# Safeguarding & Child Protection Policy

Academy Transformation Trust

GREAT HEATH ACADEMY

**Review Date:**

June 2023

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July 2023

**Next Review:**

September 2024

**Responsible Directorate**

Safeguarding

# Our Vision

## Transforming Lives of our learners

We seek to ensure that all our learners receive a high-quality education from expert staff and aspire to achieve the best they possibly can, no matter their background or ability. Our learners have safe, supportive learning environments in which they develop, grow, and challenge themselves. We are determined that our learners will receive the very best enrichment and opportunities to help them reach their full potential and ensure they are prepared for the future, wherever it might take them.

## Transforming Lives of our colleagues

Our colleagues are supported with the very best professional development through our innovative ATT institute, allowing them to stay focused on learning and developing as practitioners whilst they progress in their careers. We share the very best practice across our community of academies to help build systems and processes that really work.

## Transforming Lives in the communities we serve

We are committed to actively engaging with and addressing inequality in our local areas. We understand that every one of our academies and their diverse communities are different, so we aim to build a supportive, collaborative, and nurturing relationship with each whilst sharing our key values across our Trust.

**Commitment to Education**

**Transparency and Integrity**

**Innovation and Improvement**

**Dedication to Inclusivity**

# Our Values

### Commitment to Education

Our core purpose is to positively impact the lives of all our learners. Education will always be at the heart of everything we do.

### Transparency and Integrity

We are proud of our success whilst being open and honest about our areas for improvement. Our actions are always ethical and in the best interests of all our stakeholders.

### Innovation and Improvement

We are committed to innovative education- always moving forward and never standing still. Our learners are ambitious and prepared for a future that is constantly changing and developing.

### Dedication to Inclusivity

Our learners are all different and all important to us. We aspire to support, challenge, and help each one of them reach their full potential, regardless of their background or level of ability.

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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* (March 2018), 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 (2023)
- Working Together to Safeguarding Children (2018)
- 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 (2020)
- Working together to Improve School Attendance (2023)

- Children Missing Education (2013)
- Searching, Screening and Confiscation (2022)
- General Data Protection Regulation (2018)
- Information Sharing: Advice for Practitioners (2018)
- 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)

# 3 | Roles, Responsibilities and Contacts

| Title | Name | Contact Details | |
|---|---|---|---|
| Designated Safeguarding Lead (DSL) | David Hicks | Email | david.hicks@attrust.org.uk |
| | | Telephone | 01638 713430 |
| Deputy Designated Safeguarding Lead (DDSL) | James Gibbs | Email | james.gibbs@attrust.org.uk |
| | | Telephone | 01638 713430 |
| Principal | Naomi Brown | Email | GRE-OfficeStaff@greatheathacademy.attrust.org.uk |
| | | Telephone | 01638 713430 |
| Safeguarding Governor | Jane Seaney | Email | jane.seaney@attrust.org.uk |
| | | Telephone | 01638 713430 |
| Chair of Governors | Steve Shore | Email | steve.shore@attrust.org.uk |
| | | Telephone | 01638 713430 |
| Academy Attendance Lead | David Hicks | Email | david.hicks@attrust.org.uk |
| | | Telephone | 01638 713430 |

| | | | |
|---|---|---|---|
| Attendance Officer | Caroline Martin | Email | caroline.martin@attrust.org.uk |
| | | Telephone | 01638 713430 |
| **Local Arrangements** | | | |
| Local Children's Safeguarding Partnership | https://www.suffolksp.org.uk | Contact details | enquiries@suffolksp.org.uk |
| Children's Social Care | Customer First<br><br>MASH | Contact details | 0808 800 4005<br><br>0345 606 1499<br><br>0345 606 1499. |
| Local Authority Designated Officer (LADO) | | Contact details | 0300 123 2044<br><br>LADO@suffolk.gov.uk<br><br>https://www.suffolksp.org.uk/local-authority-designated-officers-lado#gsc.tab=0 |

### 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 7, 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

### 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 prison or are affected by parental offending
- Are persistently absent from school
- Children absent from education (persistently or regularly absent from school)

# 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 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 that other children;

- The potential for children with SEN and disabilities being disproportionally 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 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 LGBT

8.1 The fact that a child or a young person may be Lesbian, Gay, Bisexual and Transgender (LGBT) is not in itself an inherent risk factor for harm. Unfortunately, children who are LGBT, or are simply perceived to be LGBT, can be targeted by other children. The risk to these children can be compounded where children who are LGBT lack a trusted adult with whom they can be open.

8.2 Our staff endeavour to reduce the barriers and provide a safe space and trusted adults for those children to speak out or share their concerns with them.

