Safeguarding & Child Protection Policy

Review Date:

June 2023

Ratified:

July 2023

Next Review:

September 2024

Responsible Directorate

Safeguarding

Academy Transformation Trust

The Queen Elizabeth Academy

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.

Contents

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)	Shiv Ressel	Email	Shiv.ressel@attrust.org.uk
		Telephone	01827 712477/244
Deputy Designated Safeguarding Lead (DDSL)	Angela Parsons	Email	Angela.parsons@attrust.org.uk
		Telephone	01827 712477/251
Principal	Neil Harding	Email	Neil.harding@attrust.org.uk
		Telephone	01827 712477
Safeguarding Governor	Dee Stanton	Email	Dee.stanton@attrust.org.uk
		Telephone	01827 712477
Chair of Governors	Ann Webb	Email	Ann.webb@attrust.org.uk
		Telephone	01827 712477
Academy Attendance Lead	Beth Gibson	Email	Beth.gibson@attrust.org.uk

		Telephone	01827 712477/230
Attendance Officer	Terri Knowles	Email	Terri.knowles@attrust.org.uk
		Telephone	01827 712477/263
Local Arrangements			
Local Children's Safeguarding Partnership	Warwickshire	01926 742525	
Children's Social Care	MASH – Lead Education Officer Emergency Duty Team	01926 418608 01926 886922	triagehub@warwickshire.gov.uk
Local Authority Designated Officer (LADO)	Bally Bal	079 6622 4286	lado@warwickshire.gov.uk

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	CCE – County Lines Focus	• The academic year 22-23 brought to the fore the reality of county lines in the Atherstone area whereas previously we had only intuition to go on. • It has allowed a focused programme of Safeguarding sessions in the curriculum to directly address the subject. • The next steps to meet the challenges are steeped in direct intervention work in school by the local constabulary and CCE experts with supporting actions and work in response via PSHE, the Safeguarding curriculum, targeted group work and • 1:1 support.
2	Mental Health – Resilience	• Building on the evidenced impact of 22-23 via the school counsellor, the plan is to develop autonomy among front line staff through more MHFA training and professional development time. • EBSA to be an integral part of the TQEA MH development through direct work on the attendance blueprint.
3	Sexualised/ablest Language	• Pupil voice has supported the academy view that sexualised language is an on-going concern and must continue to be challenged via the safeguard curriculum, in social areas • Ablest language has been specifically highlighted as a concern by the students of TQEA through pupil voice – as such a programme of PSHE awareness, Safeguard curriculum. Staff PD and consistent challenge is set in place to readdress the issue.
4	On-line safeguarding	• KCSiE23 Filtering and monitoring requirements have triggered a desire to re-evaluate our current levels of awareness, expertise and responsiveness to the ever-evolving patterns and changes in the on-line world that the students of TQEA are exposed to. Modelling by staff and other students too.
5	Contextual Safeguarding and consistent professional botheredness of all stakeholders	• Linked into the county lines concerns but also wider concerns of unsafe behaviours of our students in the wider community leading to tighter communications between colleagues in local schools, at transitions and via local intelligence through police, families and other external agencies to be secure and consistent in our united professional botheredness.

		• TQEA link to police colleagues is central and a model to the degree of detailed information sharing wanted.

Appendix Three - Reporting Flowchart
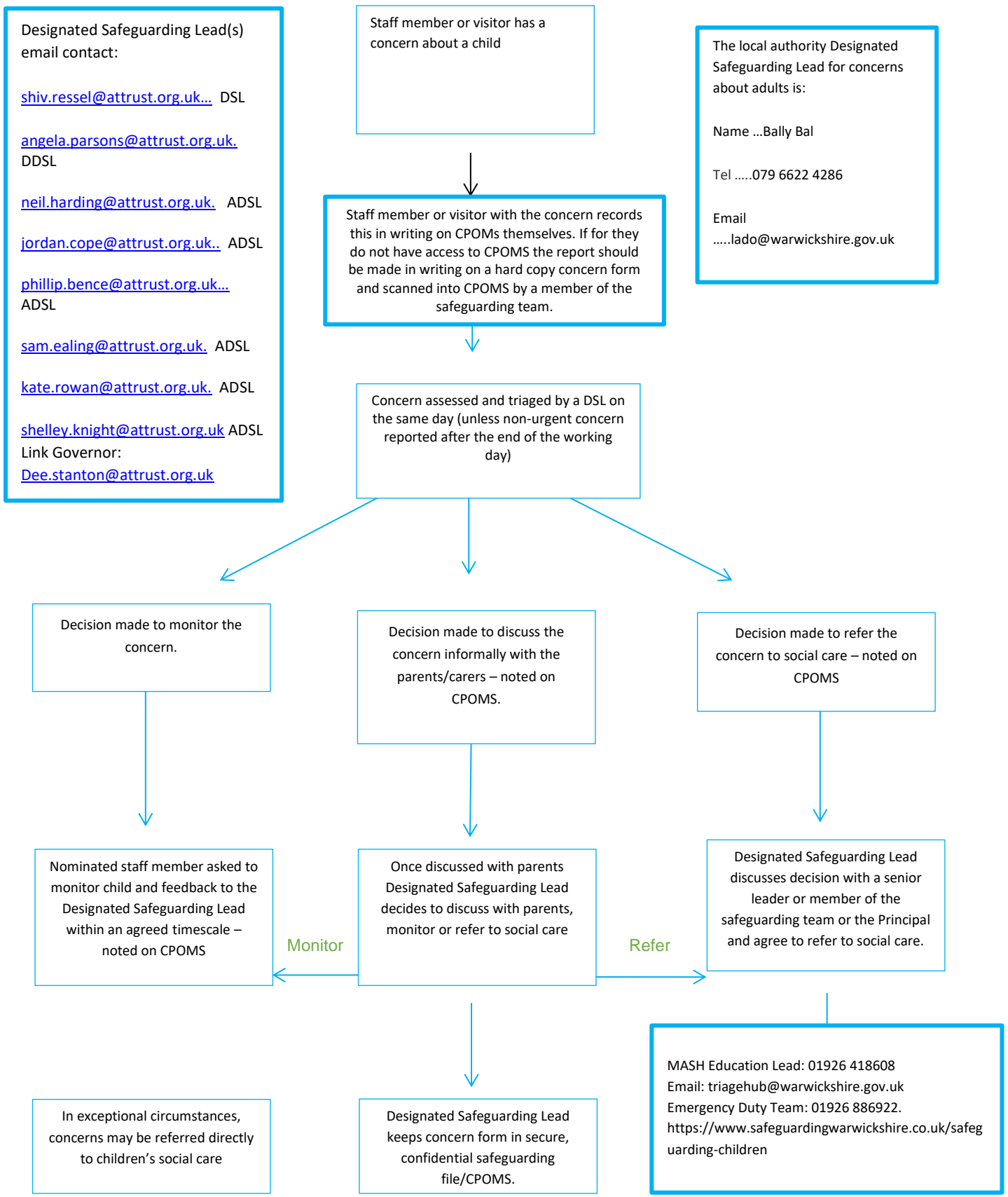
Designated Safeguarding Lead(s) email contact:

