

Safeguarding & Child Protection Policy



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Responsible Directorate

Safeguarding

Our Trust

*These four critical questions make it clear who we are and what we do.
We ask ourselves these questions to guide our work and our improvement.*

Why do we exist?

To **transform life chances** by achieving the highest possible standards and preparing all our students to lead successful lives.

How do we behave?

- **Hard work**
We are determined to see things through to the end and are resilient when faced with challenges.
- **Integrity**
We do the right thing because it is the right thing to do.
- **Teamwork**
We work together to help everyone succeed.

What do we do?

- We educate, safeguard and champion all our learners.
- We set high standards for ourselves and our learners.
- We build the powerful knowledge and cultural capital which stimulate social mobility and life-long learning.

How will we succeed?

1. Aligned autonomy
2. Keeping it simple
3. Talent development

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Statement of Intent

At Academy Transformation Trust (ATT) we are committed to safeguarding children and young people and we expect everyone who works within our trust to share this commitment. This policy sets out how we will deliver these responsibilities.

This policy should be read in conjunction with the latest edition of *Keeping Children Safe in Education*, which is statutory guidance to be read and followed by academies and colleges, and alongside *Working Together to Safeguard Children* (December 2023), a guide to inter-agency working to safeguard and promote the welfare of children.

Furthermore, academy leaders will follow the procedures set out by the local safeguarding children partnership as outlined in Section three.

1 | Our Strong Safeguarding Culture

1.1 Why it is important

- Safeguarding is everyone's responsibility and it is the duty of the Academy to safeguard and promote the welfare of children. This is our core safeguarding principle.
- In adhering to this principle, we focus on providing a safe and welcoming environment for all of our children regardless of age, ability, culture, race, language, religion, gender identity or sexual identity. All of our children have equal rights to support and protection.
- One of the cornerstones of our safeguarding culture is this policy and the procedures contained within it. This policy applies to all staff, volunteers and governors, all of whom are trained on its contents and on their safeguarding duties. We update this policy at least annually to reflect changes to law and guidance and best practice.
- We have a whole school approach to safeguarding. This means ensuring safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development and operate in the best interests of the child.
- We embrace a child-centred approach and staff are encouraged to adopt the mindset 'it could happen here'. We recognise the importance of enabling children to talk openly about anything that worries them and to feel confident that they will be listened to or can access well publicised systems for reporting or disclosing abuse or harm.
- This policy should be read alongside our other safeguarding policies, which are set out in Appendix Two.

1.2 What it means for our pupils

- We work with our local safeguarding partners to promote the welfare of children and protect them from harm. This includes providing a co-ordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans which provide additional support to the child.
- All of our staff have an equal responsibility to act on any suspicion or disclosure that may indicate that a child is at risk of harm. Any pupils or staff involved in child protection or safeguarding issues will receive appropriate support.
- Our strong safeguarding culture ensures that we treat all pupils with respect and involve them in decisions that affect them. We encourage positive, respectful and safe behaviour among pupils and we set a good example by conducting ourselves appropriately.
- Identifying safeguarding and child protection concerns often begins with recognising changes in pupils' behaviour and knowing that these changes may be signs of abuse, neglect or exploitation. Where challenging behaviour is presented, consideration should be made regarding whether this may be an indicator of abuse.
- All of our staff will reassure pupils that their concerns and disclosures will be taken seriously and that they will be supported and kept safe.

2 | Safeguarding Legislation and Guidance

2.1 The following safeguarding legislation and guidance has been considered when drafting this policy:

- Keeping Children Safe in Education (2025)
- Working Together to Safeguarding Children (2023)
- What to do if you're worried a child is being abused (2015)
- The Teacher Standards 2012
- The Safeguarding Vulnerable Groups Act 2006
- Section 157 of the Education Act (2002)
- The Education (Independent School Standards) Regulations 2014
- The Domestic Abuse Act (2021)
- PACE Code C (2019)
- The Equality Act (2010)
- The Human Rights Act (1998)
- Sharing nudes and semi-nudes: advice for education settings working with children and young people (2024)
- Working together to Improve School Attendance (2024)

- Children Missing Education (2013)
- Searching, Screening and Confiscation (2022)
- General Data Protection Regulation (2018)
- Information Sharing: Advice for Practitioners (2024)
- Behaviour in Schools Advice for Headteachers and School Staff (2022)
- Prevent Duty (2021)
- Criminal Exploitation of Children and Vulnerable Adults: County Lines Guidance (2018)
- Preventing Youth Violence and Gang Involvement (2013)
- Statutory Framework for the Early Years Foundation Stage (EYFS)

3 | Roles, Responsibilities and Contacts

For a full list of the Titles, Names and Contact details of key staff including the DSL, Principal and Designated Teacher for Looked After Children, please see [Appendix 7](#)

3.1 The Designated Safeguarding Lead (DSL):

The Designated Safeguarding Lead takes lead responsibility for safeguarding and child protection (including online safety, filtering and monitoring) at the academy. The DSL's duties include:

- Ensuring child protection policies are known, understood and used appropriately by staff
- Providing regular training to ensure staff have relevant and up to date knowledge and skills to be able to undertake their safeguarding responsibilities (See Appendix 6, Staff Training Grid)
- Keeping all child safeguarding records secure and up to date and in line with statutory requirements in KCSIE as a minimum.
- Working with the board of trustees and local governing body to ensure that the Trust's child protection policies are reviewed annually and that the procedures are reviewed regularly
- Acting as a source of support, advice and expertise for all staff on child protection and safeguarding matters
- Liaising with Principal regarding ongoing enquiries under section 47 of the Children Act 1989 and police investigations and being aware of the requirement for Children to have an Appropriate Adult in relevant circumstances.

- Acting as a point of contact with the three safeguarding partners
- Making and managing referrals to children's social care, the police, or other agencies
- Taking part in strategy discussions and inter-agency meetings
- Liaising with the "case manager" and the designated officer(s) at the local authority if allegations are made against staff
- Making staff aware of training courses and the latest local safeguarding arrangements available through the local safeguarding partner arrangements
- Transferring the child protection file to a child's new school
- Ensuring online safety procedures, including filtering and monitoring
- keeping written records of all concerns, discussions and decisions, including the rationale for those decisions
- Ensuring the use of the DFE's data protection guidance for schools, ensuring the academy are complying with data protection law and due process and policy is followed in relation to safeguarding information
- Working with the Principal to ensure that the relevant staffing ratios are met, where applicable and in particular in EYFS
- Working with the Principal to ensure that each EYFS child is assigned a key person

3.2 **The Deputy Designated Safeguarding Lead(s):**

Our Deputy DSL is trained to the same level as the DSL and supports the DSL with safeguarding matters on a day to day basis. The ultimate lead responsibility for child protection remains with the DSL.

3.3 **The Safeguarding Governor/Trustee**

The role of the safeguarding governor/Trustee is to provide support and challenge to the DSL and the leadership of the Academy on how they manage safeguarding so that the safety and wellbeing of children can continuously improve. The role includes:

- Understanding the requirements of the Governance Handbook and Keeping Children Safe in Education
- Supporting and challenging the DSL on the standards of safeguarding at the Academy
- Confirming that consistent and compliant safeguarding practice takes place across the Academy
- Reporting to the board of trustees about the standard of safeguarding in the Academy

The DSL and the safeguarding governor/trustee meet on a regular basis to discuss safeguarding issues and to agree steps to continuously improve safeguarding practices in the Academy.

4 | Children Who May be Particularly Vulnerable

4.1 Some children are at greater risk of abuse. This increased risk can be caused by many factors including social exclusion, isolation, discrimination and prejudice. To ensure that all of our pupils receive equal protection, we give special consideration to children who:

- Are vulnerable because of their race, ethnicity, religion, disability, gender identity or sexuality
- Are vulnerable to being bullied, or engaging in bullying
- Are at risk of sexual exploitation, forced marriage, female genital mutilation, or being drawn into extremism
- Live in chaotic or unsupportive home situations
- Live transient lifestyles or live away from home or in temporary accommodation
- Are looked after, post looked after or privately fostered children
- Are affected by parental substance abuse, domestic violence or parental mental health needs
- Are misusing alcohol or other drugs themselves
- Do not have English as a first language
- Have an Education and Health Care Plan or other identified Special Educational Need that makes them vulnerable
- Are young carers
- Have a mental health need
- Have a family member in custody or affected by parental offending
- Are persistently absent from school
- Children absent from education (persistently or regularly absent from school)
- Frequently missing or goes missing from education, home or care

- Has previously experienced multiple suspensions, is at risk of being permanently excluded from schools, college and who attend alternative provision or a pupil referral unit

5 | Children with Special Educational Needs and Disabilities

5.1 Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse, exploitation and neglect in this group of children, which can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- Being more prone to peer group isolation than other children;
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

5.2 Our staff are trained to be aware of and identify these additional barriers to ensure this group of children are appropriately safeguarded.

6 | Children Missing Education

6.1 Children missing education, particularly repeatedly, can be an indicator of abuse, exploitation and neglect, including sexual abuse or exploitation, child criminal exploitation, mental health problems, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Our staff are alert to these risks.

6.2 Children absent from education, particularly repeatedly or for prolonged absences, will have safe and well calls and home visits, at least weekly, to maintain the working relationship with the academy. The academy will work to reduce barriers to school attendance with the student and their family.

- 6.3 We closely monitor attendance, absence and exclusions and our DSL will take appropriate action including notifying the local authority, particularly where children go missing on repeated occasions and/or are missing for periods during the school day.

7 | Mental Health

- 7.1 Schools have an important role to play in supporting the mental health and wellbeing of their pupils.
- 7.2 All staff are aware that mental health problems can be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff are also aware that where children have suffered adverse childhood experiences those experiences can impact on their mental health, behaviour and education.
- 7.3 Where staff are concerned that a child's mental health is also a safeguarding concern, they will discuss it with the DSL or a deputy and record their concern in writing.
- 7.4 The Academy's Mental Health Procedure is included as an appendix to this policy.