# 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 and PSHE 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 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 be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or 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 regular 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

- 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

13.4 All incidents involving nude 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.
- 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 . 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 tell parents and carers what filtering and monitoring systems we use, so they can understand how we work to keep children safe.

14.3 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.

14.4 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
- **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.

14.5 All staff are aware of these risk areas and should report any concerns to the DSL and record them in writing.

14.6 Further information about Esafety including the Acceptable Use Policy can be found in our Esafety Policy here.

# 15 | Domestic Abuse

15.1 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.

15.2 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.

15.3 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.

15.4 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.

15.5 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.

15.6 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.

# 16 | Honour-Based abuse

16.1 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.

16.2 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.

16.3 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.

**16.4 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.

**16.5 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.

# 17 | Radicalisation and Extremism

17.1 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 by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

17.2 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.

17.3 Prevent Duty training should be updated regularly and at least every two years in all of our Academies.

17.4 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.

# 18 | Staff/Pupil Relationships

18.1 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.

18.2 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.

18.3 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.

18.4 Our Staff Code of Conduct sets out our expectations of staff and is signed by all staff members.

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

19.1 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 Conduct Concerns Policy, which

outlines the safeguarding concerns and allegations made about staff, supply staff, contractors and volunteers, can be accessed via the GVO and the full procedure for managing such allegations or concerns are set out in Part Four of Keeping Children Safe in Education.

19.2 Safeguarding concerns or allegations made about staff who no longer work at the academy will be reported to the police.

# 20 | Whistle Blowing if You Have Concerns About a Colleague

20.1 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.

20.2 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.

20.3 The Whistleblowing Policy allows staff to raise concerns or make allegations and for an appropriate enquiry to take place.

# 21 | Staff and Governor/Trustee Training

21.1 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.

21.2 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.

21.3 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 (See Appendix 7, Staff Training Grid)

21.4 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.

# 22 | Safer Recruitment

22.1 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.

22.2 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.

22.3 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 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.

22.4 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.

22.5 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.

# 23 | Site Security

23.1 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.

23.2 Details of procedures for visitors including protocols for guest speakers can be found in the Visitors Procedure here.

# 24 | Child Protection Procedures

## 24.1 Recognising abuse

24.1.1 Abuse and neglect are forms of maltreatment. Somebody may abuse 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.

24.1.2 Keeping Children Safe in Education refers to four categories of abuse. These are set out at Appendix One along with indicators of abuse.

## 24.2 Taking action

24.2.1 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

## 24.3 If you are concerned about a pupil's welfare

24.3.1 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.

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

24.3.3 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.

### 24.4 If a pupil discloses to you

24.4.1 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

### 24.5 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.

# 25 | Referral to Children's Social Care

25.1 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.

# 26 | Reporting directly to child protection agencies

26.1 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.

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

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

27.2 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.

27.3 The DSL will ensure that this requirement is explained to staff as part of annual training.

27.4 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.

27.5 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.

# 28 | Confidentiality and Sharing Information

28.1 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.

**28.2 Sharing information**

28.2.1 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.

28.2.2 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.

28.2.3 Information sharing decisions will be recorded, whether or not the decision is taken to share.

28.2.4 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.

**28.3 Storing information**

28.3.1 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.

28.3.2 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.

# 29 | Special Circumstances

**29.1 Looked after children**

29.1.1 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.

## 29.2 Children who have a social worker

29.2.1 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.

## 29.3 Work Experience

29.3.1 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.

## 29.4 Children staying with host families

29.4.1 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.

29.4.2 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.

29.4.3 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.

## 29.5 Private fostering arrangements

29.5.1 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.

29.5.2 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 themself 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