shiv.ressel@attrust.org.uk… DSL

angela.parsons@attrust.org.uk. DDSL

neil.harding@attrust.org.uk. ADSL

jordan.cope@attrust.org.uk.. ADSL

phillip.bence@attrust.org.uk… ADSL

sam.ealing@attrust.org.uk. ADSL

kate.rowan@attrust.org.uk. ADSL

shelley.knight@attrust.org.uk ADSL
Link Governor:
Dee.stanton@attrust.org.uk

Staff member or visitor has a concern about a child

The local authority Designated Safeguarding Lead for concerns about adults is:

Name …Bally Bal

Tel …..079 6622 4286

Email …..lado@warwickshire.gov.uk

Staff member or visitor with the concern records this in writing on CPOMS themselves. If for they do not have access to CPOMS the report should be made in writing on a hard copy concern form and scanned into CPOMS by a member of the safeguarding team.

Concern assessed and triaged by a DSL on the same day (unless non-urgent concern reported after the end of the working day)

Decision made to monitor the concern.

Decision made to discuss the concern informally with the parents/carers – noted on CPOMS.

Decision made to refer the concern to social care – noted on CPOMS

Nominated staff member asked to monitor child and feedback to the Designated Safeguarding Lead within an agreed timescale – noted on CPOMS

Monitor

Once discussed with parents Designated Safeguarding Lead decides to discuss with parents, monitor or refer to social care

Refer

Designated Safeguarding Lead discusses decision with a senior leader or member of the safeguarding team or the Principal and agree to refer to social care.

In exceptional circumstances, concerns may be referred directly to children's social care

Designated Safeguarding Lead keeps concern form in secure, confidential safeguarding file/CPOMS.

MASH Education Lead: 01926 418608
Email: triagehub@warwickshire.gov.uk
Emergency Duty Team: 01926 886922.
https://www.safeguardingwarwickshire.co.uk/safeguarding-children

Appendix Four - Routes to Disclosure Flowchart

Child makes a disclosure to a staff member or visitor

Non-verbal route to disclosure used – e.g. website link, worry box, worry monster

Adult:
- listens non-judgmentally
- Does not ask leading questions
- Makes a detailed record
- Does not investigate
- Reports to a DSL

Monitored daily by DDSL: Angela Parsons or assistant: Natasha Hargadon – a worry box placed in reception area.

Safe@tgea.org.uk also monitored daily DDSL.

Staff member or visitor with the concern records this in writing on CPOMs themselves. If for they do not have access to CPOMS the report should be made in writing on a hard copy concern form and scanned into CPOMS by a member of the safeguarding team.

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Monitor

Once discussed with parents Designated Safeguarding Lead decides to discuss with parents, monitor or refer to social care

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Emergency Duty Team: 01926 886922.
https://www.safeguardingwarwickshire.co.uk/safeguarding-children

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

The Queen Elizabeth Academy Wellbeing and Mental Health Procedure Guide

Preparation Date:
July 2023
Review Date:
July 2024

Contents:

1. How was this procedure guide written?

These procedures have been written in response to feedback and discussion with staff, students, parents, mental health professionals, trauma professionals and through the sharing of best practice with ATT colleagues.

2. Policy Statement

At the Queen Elizabeth 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 TQEA may become vulnerable and require additional emotional support.