8 | Children Who Are Lesbian, Gay, Bisexual or Gender Questioning

- 8.1 The fact that a child or a young person may be lesbian, gay, bisexual is not in itself an inherent risk factor for harm. Unfortunately, children who are lesbian, gay or bisexual or simply perceived to be, can be targeted by other children. The risk to these children can be compounded where children lack a trusted adult, with whom they can be open. Our staff endeavour to reduce barriers and provide a safe space and trusted adults for children who are lesbian, gay, bisexual or gender questioning, to speak out or share their concerns with them.
- 8.2 We recognise that children who are questioning their gender identity have unique needs and may have vulnerabilities. The [Cass Review](#) has identified that caution is necessary for children questioning their gender, as there remain many unknowns about the impact of social transition and children may well have wider vulnerabilities, including complex mental health and psychosocial needs, and in some cases, additional diagnoses of autism and/or attention deficit hyperactivity disorder.

- 8.3 When working with families or carers, making decisions about support for gender-questioning children, we will encourage families to seek clinical help and advice. We will take a cautious approach when supporting a gender questioning child and will consider the broad range of their individual needs. Our staff will endeavour to provide a safe space and trusted adults for these children to share their concerns, working to reduce the barriers. This approach will be constructed in collaboration with the child's parents, except in the exceptionally rare circumstances where involving parents would constitute a significant risk of harm to the child (In which case a referral will be made to the appropriate external agencies). We will also consider any clinical advice that is available and address wider vulnerabilities, such as the risk of bullying.

9 | Child-on-Child Abuse

- 9.1 Child-on-child abuse – children harming other children - is unacceptable and will be taken seriously; it will not be tolerated or passed off as 'banter', 'just having a laugh', 'part of growing up' or 'boys being boys'. It is statistically more likely that boys will be perpetrators of child-on-child abuse and girls will be victims, but allegations will be dealt with in the same manner, regardless of gender.
- 9.2 All staff should be clear about the policy and procedures for addressing child-on-child abuse and maintain an attitude of 'it could happen here'.
- 9.3 Child-on-child abuse can take many forms, including:
- **Physical abuse** such as shaking, hitting, biting, kicking or hair pulling
 - **Bullying**, including cyberbullying, prejudice-based and discriminatory bullying
 - **Sexual violence and harassment** such as rape and sexual assault or sexual comments and inappropriate sexual language, remarks or jokes
 - **Causing someone to engage in sexual activity without consent**, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
 - **Upskirting**, which involves taking a picture under a person's clothing without their knowledge for the purposes of sexual gratification or to cause humiliation, distress or alarm
 - **Consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)** including pressuring others to share sexual content
 - **Abuse in intimate personal relationships between peers (also known as teenage relationship abuse)** - such as a pattern of actual or threatened acts of physical, sexual or emotional abuse

- **Initiation/hazing** – used to induct newcomers into sports team or school groups by subjecting them to potentially humiliating or abusing trials with the aim of creating a bond.

9.4 Different gender issues can be prevalent when dealing with child-on-child abuse, for example girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence.

9.5 All staff recognise that that even if there are no reported cases of child-on-child abuse, such abuse may still be taking place but is not being reported.

Minimising Risk

9.6 We take the following steps to minimise or prevent the risk of child-on-child abuse:

- Promoting an open and honest environment where children feel safe and confident to share their concerns and worries
- Providing alternative, non-verbal routes for disclosure
- Using assemblies to outline acceptable and unacceptable behaviour
- Using RSE (Relationships and Sex Education) and PSHE (Personal, Social, Health and Economic Education) to educate and reinforce our messages through stories, role play, current affairs and other suitable activities
- Undertaking a preventative risk assessment to identify places and circumstances where risks of child on child abuse may be enhanced and to identify actions to mitigate these risks

Ensuring that the academy is well supervised, especially in areas where children might be vulnerable.

Investigating Allegations

9.7 All allegations of child-on-child abuse should be passed to the DSL immediately who will oversee investigation and management of the allegation as follows:

- **Gather information** - children and staff will be spoken to immediately to gather relevant information.
- **Decide on action** - if it is believed that any child is at risk of significant harm, a referral will be made to children's social care. The DSL will then work with children's social care to decide on next steps, which may include contacting the police. In other cases, we may follow our behaviour policy alongside this Child Protection and Safeguarding Policy.

- **Inform parents** - we will usually discuss concerns with the parents. However, our focus is the safety and wellbeing of the pupil and so if the academy believes that notifying parents could increase the risk to a child or exacerbate the problem, advice will first be sought from children's social care and/or the police before parents are contacted.
- **Record information** – all concerns, discussions and decisions made, and the reasons for those decisions will be recorded in writing, kept confidential and stored securely on the academy's child protection and safeguarding file. The record will include a clear and comprehensive summary of the concern, details of how the concern was followed up and resolved, and a note of the action taken, decisions reached and the outcome.

9.8 Where allegations of a sexual nature are made, the academy will follow the statutory guidance set out in Part 5 of Keeping Children Safe in Education.

9.9 Children can report allegations or concerns of child-on-child abuse to any staff member and that staff member will pass on the allegation to the DSL in accordance with this policy. To ensure children can report their concerns easily, the academy has the following system in place for children to confidently report abuse. See Appendix 4, for routes to disclosure.

9.10 Our staff reassure all victims that they are being taken seriously, regardless of how long it has taken for them to come forward, and that they will be supported and kept safe. Our staff will never give a victim the impression that they are creating a problem by reporting sexual violence or sexual harassment, nor will victims be made to feel ashamed for making a report.

9.11 Abuse that occurs online or outside of school will not be downplayed and will be treated equally seriously. We recognise that sexual violence and sexual harassment occurring online can introduce a number of complex factors. Amongst other things, this can include widespread abuse or harm across several social media platforms that leads to repeat victimisation.

9.12 The support required for the pupil who has been harmed will depend on their particular circumstance and the nature of the abuse. The support we provide could include counselling and mentoring or some restorative justice work.

9.13 Support may also be required for the pupil that caused harm. We will seek to understand why the pupil acted in this way and consider what support may be required to help the pupil and/or change behaviours. The consequences for the harm caused or intended will be addressed.

9.14 Further information, including the requirements for formal check ins with pupils following any incidents of child on child abuse are included in the Anti Child on Child Abuse Policy.

10 | Serious Violence

- 10.1 All staff are made aware of indicators that children are at risk from or are involved with serious violent crime. These include increased absence, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts could also indicate that children have been approached by or are involved with individuals associated with criminal gangs.
- 10.2 All staff are made aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent, having multiple suspensions or being permanently excluded from school, having experienced maltreatment and having been involved in offending, such as theft or robbery. All concerns are reported immediately to the DSL and recorded in writing.

11 | Child Criminal & Sexual Exploitation

- 11.1 Both Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE) are forms of abuse and both occur where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. This power imbalance can be due to a range of factors, including:
- Age
 - Gender
 - Sexual identity
 - Cognitive ability
 - Physical strength
 - Status
 - Access to economic or other resources
- 11.2 The abuse can be perpetrated by individuals or groups, males or females, and children or adults. They can be one-off occurrences or a series of incidents over time and may or may not involve force or violence. Exploitation can be physical and take place online.

Child Criminal Exploitation (CCE)

- 11.3 CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing, being forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

- 11.4 Children can become trapped by this exploitation as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or carry a knife for a sense of protection.
- 11.5 Children involved in criminal exploitation often commit crimes themselves. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.
- 11.6 It is important to note that the experience of girls who are criminally exploited can be very different to that of boys and both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

CCE Indicators

- 11.7 CCE indicators can include children who:
- Appear with unexplained gifts or new possessions
 - Associate with other young people involved in exploitation
 - Suffer from changes in emotional well-being
 - Misuse drugs or alcohol
 - Go missing for periods of time or regularly return home late
 - Regularly miss school or education or do not take part in education

Child Sexual Exploitation (CSE)

- 11.8 CSE is a form of child sexual abuse which may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse.
- 11.9 CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.
- 11.10 CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.
- 11.11 Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a child's physical and emotional health. It may also be linked to child trafficking.

CSE Indicators

- 11.12 The above indicators can also be indicators of CSE, as can children who:
- Have older boyfriends
 - Suffer sexually transmitted infections or become pregnant

- 11.13 We include the risks of criminal and sexual exploitation in our RSE and health education curriculum. It is often the case that the child does not recognise the coercive nature of the exploitative relationship and does not recognise themselves as a victim.
- 11.14 Victims of criminal and sexual exploitation can be boys or girls and it can have an adverse impact on a child's physical and emotional health.
- 11.15 All staff are aware of the indicators that children are at risk of or are experiencing CCE or CSE. All concerns are reported immediately to the DSL and recorded in writing. Staff must always act on any concerns that a child is suffering from or is at risk of criminal or sexual exploitation.

12 | County Lines

- 12.1 County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs around the country using dedicated mobile phone lines. Children and vulnerable adults are exploited to move, store and sell drugs and money, with offenders often using coercion, intimidation, violence and weapons to ensure compliance of victims.
- 12.2 County lines exploitation can occur where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child. This power imbalance can be due to the same range of factors set out at paragraph 10.1 of this policy.
- 12.3 Children can be targeted and recruited into county lines in a number of locations, including schools and colleges. Indicators of county lines include those indicators set out at 10.1 of this policy, with the main indicator being missing episodes from home and/or school.
- 12.4 Additional specific indicators that may be present where a child is criminally exploited include children who:
- Go missing and are subsequently found in areas away from home
 - Have been the victim or perpetrator of serious violence (e.g. knife crime)
 - Are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs
 - Are exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection
 - Are found in accommodation with which they have no connection or in a hotel room where there is drug activity
 - Owe a 'debt bond' to their exploiters
 - Have their bank accounts used to facilitate drug dealing.

- 12.5 All staff are aware of indicators that children are at risk from or experiencing criminal exploitation. The main indicator is increased absence during which time the child may have been trafficked for the purpose of transporting drugs or money. All concerns are reported immediately to the DSL and recorded in writing.