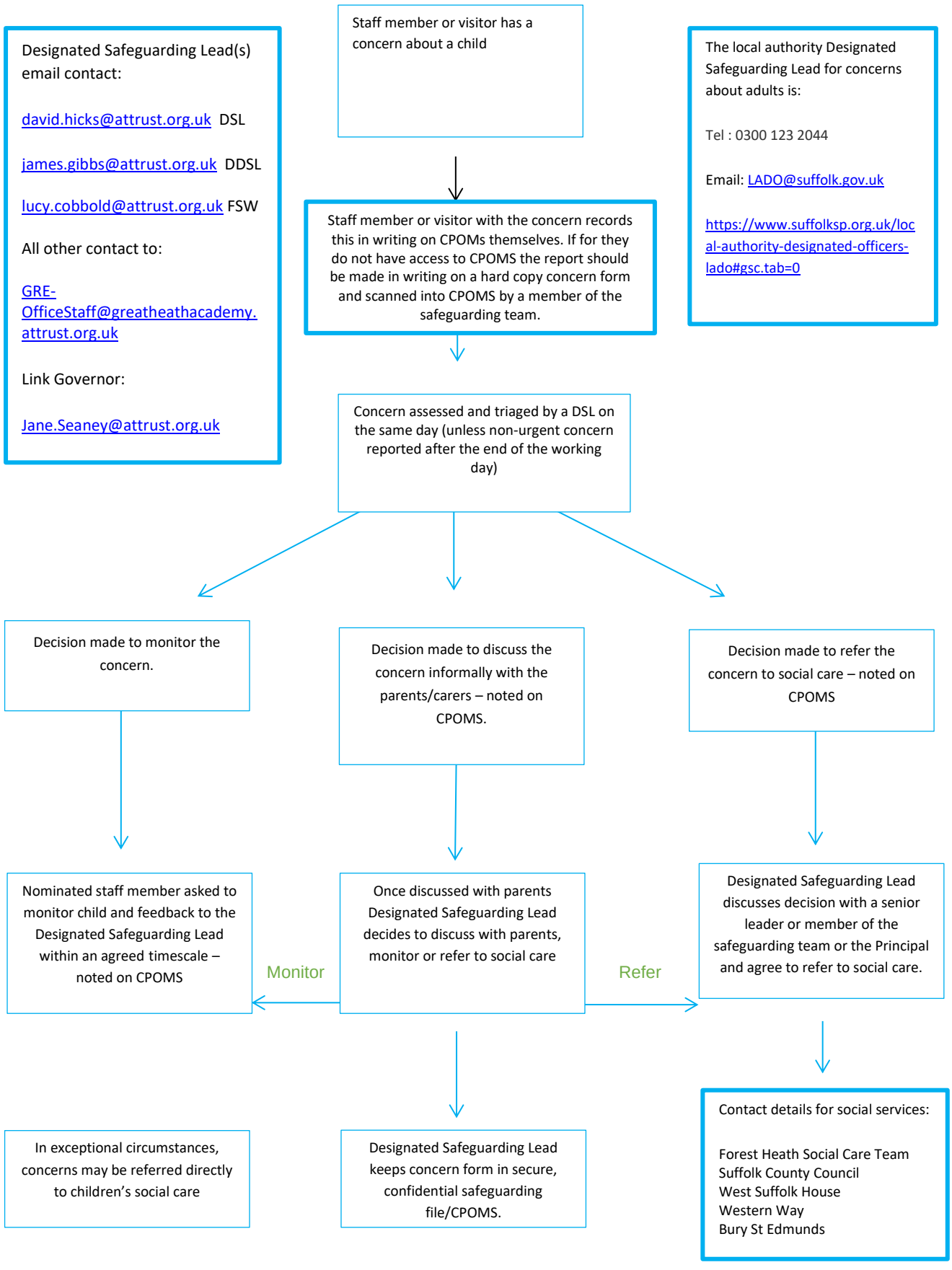
# Appendix Two – Localised Safeguarding Top 5

Our most significant local concerns are:

