the child is at risk of harm if action is not taken) then follow the procedure below:

Complete a concern form or CPOMS incident log and personally speak to Jo Knapp . If Jo is unavailable then speak to Beth Salmon, Tia Cooke, Chris Baker, Louise Hopper, Matt Sangha or Debbie Hawley. Their pictures are displayed in the staffrooms and around school.

Jo Knapp will decide the next action to take. This might include:

- Obtaining more information from the people involved;
- Making a referral to Social Care if thresholds are met or seek advice from the MASH (Multi Agency Safeguarding Hub);
- Deciding to monitor to see if there are further concerns before taking any action. This will create a wider picture over a period of time to see if there is a pattern/increase of concerns;
- Contact the parent and discuss the concerns further. Family support will be offered if necessary.

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