13 | Sharing Nudes and Semi-Nudes

- 13.1 Sharing photos, videos and live streams online is part of daily life for many children and young people, enabling them to share their experiences, connect with friends and record their lives. Sharing nudes and semi-nudes means the sending or posting online of nude or semi-nude images, videos or live streams by young people under the age of 18. This could be via social media, gaming platforms, chat apps or forums, or carried out offline between devices via services like Apple's AirDrop.
- 13.2 The term 'nudes' is used as it is most commonly recognised by young people and more appropriately covers all types of image sharing incidents. Alternative terms used by children and young people may include 'dick pics' or 'pics'. Other terms used in education include 'sexting', 'youth produced sexual imagery' and 'youth involved sexual imagery'.
- 13.3 The motivations for taking and sharing nudes and semi-nudes are not always sexually or criminally motivated. Such images may be created and shared consensually by young people who are in relationships, as well as between those who are not in a relationship. It is also possible for a young person in a consensual relationship to be coerced into sharing an image with their partner. Incidents may also occur where:
- Children and young people find nudes and semi-nudes online and share them claiming to be from a peer
 - Children and young people digitally manipulate an image of a young person into an existing nude online or use AI generated nudes.
 - Images created or shared are used to abuse peers e.g. by selling images online or obtaining images to share more widely without consent to publicly shame
 - Images created are used in financially motivated incidents to sextort peers or young people. Sextortion is a type of online blackmail. It's when criminals threaten to share sexual pictures, videos, or information about someone unless they pay money or do something else they don't want to.
- 13.4 All incidents involving nude, AI generated nudes or semi-nude images will be managed as follows:
- The incident will be referred to the DSL by the staff member immediately and will be recorded in writing. The DSL will discuss it with the appropriate staff. If necessary, the DSL may also interview the children involved.
 - Parents will be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put a child at risk of harm.

- Parents and students will be signposted to the NCMED's Take It Down tool to remove nudes or semi-nudes that may have been shared online
- At any point in the process, if there is a concern a young person has been harmed or is at risk of harm, we will refer the matter to the police and/or children's social care.

13.5 The UK Council for Internet Safety updated its advice for managing incidences of sharing nudes and semi-nudes in December 2020 - [UKCIS advice 2020](#) (updated in 2024) . The academy will have regard to this advice when managing these issues.

14 | Online safety

14.1 It is essential that children are safeguarded from potentially harmful and inappropriate online material. As well as educating children about online risks, we have appropriate filtering and monitoring systems in place to limit the risk of children being exposed to inappropriate content, subjected to harmful online interaction with other users and to ensure their own personal online behaviour does not put them at risk. The DSL is responsible for ensuring filtering and monitoring is secure at the academy. These filtering and monitoring systems are reviewed regularly to ensure their effectiveness.

14.2 We will ensure that academies meet the expected standards outlined in [Cyber security standards for schools and colleges](#) and regularly review guidance, ensuring we meet the standards outlined in [Generative AI: Product Expectations](#).

14.3 We tell parents and carers which filtering and monitoring systems we use, so they can understand how we work to keep children safe.

14.4 We will also inform parents and carers of what we are asking children to do online, including the sites they need to access, and with whom they will be interacting online.

14.5 Online safety risks can be categorised into four areas of risk:

- **Content:** being exposed to illegal, inappropriate or harmful content such as pornography, fake news, misogyny, self-harm, suicide, radicalisation and extremism, misinformation, disinformation and conspiracy theories
- **Contact:** being subjected to harmful online interaction with other users such as peer to peer pressure and adults posing as children or young adults to groom or exploit children
- **Conduct:** personal online behaviour that increases the likelihood of, or causes, harm such as making, sending and receiving explicit images, sharing other explicit images and online bullying
- **Commerce:** risks such as online gambling, inappropriate advertising, phishing or financial scams.

- 14.6 All staff are aware of these risk areas and should report any concerns to the DSL and record them in writing.
- 14.7 Further information about Online Safety including the Acceptable Use Policy can be found in our ICT Policy [here](#).

15 | Handheld Devices and Cameras

- 15.1 The Trust has a separate policy regarding the safe use of mobiles and cameras. This includes:
 - 15.1.1 Personal devices are only to be used by staff when on a designated break away from the pupils. At all other times, personal devices are to be switched off.
 - 15.1.2 Academy devices are only to be used by staff for work purposes. Photographs and videos of the pupils are only to be taken on school devices.
 - 15.1.3 Images of the pupils will only be used in accordance with our Data Protection Policy.

16 | Domestic Abuse

- 16.1 The Domestic Abuse Act 2021 introduces a legal definition of domestic abuse and recognises the impact of domestic abuse on children if they see, hear or experience the effects of abuse.
- 16.2 Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse, between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. It includes people who have been or are married, are or have been civil partners, have agreed to marry one another or each have or have had a parental relationship in relation to the same child. It can include psychological, physical, sexual, financial and emotional abuse.
- 16.3 Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socioeconomic status, sexuality or background and domestic abuse can take place inside or outside of the home. This means children can also be victims of domestic abuse.
- 16.4 Children can witness and be adversely affected by domestic violence in their home life. Experiencing domestic abuse and exposure to it can have a serious emotional and psychological impact on children, and in some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.
- 16.5 Where police have been called to a domestic violence incident where children are in the household and experienced that incident, the police will inform the DSL. This ensures that the academy has up to date safeguarding information about the child.
- 16.6 All staff are aware of the impact domestic violence can have on a child and that a child who witnesses domestic abuse is also considered to be a victim. If any of our staff are concerned

that a child has witnessed domestic abuse, they will report their concerns immediately to the DSL and record them in writing.

17 | Honour-Based abuse

17.1 So-called 'honour-based' abuse (HBA) encompasses actions taken to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage and practices such as breast ironing.

17.2 Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. Our staff are aware of this dynamic and additional risk factors and we take them into consideration when deciding what safeguarding action to take.

17.3 If staff are concerned that a child may be at risk of HBA or who has suffered from HBA, they should speak to the Designated Safeguarding Lead and record their concerns in writing.

17.4 Female Genital Mutilation

- FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal and a form of child abuse with long-lasting harmful consequences.
- FGM is carried out on females of any age, from babies to teenagers to women. Our staff are trained to be aware of risk indicators, including concerns expressed by girls about going on a long holiday during the summer break. If staff are concerned that a child may be at risk of FGM or who has suffered FGM, they should speak to the Designated Safeguarding Lead and record their concerns in writing. Teachers are also under legal duty to report to the police where they discover that FGM has been carried out on a child under 18. In such circumstances, teachers will personally report the matter to the police as well as informing the Designated Safeguarding Lead.

17.5 Forced Marriage

- A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Coercion may include physical, psychological, financial, sexual and emotional pressure or abuse. Forced marriage is illegal.
- Since February 2023 it has also been a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. As with the existing forced marriage law, this applies to non-binding, unofficial "marriages" as well as legal marriages.

- Our staff are trained to be aware of risk indicators, which may include being taken abroad and not being allowed to return to the UK.
- Forced marriage is not the same as arranged marriage, which is common in many cultures.
- If staff are concerned that a child may be at risk of forced marriage, they should speak to the Designated Safeguarding Lead and record their concern in writing.

18 | Radicalisation and Extremism

- 18.1 Extremism is defined as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Radicalisation refers to the process of legitimising support for, or use of terrorist violence.
- 18.2 Children are susceptible to extremist ideology and radicalisation. Whilst Islamic fundamentalism is the most widely publicised, extremism and radicalisation can occur in other cultures, religions and beliefs, including the far right and white supremacy. Our staff are trained to identify those at risk of being radicalised or drawn into extremism.
- 18.3 Prevent Duty training should be updated regularly and at least every two years in all of our Academies. More information about Prevent Duty can be found here: [Prevent duty guidance: England and Wales \(2023\) - GOV.UK](#)
- 18.4 If staff are concerned that a child may be at risk of radicalisation or being drawn into extremism, they should speak to the Designated Safeguarding Lead and record their concern in writing.

19 | Staff/Pupil Relationships

- 19.1 Staff are aware that inappropriate behaviour towards pupils is unacceptable and that it is a criminal offence for them to engage in any sexual activity with a pupil under the age of 18.
- 19.2 Staff are trained to recognise adult behaviour that constitutes both a low-level concern and a harm test passing concern in line with KCSIE as part of their core level 1 training.
- 19.3 We provide our staff with advice regarding their personal online activity and we have clear rules regarding electronic communications and online contact with pupils. It is considered a serious disciplinary issue if staff breach these rules.
- 19.4 Our Staff Code of Conduct sets out our expectations of staff and is signed by all staff members.
- 19.5 Allegations made against staff will be dealt with in line with our [Staff Conduct Concerns Policy](#).

20 | Safeguarding Concerns and Allegations Made About Staff, Supply Staff, Contractors and Volunteers

- 20.1 If a safeguarding concern or allegation is made about a member of staff, supply staff, contractor or a volunteer, our set procedures must be followed. Our Staff Safeguarding Concerns Policy, which outlines the safeguarding concerns and allegations made about staff, supply staff, contractors and volunteers, can be accessed here (*Staff Conduct Concerns Policy*) and the full procedure for managing such allegations or concerns are set out in Part Four of Keeping Children Safe in Education.
- 20.2 Safeguarding concerns or allegations made about staff who no longer work at the academy will be reported to the police.

21 | Whistle Blowing if You Have Concerns About a Colleague

- 21.1 It is important that all staff and volunteers feel able to raise concerns about a colleague's practice. All such concerns should be reported to the Principal unless the complaint is about the Principal, in which case concerns should be reported to the Director of Primary or Secondary Education, as appropriate.
- 21.2 Staff may also report their concerns directly to children's social care or the police if they believe direct reporting is necessary to secure action.
- 21.3 The [Whistleblowing Policy](#) allows staff to raise concerns or make allegations and for an appropriate enquiry to take place.

22 | Staff and Governor/Trustee Training

- 22.1 Our staff receive appropriate safeguarding and child protection training which is regularly updated through an annual KCSIE update and regular training sessions as well as bulletins throughout the year. In addition, all staff receive safeguarding and child protection updates on a regular basis to ensure they are up to date and empowered to provide exceptional safeguarding to our pupils.
- 22.2 New staff and volunteers receive a briefing during their induction which covers this Child Protection and Safeguarding Policy and our staff Code of Conduct, how to report and record concerns and information about our Designated Safeguarding Lead and Deputy DSLs.
- 22.3 Our governors/trustees receive appropriate safeguarding and child protection (including online) training at induction which equips them with the knowledge to provide strategic challenge to test and assure themselves that there is an effective whole trust approach to safeguarding. This training is updated at least annually.
- 22.4 Our safeguarding governor/trustee receives additional training to empower them to support and challenge the Designated Safeguarding Lead and support the delivery of high-quality safeguarding across the trust.