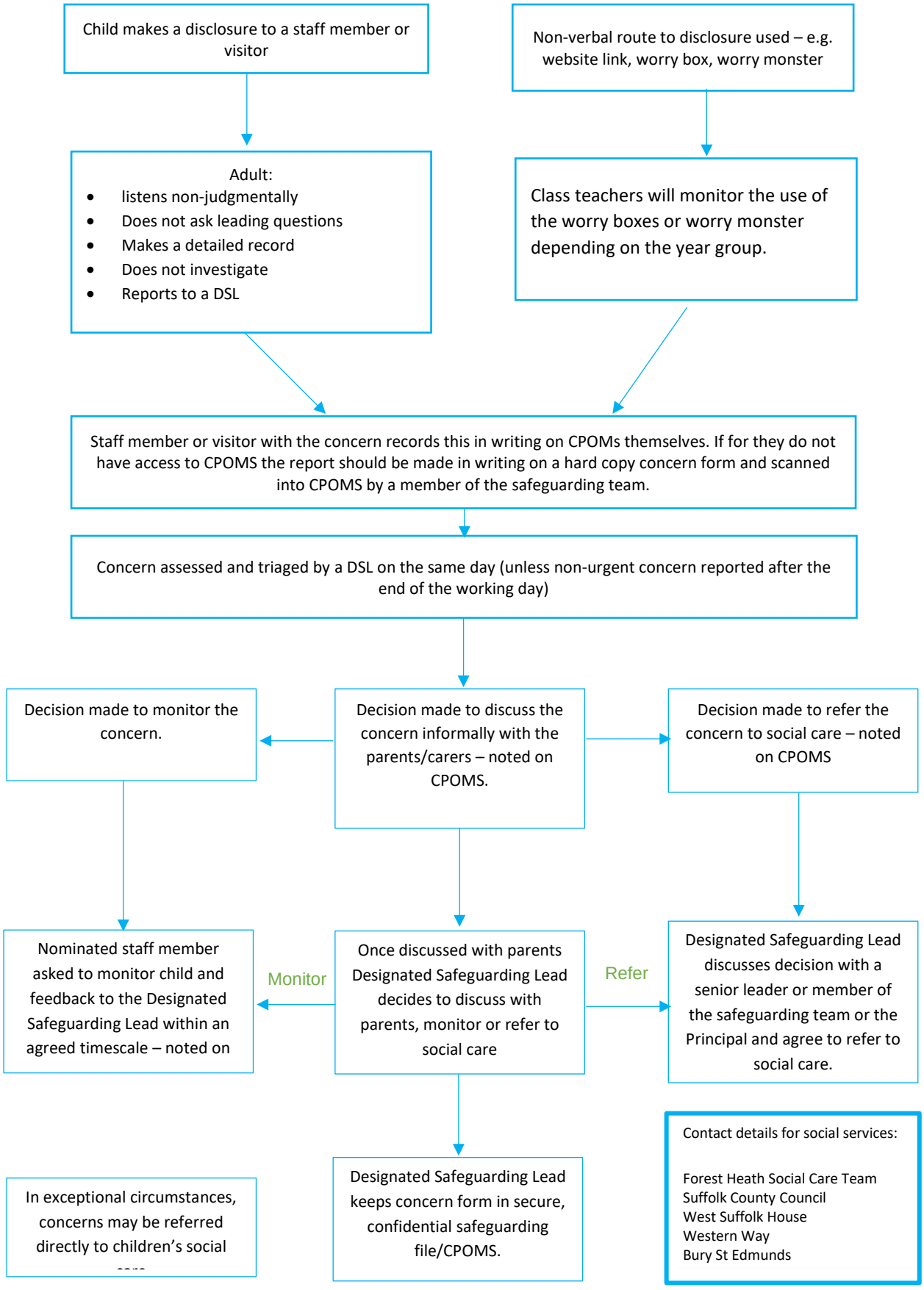
| | Localised Safeguarding Concerns | Our strategic academy response – what we do to prevent or reduce harm and respond to harm if it occurs. |
|---|---|---|
| 1 | Neglect | Staff are trained on the indicators of neglect. This is updated during the year. Staff record incidents of suspected neglect on CPOMs and inform the Safeguarding team.<br>Support is provide to the children by:<br>1. Children and family spoke to by safeguarding team to offer advice and signpost possible support<br>2. Referrals to the MASH team are made if concerns increase.<br>3. Further support is given by regular contact with the safeguarding team or Family support worker in school.<br>4. Referrals are made to the Early help team via CAF<br>5. Referral are made the school nursing team.<br>Wider support is given via assemblies in school to explain safeguarding, and people that the children can speak to. |
| 2 | Domestic Abuse | All staff are made aware of domestic abuse in the Safeguarding training early in the year. Training also identifies concerns and how to refer them to the DSL and safeguarding team.<br>We are a nurturing school. We have a full-time family support worker and non-teaching DSL and DDSL who have capacity to meet and spend time with families and signpost accordingly when situations arise, making referrals where needed.<br>During any period of closure, safe and well checks are carried out to any families who are considered vulnerable due to previous incidents, have frequent calls and a police welfare check if they cannot be reached.<br>PHSE lessons support the children to recognise positive and unsafe relationships and signposting trusted adults that they can share concerns.<br>Support for the children that have been involved or witnessed DV can be gained by submitting referrals to the DACTIP team who will work with the child on a 6 weeks program. |
| 3 | Online Safety | Children and staff have training in Online safety during the year with updates to ensure that everyone knows the constant changing global picture.<br><br>Children are supported by:<br>1. Computer keystrokes monitored by Smoothwall to check on children's searches or language<br>2. Computers are filtered to prevent inappropriate materials being seen<br>2. Alerts are followed up by speaking to the child and parents. |

| | | |
|---|---|---|
| | | 3. Comments on self-harm are referred to the school's ELSA program, family support worker or to the external mental health hub.<br>4. Inappropriate language is followed up<br>PSHE lessons discuss how to be safe online and this is followed up by an e-safety week.<br>Parents are kept informed of online concerns by newsletters, website and e-safety week. |
| 4 | Mental Health | A member of staff has been appointed the Mental Health Lead and with support has written a procedure, which describes the response to Mental Health.<br>Staff have training in Wellbeing and mental health during the year. They are aware of the different pathways on Cpoms to record concerns.<br>Children are supported in many ways:<br>1. Individual interventions eg social stories<br>2. Referral to the school's ELSA<br>3. Discussed in the half termly mental Health meetings with the MHST team<br>4. Direct referral to the MHST team<br>5. Referral to the school nurse team<br>To further support, the children, the school actively engage in Mental health day's eg odd sock day or Yellow day.<br>Lessons are also conducted in PSHE on mental health awareness and also strategies to cope with anxiety and build resilience. |
| 5 | HSB | We prevent and raise awareness of HSB by :<br><br>- Ensuring that all staff are trained to identify indicators to abuse, the barriers to disclosure and the impact of societal norms on pupils behaviours and subconscious bias<br>- collecting and responding to pupil voice and listening to the wishes of the pupil that has been harmed in every incident.<br>- Teaching pupils about the law and ensuring that they understand that it is there to protect rather than criminalise them.<br>- Raising awareness of the risks and never normalising these behaviours |