Positive wellbeing and mental health are a TQEA priority and we address it in a graduated approach which aims to equip our students with the resilience and strategies to manage their mental health in the present and in the future by:

- Helping students to understand their emotions and feelings
- Helping students to feel comfortable sharing any concerns
- Helping students to form and maintain social relationships
- Promoting self-esteem
- Encouraging students to be confident individuals
- Helping students to develop emotional resilience
- Helping students to overcome Emotionally Based School Absence (EBSA)

We promote a mentally health environment through:
- Promoting our school values and encouraging a sense of belonging
- Endeavouring to promote student voice and opportunities for decision-making (i.e Include Me programme/MENCAP)
- Celebration of academic and non-academic achievements as well as those achieved out of school hours
- Providing students with opportunities to adopt responsibility for themselves and others
- Providing reflective opportunities
- Giving access to appropriate, well-informed graduated support which meets needs

We pursue our aims through:
- A graduated approach beginning with universal, whole-school provision (untraded)
- Early intervention in support of Mental Health issues before they become entrenched
- Developing resilience in the student and their families and strategies to manage wellbeing and mental health
- TQEA wellbeing and mental health interventions to be base-lined, time-limited and under regular review
- Supporting Mental Health professionals in their work with our students

# Mental Health and Wellbeing: a continuum

At TQEA 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. TQEA'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.
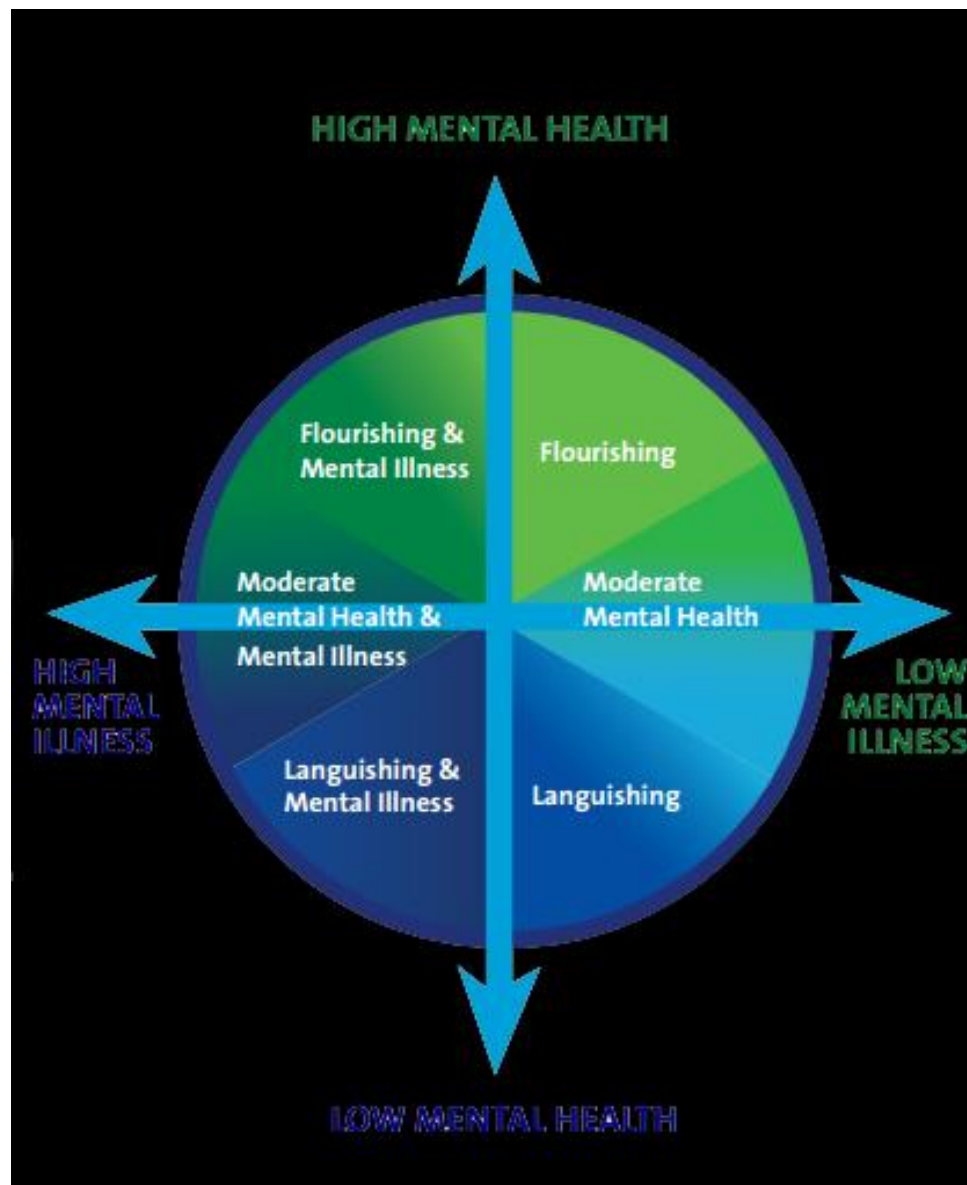
Risk and protective factors for CYP's mental health
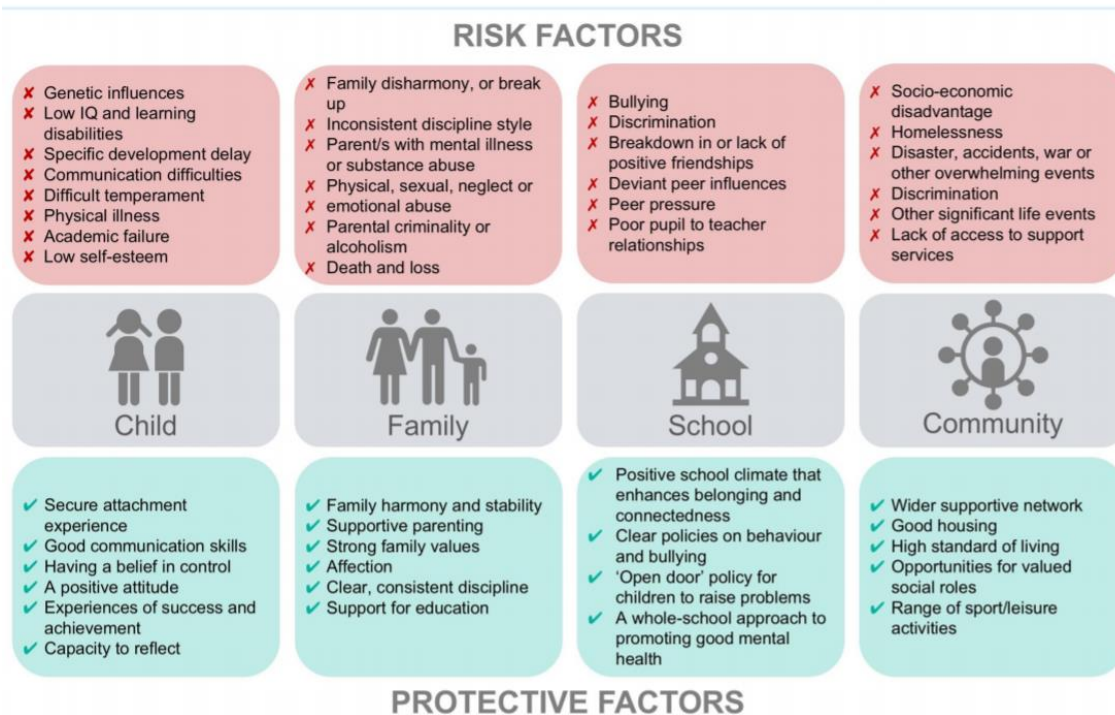
Students are assisted in discussing their risk factors using several non-threatening and visual approaches such as the "stress bucket" approach:
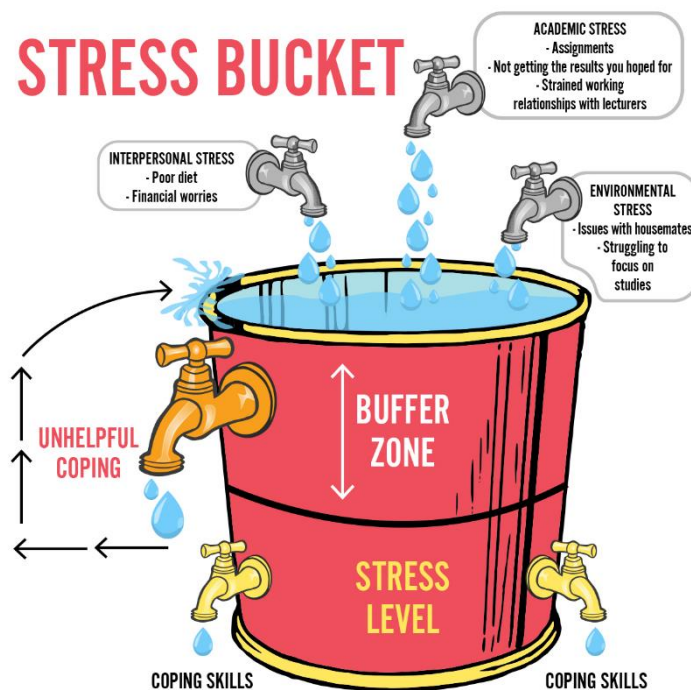
Academic Resilience: What is it?