23 | Safer Recruitment

- 23.1 The governing body and our senior leadership team are responsible for ensuring we follow recruitment procedures that help to deter, reject or identify people who might harm children. When doing so we check and verify the applicant's identity, qualifications and work history in accordance with Keeping Children Safe in Education and the local safeguarding partner arrangements.
- 23.2 All relevant staff (involved in early years settings and/or before or after school care for children under eight) are made aware of the disqualification from childcare guidance and their obligations to disclose to us relevant information that could lead to disqualification.
- 23.3 We ensure that our volunteers are appropriately checked and supervised when in the academy. We check the identity of all contractors working on site and request Disclosure and Barring Service (DBS) checks where required by Keeping Children Safe in Education. Contractors who have not undergone checks will not be allowed to work unsupervised during the academy day.
- 23.4 When using supply staff, we will obtain written confirmation from supply agencies or third party organisations that staff they provide have been appropriately checked and are suitable to work with children. Trainee teachers will be checked either by the academy or by the training provider, from whom written confirmation will be obtained confirming their suitability to work with children.
- 23.5 The trust maintains the single central record of recruitment checks undertaken in each of our academies. Our Recruitment Policy and procedures can be accessed [here](#).

24 | Site Security

- 24.1** Visitors are asked to sign in at the academy reception and are given a badge, which confirms they have permission to be on site. If visitors have undergone the appropriate checks, they can be provided with a green lanyard and given unescorted access to the academy site. Visitors who have not undergone the required checks will be provided with a red lanyard and be escorted at all times.
- 24.2** Details of procedures for visitors including protocols for guest speakers can be found in the Visitors Procedure [here](#).

25 | Child Protection Procedures

25.1 Recognising abuse

- 25.1.1** Abuse, exploitation and neglect are forms of maltreatment. Somebody may abuse, exploit or neglect a child by inflicting harm or by failing to act to prevent harm. Abuse may be committed by adult men or women and by other children and young people.
- 25.1.2** Keeping Children Safe in Education refers to the categories of abuse. These are set out at Appendix One along with indicators of abuse.

25.2 Taking action

- 25.2.1** Any child could become a victim of abuse. Key points for staff to remember for taking action are:
- In an emergency take the action necessary to help the child, if necessary call 999
 - Report your concern to the DSL as soon as possible and immediately if there is an immediate risk of harm. Record the concern in writing on CPOMs or a paper copy of the concern form if CPOMs is not available to you.
 - Share information on a need-to-know basis only and do not discuss the issue with colleagues, friends or family

25.3 If you are concerned about a pupil's welfare

- 25.3.1** Staff may suspect that a pupil may be at risk. This may be because the pupil's behaviour has changed, their appearance has changed or physical signs are noticed. In these circumstances, staff will give the pupil the opportunity to talk and ask if they are OK.

25.3.2 If the pupil does reveal that they are being harmed, staff should follow the advice below.

25.3.3 Staff are aware that children may experience barriers to disclosure such as not feeling ready or knowing how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. Children may feel embarrassed, humiliated, or may be being threatened, which could be due to their vulnerability, disability and/or sexual orientation or language barriers. This will not prevent our staff from having professional curiosity, speaking to the DSL and recording their concerns in writing if they are worried about a child.

25.4 If a pupil discloses to you

25.4.1 If a pupil tells a member of staff about a risk to their safety or wellbeing, the staff member will:

- Remain calm and not overreact
- Allow them to speak freely
- Not be afraid of silences
- Not ask investigative questions
- Give reassuring nods or words of comfort – ‘I’m so sorry this has happened’, ‘I want to help’, ‘This isn’t your fault’, ‘You are doing the right thing in talking to me’
- Not automatically offer physical touch as comfort
- Let the pupil know that in order to help them they must pass the information on to the DSL
- Tell the pupil what will happen next
- Alert the DSL immediately if there is an imminent risk of harm
- Record the concern on CPOMS as soon as possible
- Report verbally to the DSL even if the child has promised to do it by themselves

25.5 Notifying parents

The academy will normally seek to discuss any concerns about a pupil with their parents or carers. If the academy believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children’s social care and/or the police before parents are notified.

26 | Referral to Children's Social Care

- 26.1 The DSL will make a referral to children's social care if it is believed that a pupil is suffering or is at risk of suffering significant harm. The pupil (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

27 | Reporting directly to child protection agencies

- 27.1 Staff should follow the reporting procedures outlined in this policy. However, they may also share information directly with children's social care or the police if they are convinced that a direct report is required or if the Designated Safeguarding Lead, the deputies, the Principal or the chair of governors are not available and a referral is required immediately. Contact details are listed in section 3 of this policy.

28 | PACE Code C (Police and Criminal Evidence Act (1984) – Code C)

- 28.1 The Principal, DSL and deputy (DDSL) are aware of the requirement for children to have an appropriate adult when in contact with Police officers.

- 28.2 The 'appropriate adult' means, in the case of a child:

- The parent, guardian or, if the child is in the care of a local authority or voluntary organisation, a person representing that authority or organisation.
- A social worker of a local authority

If these are unavailable, another responsible adult aged 18 or over who is not:

- A police officer
- Employed by the police
- Under the direction or control of the chief officer of a police force
- A person who provides services under contractual arrangements (but without being employed by the chief officer of a police force), to assist that force in relation to the discharge of its chief officer's functions.

- 28.3 The DSL will ensure that this requirement is explained to staff as part of annual training.
- 28.4 The DSL will ensure that, should the police attend the Academy site to interview a student in respect of an allegation that parents/carers are contacted and given the opportunity to attend site as the appropriate adult. Should this not be the case a trained member of the Academy staff should undertake this role until the police can provide an appropriate adult.
- 28.5 The Principal, DSL or Deputy DSL will seek to ensure that interviews take place in police custody, away from the Academy so that the Academy remains a safe space for the young person.

29 | Confidentiality and Sharing Information

- 29.1 Child protection issues necessitate a high level of confidentiality. Staff should only discuss concerns with the Designated Safeguarding Lead or Deputy DSL, Principal or Chair of Governors.

29.2 **Sharing information**

- 29.2.1 The DSL will normally obtain consent from the pupil and/or parents to share child protection information. Where there is good reason to do so, the DSL may share information *without* consent, and will record the reason for deciding to do so.
- 29.2.2 Information sharing will take place in a timely and secure manner and only when it is necessary and proportionate to do so and the information to be shared is relevant, adequate and accurate.
- 29.2.3 Information sharing decisions will be recorded, whether or not the decision is taken to share.
- 29.2.4 The UK GDPR and the Data Protection Act 2018 do not prevent academy staff from sharing information with relevant agencies, where that information may help to protect a child. If any member of staff receives a request from a pupil or parent to see child protection records, they will refer the request to the Trust's Data Protection Officer.

29.3 **Storing information**

- 29.3.1 Child protection information will be stored separately from the pupil's school file within our CPOMS system where information will be appropriately categorised. It will be stored and handled in line with our Record Management, Retention and Disposal Policy.
- 29.3.2 Our Data Protection Policy and our Record Management, Retention and Disposal Policy are available to parents and pupils on request and can also be found on our website.

30 | Special Circumstances

30.1 Looked after children

30.1.1 The most common reason for children becoming looked after is as a result of abuse or neglect. The academy ensures that staff have the necessary skills and understanding to keep looked after children safe. Appropriate staff have information about a child's looked after status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child. The Designated Teacher for looked after children and the DSL have details of the child's social worker and the name and contact details of the local authority's Virtual Headteacher for children in care. The Virtual School Headteacher is a strategic leader, who promotes the educational outcomes of children with a social worker or in Kinship Care.

30.2 Children who have a social worker

30.2.1 Children may need a social worker due to safeguarding or welfare needs. Local authorities will share this information with us, and the DSL will hold and use this information to inform decisions about safeguarding and promoting the child's welfare.

30.3 Work Experience

30.3.1 The academy has detailed procedures to safeguard pupils undertaking work experience, including arrangements for checking people who provide placements and supervise pupils on work experience which are in accordance with statutory guidance.

30.4 Children staying with host families

30.4.1 The academy may make arrangements for pupils to stay with host families, for example during a foreign exchange trip or sports tour. When we do, we follow the guidance set out in the statutory guidance to ensure hosting arrangements are as safe as possible.

30.4.2 Schools cannot obtain criminal record information from the Disclosure and Barring Service about adults abroad. Where pupils stay with host families abroad we will agree with the partner schools a shared understanding of the safeguarding arrangements. Our Designated Safeguarding Lead will ensure the arrangements are sufficient to safeguard our pupils and will include ensuring pupils understand who to contact should an emergency occur or a situation arise which makes them feel uncomfortable. We will also make parents aware of these arrangements.

30.4.3 Some overseas pupils may reside with host families during school terms and we will work with the local authority to check that such arrangements are safe and suitable.

30.5 Private fostering arrangements

- 30.5.1 A private fostering arrangement occurs when someone other than a parent or a close relative, cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16 or aged under 18 if the child is disabled. By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify children's services as soon as possible.
- 30.5.2 Where a member of staff becomes aware that a pupil may be in a private fostering arrangement they will tell the DSL and the school will notify the local authority of the circumstances

Appendix One – Four Categories of Abuse

It is vital that staff are also aware of the range of behavioural indicators of abuse and report any concerns to the Designated Safeguarding Lead. It is the responsibility of staff to report their concerns.

All staff should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

1 Physical abuse

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning, 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.

Indicators of physical abuse

The following may be indicators of physical abuse:

- have bruises, bleeding, burns, bites, fractures or other injuries
- show signs of pain or discomfort
- keep arms and legs covered, even in warm weather
- be concerned about changing for PE or swimming
- An injury that is not consistent with the account given
- Symptoms of drug or alcohol intoxication or poisoning
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

2 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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including cyber 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, although it may occur alone.