# 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
- Safeguarding concerns and allegations made about staff, supply staff, contractors and volunteers
- Staff Disciplinary Policy
- Esafety Policy (Including Acceptable Use Agreement)
- Data Protection Policy
- Exclusions Policy
- Visitors Policy
- Medical Conditions Policy
- Educational Visits Policy

# Appendix Six Academy Mental Health Procedure

## Policy Statement

At Great Heath Academy, we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers) and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play. We have a supportive and caring ethos and our approach is respectful and kind, where each individual and contribution is valued.

**At our school we:**

- Help children to understand their emotions and feelings better
- Support children in feeling comfortable sharing any concerns or worries.
- Encourage children socially, to form and maintain relationships.
- Promote self-esteem and ensure children know that they count.
- Encourage children to be confident.
- Help children to develop emotional resilience and to manage setbacks.

**We promote a mentally healthy environment through:**

- Promoting our Great Heath values and encouraging a sense of belonging.
- Promoting our pupil voice and opportunities to participate in decision-making.
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others.
- Providing opportunities to reflect.
- Access to appropriate support that meets their needs.
- PSHE delivered consistently across the school
- Wellbeing and Mental Health awareness days / weeks promoted and reflected upon

**We pursue our aims through:**

- Universal, whole school approaches
- Support for pupils going through recent difficulties including bereavement.
- Mental Health Support Team - targeted approaches aimed at pupils with more complex or long-term difficulties
- Supportive (SEMH) groups / interventions to focus on mental health, resilience and wellbeing.

**Staff roles and responsibilities, including those with specific responsibility**

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

*Named Mental Health Lead* – Lynsey Ramsell

*Mental Health First Aider (adults)* – Lynsey Ramsell and Jane Seaney

*Named Mental Health Governor* – Jane Seaney

*Other key supportive staff:* David Hicks (DSL), James Gibbs (DDSL), Emily Mitchinson (SENDCo), Lucy Cobbold (Family Support Worker), *(plus other staff to be added as roles develop)*

**Our Mental Health Leads:**

- Lead and work with all staff to co-ordinate whole school activities to promote positive mental health and wellbeing
- Work with the PSHE leader re: teaching about mental health
- Provide advice and support to staff and organises training and updates.
- Liaise with mental health services and makes individual referrals to them.

**Teaching about Mental Health**

The skills, knowledge and understanding needed by our pupils to keep themselves mentally healthy and safe are included as part of our developmental PSHE curriculum (Jigsaw). The specific content of lessons will be determined by the specific needs of the cohort we're teaching but we will also use *other guidance* to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

**Targeted support**

The school will offer support through targeted approaches for individual pupils or groups of pupils which may include:

- Circle time approaches or 'circle of friends' activities through Jigsaw sessions.
- Managing feelings resources e.g. 'worry boxes' and 'worry eaters'.
- Managing emotions resources.
- Primary Group Work/Mental health and wellbeing groups/ELSA support groups.
- *Therapeutic activities including art, Lego and relaxation and mindfulness techniques.*

The school will make use of resources to assess and track wellbeing as appropriate including:

- Strengths and Difficulties questionnaire
- Mental Health Champions
- REST questionnaires
- In our work with pupils. We use this visual representation, to talk about risk and protective factors:

**Zones of Regulation**

Zones of Regulation is a curriculum designed to foster self-regulation and emotional control. As a proactive step to encouraging pupils to talk about and engage with their own wellbeing, pupils are taught the Zones of Regulation curriculum, to improve and encourage their emotional literacy. ZOR (Zones of Regulation) is built on good practice and is a cohesive program that includes ideas from The Alert Programme, The Incredible Five Point Plan, Social Mapping and Growth Mindset.

The Zones of Regulation categorises states of alertness and emotions into four coloured zones. A Colour coded system means that there is no need for the pupil to be able to articulate or label specific emotions.

- Blue: sad, tired, bored, ill… (low feelings/mood/energy)
- Green: calm, OK, happy, focused, ready to learn
- Yellow: stress, frustration, excitement, nervous, silly.
- Red: anger, rage, explosive behaviour, panic, elation. A state of dysregulation…losing control or at risk of losing control

Thus anxiety for example could be yellow OR red depending on intensity.