- Good educational outcomes despite adversity
- We can spot the impact of academic resilience through individuals doing better than we might have expected
- Promoting academic resilience will lead to better behaviour and results for disadvantaged students.

Academic resilience means students achieving good educational outcomes despite adversity.

For schools, promoting it involves strategic planning and detailed practice involving the whole school community to help vulnerable young people do better than their circumstances might have predicted. With this way of working, schools can help not only to beat the odds for individual students, but also with changing the odds for disadvantaged pupils across the board.

How do we spot a need to help?

| Resilience Framework (Children & Young People) Oct 2012 – adapted from Hart, Blincow and Thomas 2007 www.boingboing.org.uk					
	BASICS	**BELONGING**	**LEARNING**	**COPING**	**CORE SELF**
SPECIFIC APPROACHES	Good enough housing	Find somewhere for the child/YP to belong	Make school/college life work as well as possible	Understanding boundaries and keeping within them	Instil a sense of hope
		Help child/YP understand their place in the world		Being brave	
	Enough money to live	Tap into good influences	Engage mentors for children/YP	Solving problems	Support the child/YP to understand other people's feelings
	Being safe	Keep relationships going			
		The more healthy relationships the better	Map out career or life plan	Putting on rose-tinted glasses	Help the child/YP to know her/himself
	Access & transport	Take what you can from relationships where there is some hope			
				Fostering their interests	
	Healthy diet	Get together people the child/YP can count on	Help the child/YP to organise her/himself	Calming down & self-soothing	Help the child/YP take responsibility for her/himself
		Responsibilities & obligations			
	Exercise and fresh air	Focus on good times and places	Highlight achievements	Remember tomorrow is another day	Foster their talents
	Enough sleep	Make sense of where child/YP has come from			
	Play & leisure	Predict a good experience of someone or something new	Develop life skills	Lean on others when necessary	There are tried and tested treatments for specific problems, use them
	Being free from prejudice and discrimination	Make friends and mix with other children/YPs		Have a laugh	
	NOBLE TRUTHS				
	ACCEPTING	**CONSERVING**	**COMMITMENT**	**ENLISTING**	

What can we do about it?