Indicators of emotional abuse

The following may be indicators of emotional abuse:

- The child consistently describes themselves in negative ways
- Over-reaction to mistakes
- Delayed physical, mental or emotional development
- Inappropriate emotional responses, fantasies
- Self-harm
- drug or solvent abuse
- Running away
- Appetite disorders – anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis (urinary incontinence)

3 Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

3.1 Indicators of sexual abuse

The following may be indicators of sexual abuse:

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Aggressive behaviour including sexual harassment or molestation
- Reluctance to undress for PE or swimming
- Anal or vaginal discharge, soreness or scratching
- Bruises or scratches in the genital area
- Reluctance to go home
- Refusal to communicate
- Depression or withdrawal
- isolation from peer group
- Eating disorders, for example anorexia nervosa and bulimia
- self-harm
- substance abuse
- acquire gifts such as money or a mobile phone from new 'friends'

4 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, for example, 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); or
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of neglect

The following may be indicators of neglect:

- constant hunger or stealing, scavenging and/or hoarding food
- frequent tiredness
- frequently dirty or unkempt
- poor attendance or often late
- poor concentration
- illnesses or injuries that are left untreated
- failure to achieve developmental milestones or to develop intellectually or socially
- responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- the child is left at home alone or with inappropriate carers

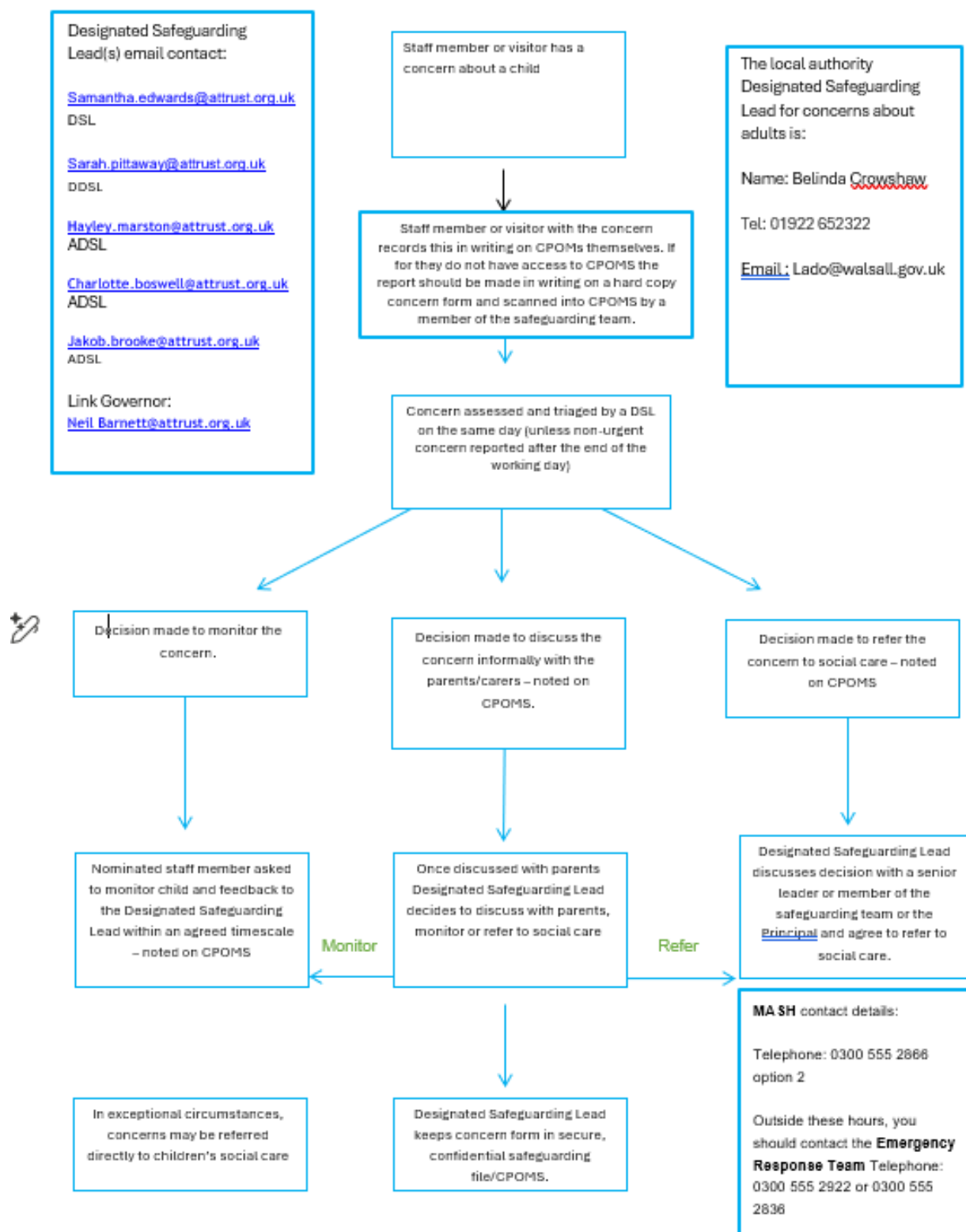
All staff should be aware that child sexual and child criminal exploitation are forms of child abuse

Appendix Two – Localised Safeguarding Top 5

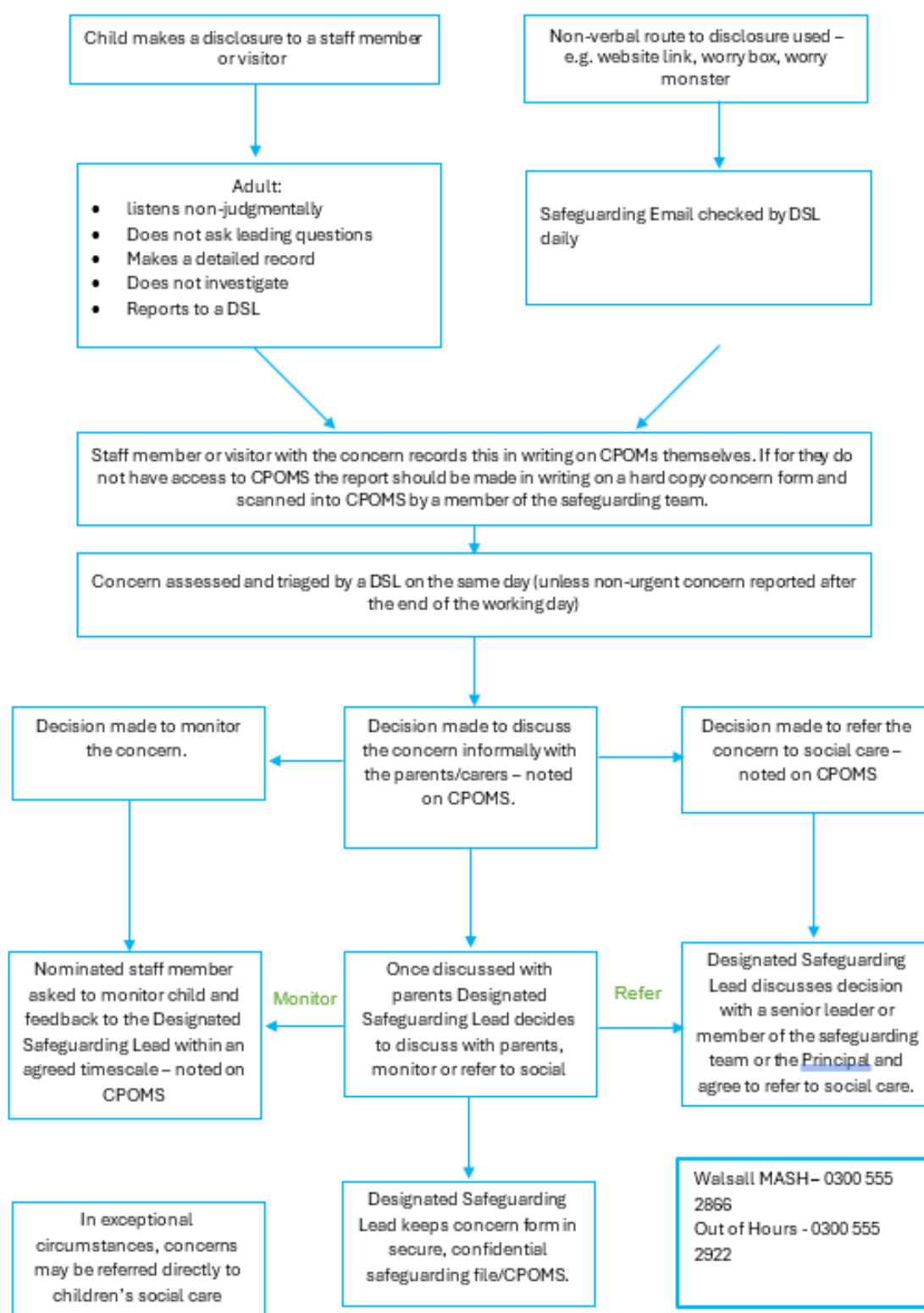
Our most significant local concerns are: (add your Academy's most significant concerns based on data

	Localised Safeguarding Concerns	Our strategic academy response – what we do to prevent or reduce harm and respond to harm if it occurs.
1	Child on Child Abuse	• Zero tolerance and every reported incident will be taken seriously and responded to. • Non-verbal methods of reporting have been established • Staff training so that there is a culture of vigilance in identifying and reporting child on child abuse. • 6-week reviews put in place where child on child abuse is evident with sign off by DSL after discussion with pupil and parents/ carers. • Parental meetings to take place for all Bullying Cases • Parent and student contract for all Bullying cases • Staff training and awareness briefings • PSHE programme – Healthy relationships Anti bullying week interventions • Relaunch 'That's not OK' • That's not OK assemblies • Anti Bullying Ambassador programme
2	Mental Health & Wellbeing	• Identified mental health lead for students and staff • Mental Health & Wellbeing Provision Flowchart • All staff to be mental health level 1 trained • Mental Health and wellbeing assemblies • PSHE – Mental health and resilience focus • Helpline credit cards • Helpline information for families • Safety plans and risk assessments • School led early help programmes • Early help assessments • Universal support • Five Assistant Heads of Year • LSU • School Counsellor
3	Use of prejudice language	• Zero tolerance and every reported incident will be taken seriously and responded to. • Staff training so that there is a culture of vigilance in identifying and reporting prejudice language • PSHE programme • Relaunch 'That's not OK' • Anti Bullying Ambassador Programme • PCSO intervention for use of prejudice language • Assemblies
4	E-Safety	• Online safety is part of the curriculum • Regular assemblies and form time updates. • CEOP affiliated member of Computer Science teaching team. • Support for parents on the website as well as welcoming events and regular newsletter updates • PCSO intervention for online safety
5	HSB	• 6-week reviews put in place where HSB is evident with sign off by DSL after discussion with pupil and parents/ carers. • HSB Assemblies • PSHE curriculum • NSPCC interventions • PCSO intervention

Appendix Three – Reporting Flowchart



Appendix Four - Routes to Disclosure Flowchart



Appendix Five – Related Safeguarding Policies

- - Staff code of conduct
 - Use of Reasonable Force Policy
 - Behaviour Policy
 - Personal and intimate care
 - Complaints Procedure
 - Anti Child on Child Abuse and Bullying Policy
 - Home Visits Policy
 - Whistleblowing Policy
 - SEND Policy
 - Attendance Policy
 - Recruitment and selection
 - Staff Conduct Concerns
 - Staff Disciplinary Policy
 - ICT Policy (Including Acceptable Use Agreement)
 - Data Protection Policy
 - Exclusions Policy
 - Visitors Policy
 - Medical Conditions Policy
 - Educational Visits Policy