**Signposting**

We will ensure that staff, pupils and parents are aware of what support is available within our school and how to access further support.

**<u>Early Identification and Warning Signs</u>**

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.
Mental health professionals have defined these as:

- **emotional disorders,** e.g. phobias, anxiety states and depression;
- **conduct disorders**, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour;
- **hyperkinetic disorders,** e.g. disturbance of activity and attention;
- **developmental disorders,** e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- **attachment disorders,** e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and other mental health problems include eating disorders, habit disorders, post-traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic-depressive disorder.

Source: DfEE (2001) *Promoting Children's Mental Health within Early Years and School Settings.*

All of our staff will be trained in how to recognise warning signs of common mental health problems. This means that they will be able to offer help and support to students who need it, when they need it. These warning signs will always be taken seriously and staff who notice any of these signs will communicate their concerns with the Designated Safeguarding Officer as appropriate.
Staff will be able to identify a range of behaviour and physical changes, including:

- Physical signs of harm.
- Changes in eating and sleeping habits.
- Increased isolation from friends and family and becoming socially withdrawn.
- Changes in mood.
- Talking and/or joking about self-harm and/or suicide.
- Drug and alcohol abuse.
- Feelings of failure, uselessness, and loss of hope.
- Secretive behaviour.
- Clothing unsuitable for the time of year, e.g. a large winter coat in summer.
- Negative behaviour patterns, e.g. disruption.

All staff will be vigilant in identifying a range of possible difficulties that may be contributing to a pupil's poor mental health, including:

- Attendance
- Punctuality
- Relationships
- Approach to learning
- Physical indicators
- Negative behaviour patterns
- Family circumstance
- Recent bereavement
- Health indicators

**How to report a concern**

If a staff member has concerns about behaviour, then they must report it on CPOMS, so the pastoral team can then decide if there are any underlying factors such as undiagnosed learning difficulties, child protection concerns (which would then be passed to the Safeguarding team as per the Safeguarding Policy) or mental health problems. Further information on how to do this can be found in the Safeguarding Policy.

**Our Provision: A Graduated Approach**

1. **The NHS Approach**

Great Heath follows the NHS graduated approach of beginning with Universal provision. We aim to catch Mental Health issues "upstream", before they become more serious and require interventions.

1. **The Great Heath Academy Approach**

This process can be followed, when offering mental health support. It is important to remember that if a child shows very concerning symptoms of a Tier 5 mental health condition with no prior wellbeing issues, they can be directed straight to Tier 5 support without earlier intervention. Pupils can also be provided or offered Tier 2 – 4 support when returning from a Tier 5 intervention, under the consultation of their medical advisor.

| | Description | Child | Parent/ Carer | CPOMS | Provision Map | Typical references |
|---|---|---|---|---|---|---|
| **Step 1 Whole School** | Proactive input focussing on health and wellbeing, through assemblies, Circle time and PHSE curriculum (Jigsaw) input | Clearly signpost strategies that the child can use and develop and introduced further support that may be needed in the future.<br><br>Mental Fitness is discussed in circle time, assemblies and PHSE sessions | Information is available on the school website and in communications home such as the newsletter | Not recorded on CPOMS unless this is targeted at a specific group of pupils identified for additional support | Recorded on the provision map and mapped against student experiences and outcomes | PHSE lessons<br><br>Zones of Regulation<br><br>Assemblies Curriculum<br><br>External Speakers Charities input e.g. Suffolk Police, NSPCC, MHST team |
| **Step 2 Targeted Great** | Targeted support with mental | Supported by Pastoral Staff or SENCO. | Parents are informed of support plan and action | Conversations, actions and contact details of | Regular review of action plan and | Self Harm Prevention |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Heath Intervention** | health concerns from the Pastoral Team e.g. Pupil Premium lead, Safeguarding Manager, DSL, AP e.g. Anxiety, bereavement etc.<br><br>Meeting with targeted students according to their need | Action plan developed and reviewed regularly with the young person to assess the effectiveness of the support and plan for crisis moments The action plan will be recorded on CPOMS | taken and are offered specific advice, such as seeking GP referral etc.<br><br>The action plan is often shared with the parents via email. | outside agencies are recorded | evaluation (no longer than six weeks). Contact details of outside agencies included | Individual intervention using DSL Mental health toolkit.<br><br>ELSA intervention |
| **Step 3 Referral to outside agency support** | Referral to school Nurse<br><br>Consultation with Mental Health Service | Action plan and crisis plan reviewed with the school nurse or Health Service<br><br>Review meetings set up with specialist services | Parents continue to be involved, revised action and crisis plan shared with them | Correspondence and further in school intervention recorded | Regular review of action plan and evaluation (no longer than six weeks).<br><br>Contact details of outside agencies included | Charity Fresh Starts New Beginnings<br><br>MAP<br><br>For a list of other potential support from Agencies |
| **Step 4 Referral to specialist support** | Highly Specialist Condition Specific Mental Health Services e.g. Eating disorder services etc | Action Plan and crisis plan led by external agencies | Parents/carers regularly contacted for updates and medical updates and correspondence requested | Correspondence and further in school intervention recorded | Regular review of action plan and evaluation (no longer than six weeks). Contact details of outside agencies included | Mental Health referral to Suffolk Mental health team<br><br>School nursing team<br><br>Eating Matters |
| **Step 5 Inpatient Treatment** | Inpatient Treatment | Appropriate support maintained e.g. liaison about school work, | Parents/carers regularly contacted for updates and medical updates and correspondence requested | Correspondence and further updates recorded | Regular review of internal support action plan and evaluation. | Tier 4 Mental Health Services |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | transition planning for return to school | | | Monitoring of external agency support.<br><br>Contact details of outside agencies included | |
| **Reviews** | Regular review and action plans formulated to ensure that Beck remains up to date with the needs of its stakeholders | Mental health and Wellbeing Survey to be conducted every two years or more frequently if required | Mental health and Wellbeing Survey to be conducted every two years or more frequently if required | | This will be recorded as part of the Pupil Voice provision map details | |