At least one trusted adult (Go-to-Adult), with regular access over time, who lets the students they 'hold in mind' know that they care

2. Preparedness and capacity to help with basics, i.e. food, clothing, transport, and even housing
3. Safe spaces - quiet, safe spaces for students who wish to retreat from 'busy' school life
4. Making sure disadvantaged students access activities, hobbies, and sports (Cultural Capital)
5. Help to map out a sense of future (hope and aspirations) and developing life skills
6. Help to develop and practice problem-solving approaches at every opportunity
7. Help for students to calm down and manage their feelings

8. Support to help others e.g. volunteering, peer mentoring.
9. Opportunities for all staff, students, and parents to learn about resilience
10. Staff treat each other with care and respect, modelling the behaviour they expect from students.
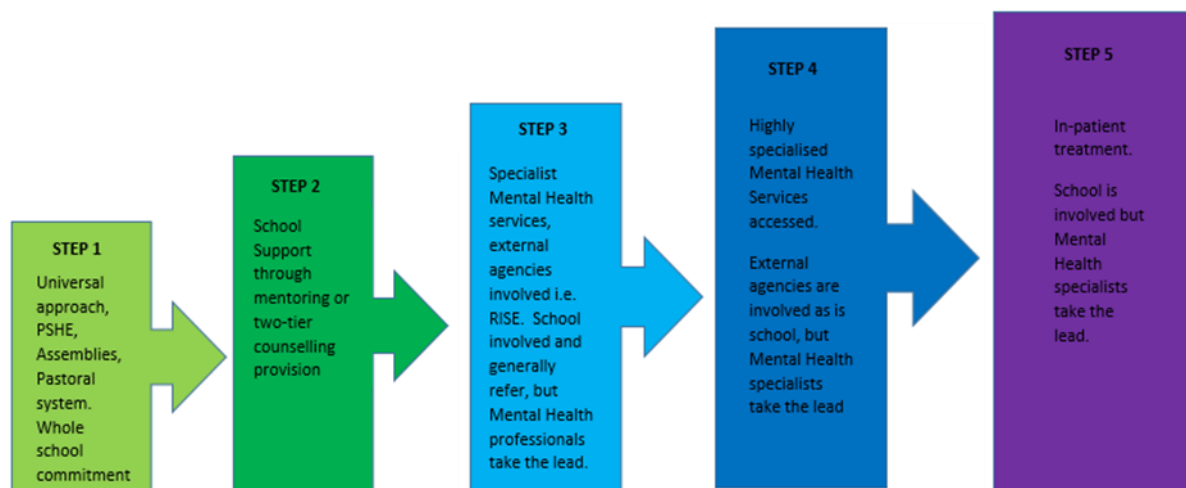
Adverse Childhood Experiences (ACE)

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
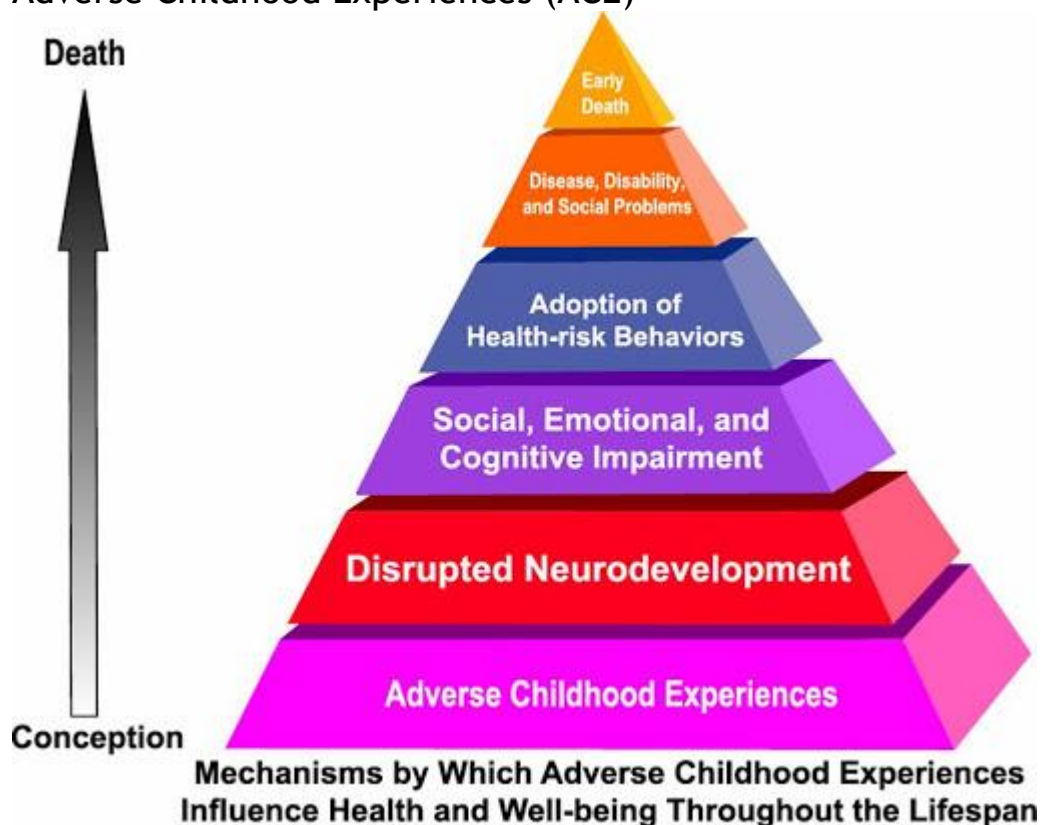
Key experiences in childhood stemming from abuse (Physical, Emotional or Sexual), neglect (Physical and Emotional) and household dysfunction (mental illness, domestic violence, divorce, substance abuse, incarcerated relative etc), have significant impact on later life health an wellbeing as illustrated above.