[illegible]

- Appendix Seven Contact Details of Key Staff and Agencies
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Title	Name	Contact Details	
Designated Safeguarding Lead (DSL)	Samantha Edwards	Email	Samantha.edwards@attrust.org.uk
		Telephone	01902 368147 Ext 395
Deputy Designated Safeguarding Lead (DDSL)	Sarah Pittaway	Email	Sarah.pittaway@attrust.org.uk
		Telephone	01902 368147 Ext 396
Head of Academy	Lisa Macey	Email	Lisa.macey@attrust.org.uk
		Telephone	01902 368147
Safeguarding Governor	Neil Barnett	Email	Neil.Barnett@attrust.org.uk
		Telephone	
Chair of Governors	Neil Barnett	Email	PHA-office@attrust.org.uk
		Telephone	
Academy Attendance Lead	Jack Dean	Email	Jack.dean@attrust.org.uk
		Telephone	01902 368147
Attendance Officer	Tyler Rose	Email	Tyler.rose@attrust.org.uk
		Telephone	01902 368147 Ext 330
Local Arrangements			
Local Children’s Safeguarding Partnership		Contact details	https://walsallsp.co.uk/
Children’s Social Care	MASH	Contact details	MASH contact details: Telephone: 0300 555 2866 option 2 Outside these hours, you should contact the Emergency Response Team Telephone 0300 555 2922
Local Authority Designated Officer (LADO)	Belinda Crowshaw	Contact details	01922 652322 - Email : Lado@walsall.gov.uk

Appendix Eight Academy Mental Health Procedure

How Was This Strategy Written?

This Strategy has been written in response to feedback and discussion with staff, pupils, parents and mental health professionals, with reference to the NSPCC, Place 2be, Young Minds websites and through the sharing of best practice with ATT colleagues.

Overview and Academy Values

At Pool Hayes Academy, we are committed to supporting the emotional health and wellbeing of both students and staff.

We recognise that Wellbeing and Mental Health is a continuum and that students and staff may move along the continuum according to experiences and personal circumstances which bring about challenge. At times the students and staff of PHA may become vulnerable and require additional emotional support.

Positive wellbeing and mental health are a priority at PHA, and we address this in a graduated way. We aim to promote a mentally healthy environment and equip our students with the resilience and strategies to manage their mental health in the present and in the future, linked to our PHA values. We aim to do this in the following ways;

Respect & Resilience

- Helping students to understand their emotions and feelings.
- Helping students to feel comfortable sharing any concerns.
- Helping students to form and maintain social relationships.
- Providing opportunities to learn about and discuss mental health and wellbeing.
- Endeavouring to promote pupil voice and opportunities for decision-making.

Aspiration

- Promoting self-esteem and encouraging students to be confident individuals.
- Helping students to develop emotional resilience including supporting families with strategies to manage wellbeing and mental health.
- Continually reviewing and improving our provision so it is the very best it can be.
- Actively seeking involvement with external partners to secure the best opportunities for wellbeing and mental health.

Excellence

- Celebrating academic and non-academic achievements as well as those achieved out of school hours.
- Giving access to appropriate, well-informed graduated support which meets need.
- Providing a graduated approach beginning with universal, whole-school provision.
- Reviewing mental health interventions for impact.
- Supporting mental health professionals in their work with our students.

Key Staff

Designated Safeguarding Lead

- Samantha Edwards
- Sarah Pittaway – Deputy Safeguarding Lead

Mental Health Lead

- Charlotte Boswell

SENDCO

- Emma Merrett

School Counsellor

- Rachel Jones

Mental Health Champions

- Ashley Shakespeare
- Charlotte Boswell
- Ellitia Newton
- Rozina Hidayat
- Sharon Betts
- Victoria Fox

Currently Attending Training (Mental Health Champions)

- Chloe Leave
- Ellie Smith
- Georgia Mattox
- Jennifer Fergusson
- Jackie Thomson
- Leia Walker
- Tyler Rose
- Anita Essex

PHA Mental Health and Wellbeing Strategy

Mental Health and Wellbeing: A Continuum

At PHA we understand Mental Health and Wellbeing as a continuum. It is presumed that at different stages in a student's life they may find themselves at different points on the continuum. Throughout their lives, our students will experience a range of mental health and wellbeing. PHA's aim is to provide our young people with strategies and intelligence to protect themselves and to know how to seek appropriate help at the appropriate time.



Promoting Positive Wellbeing and Mental Health for all Students

Health and Well-being Programme

The PHA Health and Well-being programme is delivered by a team of staff through dedicated lessons. A spiral curriculum ensures key themes are revisited each year. There is a specific emphasis on teaching students about wellbeing and mental health including;

- Relationships
- Emotions
- Managing grief
- Self-esteem and self-image
- Dealing with change
- First Aid
- Healthy & unhealthy body
- Mental health
- Anger management

Health and Well-being Learning Journey (appendix 1)

Signposting and visuals around PHA

Mental Health and wellbeing have a high profile across PHA. Support and resources are signposted regularly via noticeboards, Health and Well-being lessons, social media and assemblies. A comprehensive list of external support agencies is available to support staff, students and parents/carers (appendix 2-signposts in all Knowledge Organisers). We offer 'Time to Talk' sessions for students who need time to talk to staff in person to seek support. National focus events such as Mental Health Awareness week, Children's Mental Health week and Anti Bullying week are signposted through the behaviour and safeguarding curriculum and celebrated through assemblies and Academy events, we also have a safeguarding page and email available on our website.

Early Identification and Intervention

We recognise that some students who may not initially present as a risk in terms of their mental health may have risk factors that will negatively impact on their mental health later. At PHA we use our well-being flow chart to support our students at the correct stage of their mental health to offer some of our Academy interventions. Alternatively, to work with externals to seek additional support when required. -the Resilience Framework (Appendix 3). PHA offer one to one mental health interventions to mitigate against risks from adverse circumstances impacting negatively on wellbeing, mental health and academic outcomes. Current interventions around mental health start with a 6-week monitoring before progressing through our well-being flow chart

As part of early interventions, students are assisted in discussing their risk factors using non-threatening and visual approaches such as the "stress bucket" (Appendix 4). Other tools and resources and tools for discussing and supporting mental health are available from Young Minds <https://youngminds.org.uk/resources/school-resources/?page=1#listing>

Targeted support

For students who present with mental health difficulties that cannot easily be resolved, the following referrals can be made by Pastoral Leaders;

- Pragmatics
- Student Counsellor
- Anger management
- Lego therapy
- Time to Talk
- Reflexions
- Mental Health Support Team

Mental Health Vulnerabilities and Indicators

All staff should be alert to specific vulnerabilities and indicators of poor mental health and should report any concerns on CPOMs, following safeguarding procedures.

Who is at Risk? (NSPCC 2020)

Any child or young person can develop mental health issues. But research has shown there are some factors that are associated with children and young people's long-term mental health.

Abuse and Neglect

The traumatic impact of abuse and neglect increases the likelihood of children developing a range of mental health issues – both during childhood and in later life. These include anxiety, depression, eating disorders and post-traumatic stress disorder. Specific types of abuse may be connected to certain mental health issues. Children who have experienced emotional abuse may be more likely to develop anxiety and.

Providing effective mental health support for children who have experienced abuse and neglect can help them recover from its effects (NSPCC, 2019b).

Additional needs and disabilities

Children and young people with additional needs and disabilities may face a range of challenges including:

- reduced mobility.
- prejudice, discrimination and bullying.

These challenges may lead to lower self-confidence, difficulty forming peer networks and social exclusion, putting them at higher risk of developing mental health issues.

Adults may confuse the signs of learning disabilities with the symptoms of mental health issues. This can mean concerns aren't recognised and responded to quickly or appropriately.

Black and Minority Ethnic (BME) children

Children from black and minority ethnic groups may experience:

- racism, discrimination and prejudice – this can be direct, indirect or institutional.
- an increased stigma around mental health in the community.

This can lead to inequalities and issues in accessing appropriate care and support for mental health needs.

Life events

Stressful or traumatic situations and experiences, such as bereavement or sudden changes in environment, can trigger mental health issues. When these happen to children they are known as **ACEs** or adverse childhood experiences. These may also be linked to experiences of abuse and can affect a child's development.

Living in care

Children in care are more likely than their peers to have a mental health difficulty. This can be due to isolation and loneliness. Children in care may also have experienced abuse or neglect, which increases the likelihood of developing mental health issues.

LGBTQ+ children and young people

LGBTQ+ children and young people may experience:

- prejudice, discrimination and bullying
- a fear of or actual rejection from family and/or friends
- feeling excluded or like an outsider

They may also experience gender dysphoria: the distress when someone's assigned gender does not match their identity. These factors and experiences mean they are more likely than their heterosexual and cisgender peers to experience a range of mental health problems.

Adverse Childhood Experiences (ACE)

Key experiences in childhood stemming from abuse (Physical, Emotional or Sexual), neglect (Physical and Emotional) and household dysfunction (mental illness, domestic violence, divorce, substance abuse, incarcerated relative etc), have significant impact on later life health and wellbeing as illustrated above. At PHA we collect information on vulnerable students through our extended Y6 into 7 transition programme so that interventions can be proactively planned. We also visit these children in their primary school.

Recognising Issues

Professionals need to be able to recognise the signs that a child may be struggling. However, it's important to remember that some mental health issues may not have visible signs. There are also factors that might make it more difficult for a child or young person to ask for help. Some children and young people may try to hide how they are feeling or what they are doing. This might be because they:

- worry they won't be taken seriously
- believe others won't understand
- have had a negative experience talking about their thoughts and feelings in the past
- feel that no one can help them
- fear being dismissed or labelled an attention seeker or 'crazy'

Children and young people may not always have the language or ability to communicate how they feel. They may be unsure who to talk to and how to talk about their problems.

Some signs of mental health issues may also look like normal child behaviour. For example, tantrums in younger children or teenagers keeping feelings to themselves.

Children who have experienced abuse may be reluctant to talk about how they are feeling, particularly if they haven't yet told anyone about the abuse. They may feel that something is wrong with them or that things may get worse if they talk about it.