**Staff responsibilities**

All staff, regardless of their interactions with pupils (Direct front facing role or otherwise) have a duty to report concerns about a pupils mental wellbeing. Information should be shared on CPOMS, by raising a new incident and categorising it as "Mental Health" the Pastoral and Safeguarding Team will then assign responsibilities for coordinating a comprehensive supportive approach for the pupil. If you become aware that a pupil is self-harming or suicidal, an immediate referral must be made to the safeguarding team. Class teacher input will then resume support alongside the Mental Health Support that the school and other agencies are able to provide. This will be assigned through CPOMS and will be monitored by the safeguarding team

## The Great Heath Approach in Practice

CPOMS Incident categorised as Mental Health, a member of the Safeguarding Team will assign

A referral is made through CPOMS from a member of staff who has identified that a pupil needs support with their mental health.
The Safeguarding team review the information and a will alert the Class teacher on CPOMS
Class teacher will check in at least weekly with the pupil, to ascertain how they are
Class teacher will contact home to alert the parents to the child's present emotional state, except for exceptional circumstances, which will be communicated by the Safeguarding team
Class teacher will deliver the Zones of regulation training in form time, which will encourage dialogue on the subject of mental health and wellbeing

Class teacher and Safeguarding team will support the pupils in material specific to their mental health need and their Zones of Regulation training (ALGEE approach)

Class teacher will continue to check in with the pupil at least weekly and will communicate any changes to the pupils wellbeing on CPOMS
The Pastoral Team will monitor the situation and will assess the need for the pupil to have an additional referral (internal or external)
Class teacher will keep parents updated on school support, unless otherwise directed by the Safeguarding Team

Pupils identified with a need are put on the ELSA program for 6 weeks to work with trained member of staff.

Where a pupil's mental health is not improving or is significantly posing a risk to themselves, a referral to GP will be made by either the school or the parents/ carer.
Where the pupil's mental health is causing significant concern the pupil will be discuss at the bimonthly consultation meeting with Suffolk MHST to seek support and strategies or to ask for advice about submitting a referral
Safeguarding team submit a referral to mhst.west@nsft.nhs.uk (Form can be found in safeguarding folder on school drive.

The Safeguarding Team will communicate with the specialist MHST to ensure that any strategies suggested are reinforced at school
Safeguarding staff will attend any Early Help meetings, to ensure the team of professionals are working to support the pupil
The Safeguarding Team will work together to form an action plan, to enable support in school, for the pupil

**Working with parents and carers.**

Parents or carers can approach their child/children's class teacher if they have mental health concerns. This will be cascaded to the Mental Health Lead for assessment.
To support parents and carers we will:

- Provide information online on mental health issues and local wellbeing and parenting programmes.
- Share ideas about how parents and carers can support positive mental health in their children.
- Make our emotional wellbeing and mental health policy easily accessible to parents.
- Keep parents informed about the mental health topics taught in PSHE and share ideas for extending and exploring this at home.
- Organise workshops and presentations on mental health, anxiety, resilience and steps to wellbeing.