At TQEA we collect data on these ACE through Y6 into 7 transition via teacher, DSL and SENDCo meetings, using this to inform our monitoring and interventions with our students.

Our Provision: A Graduated Approach

1. The NHS Approach
   TQEA follows the NHS graduated approach starting with universal provision. We aim to catch mental health issues "upstream" before they escalate to becoming more serious and requiring specialist intervention.

2. The TQEA Approach

Step	Description	CYP	Parent/Carer	CPOMs	Provision Map
1	Wellbeing and mental Health awareness for all students via assemblies, the Safeguarding and Behaviour curriculum, PSHE curriculum, general support from identified Go-to-Adults, form tutors and pastoral team leaders. Focus on intervention "upstream" of future potential problems. Impact and actions informed by MH audit and resulting action plan. MH First Aiders trained x4. Approximately 33% staff voluntarily MH Champions trained (Place2be). SLT member training as Senior Mental Health Lead (SMHL. All staff	Sign-posted to strategies that the CYP can use and develop and introduced to further support that may be needed in the future	Made aware of Wellbeing and Mental Health via TQEA home/school communication channels. All parents/carers encouraged to engage in Safe Schools (app) training. Regular updates on services and support available. Availability of TQEA Wellbeing and Mental Health Procedure Guide via website or on request		Provisions recorded and mapped against students to demonstrate impact to determine appropriate pathway

	ACES trained as compliance.				
2	Support with anxiety, depression, self-harm, school refusal and bereavement	Assigned a mentor within TQEA. Regular check-ins with pastoral team, SEND or Student Support Manager. Alternatively, referral to school counsellor. Action plan developed (and RA if deemed necessary) with the CYP identifying strategies and crisis plan.	Parents involved, informed of mentor, and given contact details. Action plan, (RA if needed) with crisis plan shared. Signposted to support resources which are recorded in the action plan. Parents advised to involve GP. Parents sign action plan to acknowledge receipt of information.	Initial Mental Health incident recorded giving overview of difficulties. Signed Action plan uploaded as detailed evidence. All future incidents added as actions.	Action Plan/crisis plan created. Baseline created and review date set.
3	Specialist Community Mental Health Services involvement (Compass/RISE/CAMHs) – referral via Dimensions Tool	Action plan and crisis plan reviewed with Compass worker. Dimensions Tool used for identification of referral process, uploaded on Student CPOms file. Review meetings set up with the service	Parents continue to be involved; revised action/crisis plans shared	Recorded as action	Regular review of action plan and evaluation (six-week window). Contact details of outside agencies included

4	Highly specialist condition specific Mental Health services (CAMHs)	Action plan and crisis plan led by external agencies	Direct specialist agencies contact with parents	Progress recorded for chronology and school to make appropriate/reasonable adjustment on advice of specialists	Documented and impact measured
5	Inpatient treatment	Appropriate support maintained e.g. liaison with school re work, transition plans for return to school	Direct specialist agencies contact with parents	Progress recorded for chronology and school to make appropriate and reasonable adjustment on advice of specialist agencies	Documented and impact measured

Level 1: Universal Wellbeing and Health Provision for All students

It is the responsibility of all staff at TQEA to be aware and pro-active in supporting those CYP who display signs of poor wellbeing and or Mental Health and to respond in a supportive manner to any CYP who approaches them regarding their concerns. Early intervention ensures we catch Mental Health issues "upstream" and may well be able to prevent escalation at this stage with appropriate and timely support.

All staff should:
- Raise awareness with personal tutors and Pastoral leaders of any signs noted via CPOMs and through the ELEVATE referral process if appropriate to demonstrate interventions already in place and to help plan the most apt support pathway. ELEVATE referral forms are returned to the SENDCo.
- Model resilience

Teachers should:
- Raise awareness with personal tutors and Pastoral leaders of any signs noted.
- Model resilience
- Teachers should ensure that they respond to any approaches made by a CYP, by listening and signposting to the TQEA wellbeing and mental health procedures
- Incorporate opportunities to demonstrate resilience through curriculum delivery
- Involve their tutor groups actively in open discussion about well-being and mental health
- Involve their tutor groups in assembly opportunities
- Effectively deliver the Behaviour and Safeguarding curriculum as planned.