Identifying and responding to mental health concerns may be one way of helping children who are experiencing abuse to get the support and protection that they need.

Signs of Child Mental Health Issues

There are ways you can identify if a child needs support with their mental health.

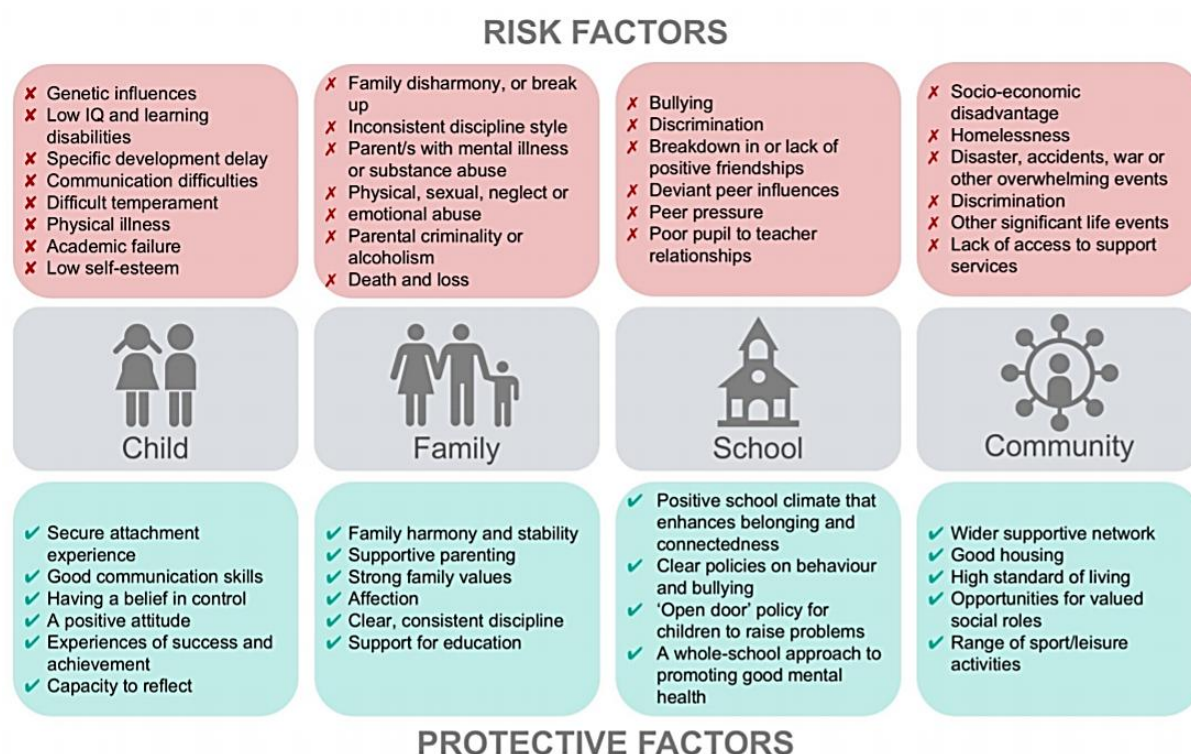
By being attentive to a child or young person's mood and behaviour, you can recognise patterns that suggest they need support.

Common warning signs of mental health issues include:

- sudden mood and behaviour changes
- self-harming
- unexplained physical changes, such as weight loss or gain
- sudden poor academic behaviour or performance
- sleeping problems
- changes in social habits, such as withdrawal or avoidance of friends and family.

These signs suggest that a child may be struggling, but there could be a number of different explanations for them. **Don't attempt to diagnose mental health issues yourself or make assumptions about what's happening in a child's life.** Recognising that a child or young person may be struggling with their mental health is the first step in helping them.

Risk Factors and Protective Factors for CYP's Mental Health



Staff Training

Staff receive training about mental health vulnerabilities and indicators as part of their annual safeguarding training and through weekly safeguarding briefings. All staff are expected to complete 'Every' training and are expected to keep it up to date.

Mental Health First Aid training for Pastoral Leaders/Mental Health First Aiders has been provided by Place2B.

SEND TAs have completed Emotion Coaching training.

SEND TAs are trained in specialist areas including anxiety, handling strong emotions, anger management, emotional literacy

SEND Core Offer

Emotional Literacy Support Assistant (ELSA) Training (**Joanne Roberts**)

Level Three Accredited Dyslexia Awareness Training (**Jill Vine**)

Secondary Language Link (**Lynn Bird**)

Foundations of Lego Therapy (**Chloe Hunt**)

Sensory Processing Measure (**Chloe, Lynn, Joanne**)

Sensory Circuits (**Georgia Hatfield**)

Zones of Regulation (**Sharon Papps, Chloe Hunt, Joanne Roberts**)

The Mental Health Lead has accessed the government funded Mental Health Lead training.

The Positive Handling Programme has been completed by DSL Hayley Marston, Assistant Principal Laura James and SENCO Emma Merrett.

Recording and Responding to Mental Health Concerns

CPOMs reporting and triage of cases

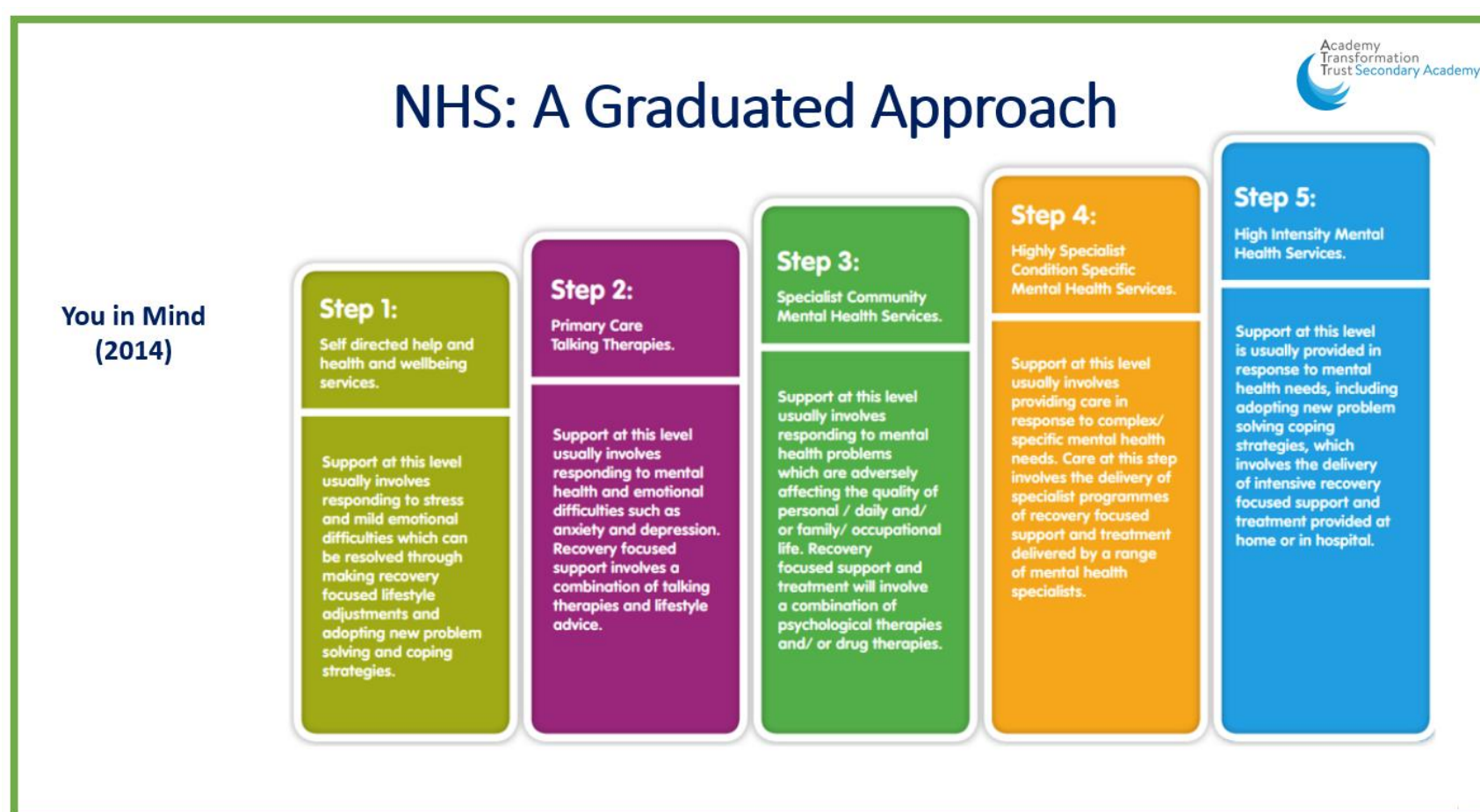
All staff are trained to record mental health concerns through the CPOMS safeguarding reporting system. Mental Health concerns are triaged to the relevant member of staff form tutor, head of year, mental health champion and special education needs department who manages the case under the direction of the DSL. All Mental Health First aiders are also trained ADSLs and will address safeguarding concerns linked to any reported mental health concerns following the Safeguarding Policy.

Smoothwall

Smoothwall monitoring enables mental health concerns to be flagged through students' use of PHA devices. Concerns are recorded on CPOMs and triaged in the same way as other mental health concerns

The PHA Approach

PHA follows the NHS graduated approach starting with universal provision (Tier 1). We aim to catch mental health issues "upstream" before they escalate to becoming more serious and requiring specialist intervention. Critical incidents may result in missing a tier in order that the student gets the support they need.



Academy Interventions
Mental Health First Aider School Counselling TA Keyworker Staff Mentor ELSA Pragmatics
Sensory Room Pastoral Leaders Specialist Support Department

Parents, Carers and Families

Parents, carers and families are an important protective factor in students' wellbeing and Mental Health. Parents and carers should be informed promptly of all mental health concerns and consulted with and/or involved in packages of support. If a staff member feels there is a reason not to do this then the DSL should be consulted immediately.

Staff working with Parents, carers and families may provide a range of resources to support parents sourced from the Young Minds website.

Anxiety and School Refusal

PHA promotes the view that a child's best interests are served by attending education in a formal setting with their peers, however we recognise that anxiety about school can lead to difficulties with attendance. Staff working with families to support positive attendance make use of the [Academy Attendance Plan](#) to encourage good attendance and signpost where other agency referrals may be made. Attendance, SEND and LSU liaise regularly to plan programmes for improved school engagement. Meetings with families, the Academy and local authority support the young persons education.