When a concern has been raised, teachers / Mental Health Lead / DSL/ SENDCo will:

- Contact parents to discuss the outcome of any assessment (Although there may be cases, parents and carers cannot be involved due to child protection issues.)
- Discuss any relevant referrals to external agencies.
- Signpost parents to further information or provide resources to take away.
- Create a chronology of actions and events.
- Agree mental health care and protection plan where appropriate including clear next steps.
- Discuss how parents can support their child through strategies or signposts to parenting support groups.

**Working with specialist services**

As part of our targeted provision, the school will work with other agencies to support children's emotional health and wellbeing. Children may be referred to one of the following services for additional support.

- Behaviour support
- Educational Psychology Services
- CAMHS (child and adolescent mental health service)
- MHST
- School Nursing Team
- Children's and Family Services
- Therapists
- Family support workers
- Counselling Services
- Young Carers' (Suffolk)

**Training**

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe. Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be

supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

**Links to other policies at Great Heath Academy**

This policy links to our Child Protection Policy, Anti Bullying, SEND Offer, Staff Wellbeing Policy and our Behaviour Policy.

# Appendix Seven Training Grid

| Stakeholder | **Read the following section of KCSIE** | **Statutory Guidance Updates e.g. Working together to Safeguard Children** | **Safer Schools App Safeguarding Training** | **Safer Schools App Online Safety Training** | **Safer Schools App Mental Health Training** | **ATT Core Level 1 Safeguarding Training & Completion of Quiz (Including Online Safety)** | **KCSIE and Statutory Updates & Refresher & Completion of Quiz** | **Prevent Duty Training** | **DSL Training and Update DSL Training** | **Safer Recruitment Training ** ** | **Governors Seasonal Safeguarding Forum Training** | **Other specific safeguarding training e.g., HSB Awareness** | **ATT DSL SDG Update meetings** | **Brook Traffic Light Tool Training** | **Positive Handling Training** | **Designated Teacher Training** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Frequency | Annually | As updated | At induction only (New staff only) Before commencing employment | | | At induction only (New Staff Only) within 2 weeks | Annually | Every two years | Every two years | Every three years | Termly (Optional) | At least twice annually | Every meeting | Every three years | Every two years | Every two years |
| Principals and SLT | All parts and Annex C and E | Yes | Yes | | | Yes | Yes | Yes* | Recommend | Yes | | Yes | | | Yes | |
| Pupil facing staff<br>E.g., Teachers<br>TA, Pastoral Support, Receptionist,<br>First Aid Support,<br>Lunch time supervisor | Part 1, 4 and Annex B | Yes | Yes | | | Yes | Yes | Yes* | | Those who will be interviewing | | Yes | | Recommended for those carrying our interventions for children who exhibit HSB. | At least two staff should be trained. Minimum four in larger settings. | |
| Admin and support staff (non-pupil facing) based in academies | Annex A | Yes | Yes | | | Yes | Yes | Yes* | | Those who will be interviewing | | | | | | |
| Contractors and Volunteers (Pupil facing) | Part 1, 4 and Annex B | Yes | If working or volunteering longer than 4 weeks | | | If working or volunteering longer than 4 weeks | If working or volunteering longer than 4 weeks | No | | Those who will be interviewing | | | | | | |
| Contractors and Volunteers (Non pupil facing) | Annex A | | | | | | | | | | | | | | | |
| Central Trust non pupil facing staff | Annex A | | Yes | | | Yes | Yes | Yes* | | Those who will be interviewing | | No | | | | |
| Central Trust pupil facing staff (ELT, Education Directorate and Deputy Directorate) | All parts<br>All Annex | Yes | Yes | | | Yes | Yes | Yes* | | Those who will be interviewing | | Best practice | | | Optional | |
| Safeguarding Governors | All parts<br>All Annex | Yes | Yes* | | | Yes | Yes | Yes* | | | Yes | | | | | |
| Governors | All parts and Annex C | Yes | Yes* | | | Yes | Yes | Yes* | | | Optional | | | | | |
| Trustees | All parts and Annex C | Yes | Yes* | | | Yes | Yes | Yes* | | Those who will be interviewing | Optional | | | | | |
| Vertas and Chartwells or other contractor staff | Annex A | | No (But contractor must provide evidence they have completed equitable training with their employer, at least annually) | | | Best Practice | Best Practice | | | | | | | | | |
| DSL and DDSL and Director or Deputy Director of Safeguarding | All Parts<br>All Annex | Yes | Yes | | | Yes | Yes | Yes* | Yes | Those who will be interviewing | Optional | Yes | At least one team member must attend every meeting | Yes | Best Practice | Best practice |
| Designated Teacher for LAC and PLAC Students | Part 1, 4 and Annex B | Yes | Yes | | | Yes* | Yes | Those who will be interviewing | If applicable | Yes | | Recommended for those carrying our interventions for children who exhibit HSB. | At least two staff should be trained. Minimum four in larger settings. | Yes | | Yes |