Pastoral Leaders should:
- Support the teachers and personal tutors in their intervention with CYPs
- Manufacture opportunities for CYP to take on personal responsibilities which grow resilience and self-esteem
- Manufacture leadership opportunities for CYP

- Ensure assembly opportunities
- QA the role of the tutor ensuring that the relationship is strong and nurturing and reflective of the whole school ethos, allowing CYP to feel a sense of "belonging".

SENCo should:
- Be informed, advise and moderate (sign off on) appropriate referrals to internal and external specialists as appropriate on the continuum by Pastoral Leads
- Provide staff training (PD programme)
- Ensure reasonable adjustments are in place where apt
- Arrange baselines (SDQ, Attendance, Progress and Behaviours) where appropriate and QA MH impact log
- Monitor and report on performance of affected CYP
- Monitor Pastoral Team effectiveness and the wellbeing and mental Health of all colleagues involved via supervision meetings
- Ensure partner agreements with COMPASS and Counselling Services are current
- Maintain and review TQEA Wellbeing and Mental Health procedures guidance annually
- Inform leadership and LAC of the state of Wellbeing and Mental Health at TQEA through LAC and CSI meetings
- Liaise with DSL and Pastoral on y6 into 7 transition ACE information with agreed intervention.
- Work in direct partnership with Assistant Principal (Attendance) for a united approach to ESBA and provide data to support WAS referrals.

Attendance Team should:
- Work in direct partnership with Assistant Principal (SEND/Safeguarding) for a united approach to EBSA and provide data to support WAS cases
- Liaise with the Pastoral Team and ELEVATE referrals paperwork
- Assist the Pastoral Leaders in identifying early intervention cases
- Conduct meetings with parents and students with EBSA to draw up action plans, decide on part time timetables (following CME guidance), preparation of EBSA risk assessments and to sign off on agreed reintegration plans
- Monitor time-frames impact

Level 2: Support Within School with Common Wellbeing and mental Health issues

Referrals may come from several sources:
- Attendance data
- Behaviour data
- Information from previous setting
- Attendance Officer
- Exams office
- CYP concern (regarding themselves or a peer)
- Parent concern

- Public concern
- Agency concern
- Teacher/tutor concern
- Support staff concern

    Referrals are triaged by SSM/Pastoral team, SENDCo and DSLs. If appropriate the student will be referred to Level 2 or in a minority of more severe cases escalated directly to Level 3 with a direct referral to outside agencies.

Level 2
- Key Worker/Mentor identified within the academy
- Action Plan created with the CYP and parent with crisis plan if necessary
- Potential for Risk Assessment with both CYP and parent involved
- Six-week intervention
- Baselined using hard data i.e. attendance, behaviour incidents, achievement points. SDQ and soft data, (CYP rating of wellbeing 1-10, parent rating of wellbeing 1-10)
- Examples of interventions: nurture group, COGs (Y7), 1:1 mentoring sessions with key worker/mentor, TQEA counselling service (SE)
- Focus on CYP and parent to develop skilled use of strategies to manage own wellbeing and mental health
- Monitored fortnightly, reviewed after six weeks
- OUTCOME: reviewed against baseline data
- PROCEDURE: CYP returns to Level 1 or CYP has another cycle at Level 2 or CYP moves to Level 3 with a referral made to an outside agency
- Interventions are reviewed

Level 3: Community Mental Health Services Involvement

At this level, the academy will work with outside agencies to provide interventions that complement and support their work with the CYP. Outside agencies may include:
- COMPASS
- Early Help
- Sycamore
- Dear Life
- The Laura Centre
- Guy's Gift

Level 3
- Key worker/Mentor identified within the academy
- Key worker identified within the outside agency
- Action plan created with the outside agency, CYP and parent including safety plan
- Six-week intervention
- Baselined using hard data i.e. attendance, behaviour incidents, achievement points. SDQ and soft data, (CYP rating of wellbeing 1-10, parent rating of wellbeing 1-10)
- Interventions led by advice from the outside agency, but may include some of the provision from Level 2
- Monitored fortnightly, reviewed after six weeks
- OUTCOME: Reviewed against baseline data and with advice from the outside agency
- Three possible responses: CYP is returned to Level 2 or has another cycle at Level 3 or is moved to Specialist Community Health Involvement at Level 4

Level 4: Specialist Community Health Support Involvement

At this level the academy will support both the outside agencies in their referral to Specialist Community Health support (CAMHs [RISE] who will do an initial assessment and refer onto specialists within their department), the CYP and the parents.

TQEA staff will continue to monitor and retain a key worker/mentor in school to be supportive of the CYP whilst engaging with Level 4 intervention and made agreed adjustments, as necessary.

Outcome will be to follow advice given by specialists leading eventually to a reintroduction at Level 2

Level 5: Inpatient Treatment

This level will most commonly be arrived at through an escalated process directed by Mental Health specialists or more rarely as a direct response to crisis situations via parents or a 999 call via the academy.

The role of the academy is to support the CYP by liaising with medical professionals regarding education and de-escalation procedures as advised by specialists with the aim to re-enter mainstream education with appropriate adjustment and support mechanisms.