PHA – Learning Support Unit

The LSU is an inclusive and nurturing environment situated on the ground floor to support those with medical issues- e.g. Mobility restrictions- unable to walk upstairs and to support with lessons they cannot access on upper floors via sending emails and teams' link.

LSU also supports students with various medical conditions who are not able to participate in certain lessons.

The LSU builds on the school ethos of resilience to encourage students to attend school and be successful in lessons. The LSU also offers a safe space for students who need to rest due to Mental health issues or if stated on students Crisis Plans. LSU staff work closely with the attendance team to support students and families who display low attendance, to gradually build, support and eventually get back into lessons with interventions around resilience, confidence and self-esteem.

Health and Well-being curriculum

	Year 7		Year 8		Year 9		Year 10		Year 11
Topic	Lesson	Topic	Lesson	Topic	Lesson		Lesson		Lesson
Relationships	Transition concerns BKT	Handling Feelings	Self Esteem BKT	Mental Health	Balancing act BKT	E Safety	Cyber bullying	SRE	Alcohol, drugs and
	Friendships		Resilience		Types of issues				
	Peer on Peer Abuse		Anger Management		Digital resilience		Grooming /Breck		STI's and HIV
	Bullying - Bystander		Dealing with change		Unhealthy coping strategies				
	LGBTQ+		Managing Grief		Healthy coping strategies		Healthy Relationships Online		Fertility
	Romantic Relationships		Mental Health		First aid box		Sexting		Pregnancy
	Family relationships		Child Abuse ETKT		Invisible Film ETKT				
	Pressure and Influence ETKT		Love BKT		Tell me more - video BKT		Pornography		Childbirth
Puberty	Ground rules and watch film BKT	SRE - Romantic Relationships and Sex	Sexual Relationships	SRE - Sex Ed 1	Talking about sex - Screwball	SRE Sex and Relationships	Recap - sexual health	Future Ready	Apprenticeships
	Physical Changes		Marriage		Ready to have sex?				
	Hygiene		Parenthood		Contraception - Condoms		The Baby Borrowers		Applications
	Periods and Wet Dreams		What is expected of us? LGBTQ+		STI's				
	Advice and Support		Lasting Relationships		Myths vs Facts ETKT		Conflict in Relationships		University Finance
	Emotions (Autism Awareness) ETKT		Trust and consent ETKT				Life as a Teenage Parent		Driving
			Crime and Young People BKT	Careers and Options	Proud to be me BKT				
			Anti social behaviour		Job Skills				
E Safety	How much is too much? BKT	Crime	Knife Crime		Career Types	Substances		Health	Cancer and Self Checking
	Social Media - Reputation		County Lines		Routes to Success		Pregnancy Options 1		
	Fake News and Trolling		Public Sexual Harassment		Goals and Action Plans				
	Cyber Bullying		Gambling		Options subjects - My GCSE's		Pregnancy Options 2		Organ Donation
	Dangers of the net		Vandalism ETKT		Jobs Rights ETKT				
	Online Grooming		Homophobic Bullying BKT		Time to Party BKT		Disrespect Nobody		Infection and antibiotics
	Online sexual Harassment E		Human Rights		Smoking				
			Human Rights in the UK	Teenage Parties	Alcohol		Smoking/Vaping		Disability
First Aid	Primary Survey BKT	British Values - Human Rights	Stop the Hate		Consent	Finance		British Values	
	CPR		Forced Marriage		Drugs		Alcohol		BLM
	Choking		Diversity ETKT		Aftermath ETKT		Drugs		Honour based Violence
	Bleeding		Healthy Eating BKT		Breaking down Stereotypes		Steps to Addiction		
	Allergies		Exercise		Womens Rights		Earning and Savings		
			Sleep		Me too movement		Budgeting and Borrowing		
	Asthma ETKT		Dental Health	British Values - Sexism	Being a man in 2020		Gambling and Fraud		
	British Values BKT	Healthy Bodies	Vaping		Toxic Masculinity				
British Values	Democracy		Vaccinations and Immunisation ETKT		FGM		Money and Mental Health		
	The Rule of Law		Road Safety		Eating Disorders				
	Individual liberty		Run Hide Tell		Appearance Ideals				
	Extremism		Taking Risks	Body Image	Media Messages				
	Challenge Islamophobia	Safety	Personal Safety		Confronting Comparisons				
	Transitions		Autism Awareness		Be the Change				
	Behaviour		Autism Awareness						
	Careers								
	Positive Attitude								
	Problem Solving								
	Money								
Your Future		British Values							

RESILIENCE

External Agencies and out of hours support



Bereavement and loss
If you are worried about or have experienced Bereavement or loss you can access support from;
www.stgiles hospice.com/phoenix
www.cruse.org.uk
www.childbereavement.org



Bullying
If you are being bullied, either physically or emotionally, or are worried that someone else may be you can access support from;
www.bullying.co.uk
www.antibullyingalliance.org.uk



Domestic Violence & Abuse
If you or anyone in your family is experiencing Domestic Violence or abuse you can access support from;
www.victimsupport.org.uk
www.refuge.org.uk
www.blackcountrywomensaid.co.uk



Eating Disorders & Body Image
If you are worried about your body image or eating disorders, for example Anorexia or bulimia you can access support from;
www.beateatingdisorders.org.uk
www.youngminds.org.uk



Gender Identification
If you are worried or confused about your gender identification or sexuality you can access support from;
www.mermaids.org.uk
www.stonewall.org.uk



Health & Wellbeing Signposting
Where to get help and support when you need it most



Health Worries
If you have any concerns around your general health or feelings, including keeping healthy, immunisations, emotional health, and weight management, Smoking or drugs and alcohol you can access support from;
www.healthforteens.co.uk
www.nhs.uk



Online Safety
Should you have concerns around any aspect of online safety, including sexting, online abuse or grooming or you are concerned about someone that you are talking to online you can access support from;
www.ceop.police.uk
www.thecyberhelpline.com
www.internetmatters.org



Substance Misuse
If you have concerns around your own or someone else with regards to substance misuse including drugs & alcohol you can access support from;
www.changegrowlive.org/young-people
www.talktofrank.com



Sexual Health & Relationships
If you have any concerns around any aspect Sexual Health, contraception, pregnancy or relationships you can access support from;
www.walsallsexualhealth.co.uk
www.brook.org.uk/

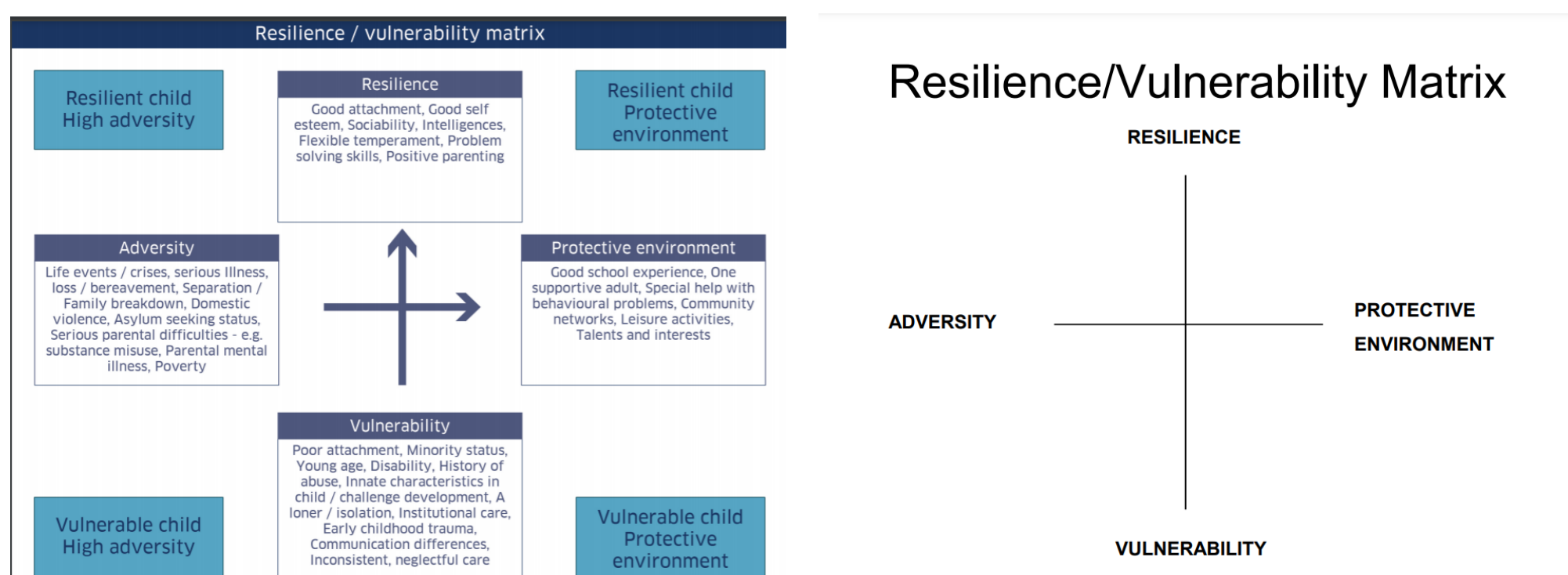


Mental Health
If you are struggling with your own Mental Health or are worried about someone else you can access support from;
www.kaleidoscopeplus.org.uk
www.youngminds.org.uk
www.mind.org.uk
www.stem4.org.uk
<https://www.papynus-uk.org/>

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Resilience/Vulnerability Matrix

The Resilience Matrix, developed by Daniel and Wassell[1] provides a handy framework to begin to weigh up the particular risks against protective factors. The Matrix was originally designed for use with extremely disadvantaged pupils. It was put together to help practitioners weigh up the strengths and risks already identified from the Common Assessment Framework and any other specialist assessments



Stress Bucket Tool

Imagine there's a bucket you carry with you which slowly fills up when you experience different types of stress. Sometimes you feel strong enough to carry a lot of stress (large bucket). At other times you may feel less resilient (small bucket). It's important to find coping strategies which help you empty your bucket (your taps).

Academic Resilience: What is it? Academic stress can be a significant trigger for some students. Academic resilience means students achieving good educational outcomes despite adversity. This involves strategic planning involving the whole Academy community to help vulnerable young people do better than their circumstances might have predicted. Promoting academic resilience should lead to better behaviour and results for all and especially disadvantaged student.