Staff Wellbeing and Mental Health

At TQEA we recognise that the wellbeing and mental health of staff is a key priority.

The risk factors and protective factors are a useful way of analysing and responding to our own stress levels. The stress bucket which counts as one of our possible CYP interventions is a visual way of representing the stresses we face in our own lives; work and personal, and to identify ways in which to protect ourselves.

Part of our may be to speak manager to seek factors at work. It make them aware enable them to If you feel unable line manager you member of SLT, or ambassador (CS).

protective factors with your line support with risk is important to of your situation to support you. to speak to your may speak to a the staff wellbeing
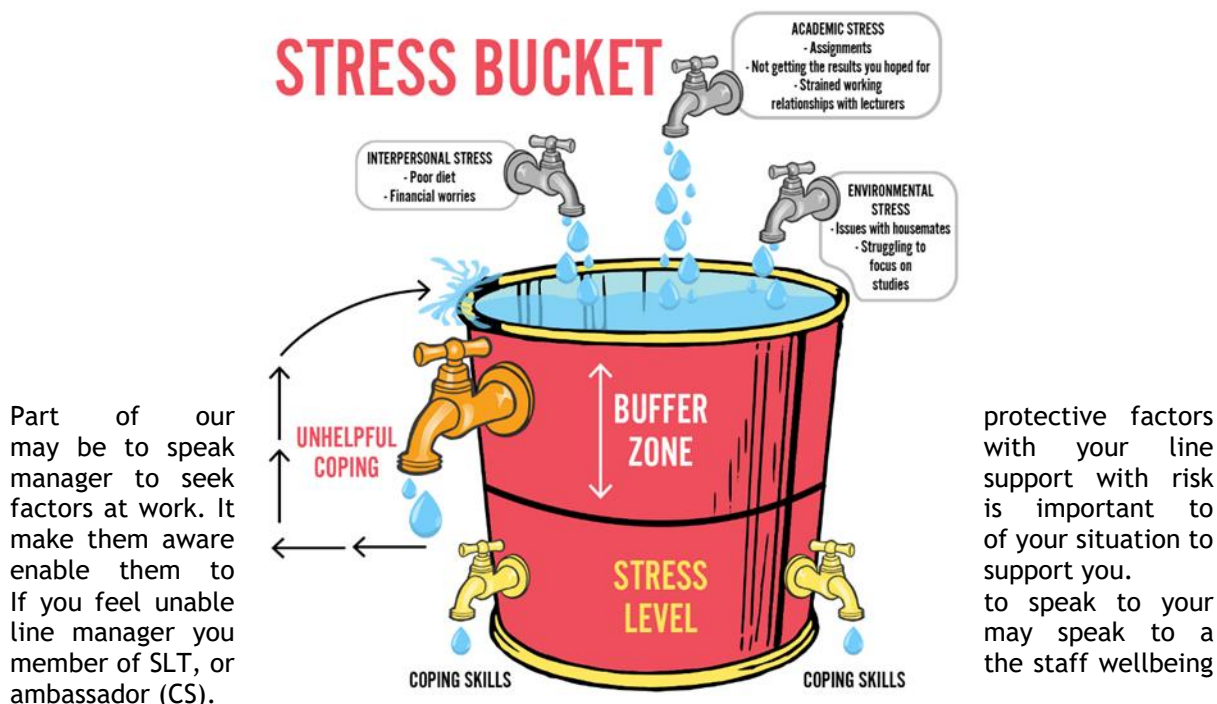
There is a wellbeing helpline to support staff in all ATT Academies.
http://www.employeecare.com/educare

Key Staff:

Shiv Ressel	shiv.ressel@attrust.org.uk	Assistant principal	Safeguarding/SENDCo
Beth Gibson	beth.gibson@attrust.org.uk	Assistant Principal	Attendance/PP
Alison Morris	alison.morris@attrust.org.uk	Assistant Principal	Behaviour/Pastoral
Angela Parsons	angela.parsons@attrust.org.uk	DDSL	CPOMs/Pastoral Y10
Sally-Ann Ellis	sally-ann.ellis@attrust.org.uk	School Counsellor	
Angela Parsons	angela.parsons@attrust.org.uk	Pastoral Leader	Y7
Jordan Cope	jordan.cope@attrust.org.uk	Pastoral Leader	Y11
Madalaine Reynolds	Madalaine.reynolds@attrust.org.uk	Pastoral Leader	Y10
Sam Ealing	sam.ealing@attrust.org.uk	Pastoral Leader	Y8
Phillip Bence	Phillip.bence@attrust.org.uk	Pastoral Leader	Y9
Natasha Hargadon	Natasha.hargadon@attrust.org.uk	Seconded pastoral support	Y7

Signposts:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993669/Mental_Health_Resources_for_teachers_and_teaching_staff_June_2021.pdf

https://educationhub.blog.gov.uk/2021/09/03/mental-health-resources-for-children-parents-carers-and-school-staff/

https://www.warwickshire.gov.uk/mentalhealth

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 E.g., Teachers TA, Pastoral Support, Receptionist, First Aid Support, 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 All Annex	Yes	Yes			Yes	Yes	Yes*		Those who will be interviewing		Best practice			Optional	
Safeguarding Governors	All parts All Annex	Yes	Yes*			Yes	Yes	Yes*		Yes*	Yes					
Governors	All parts and Annex C	Yes	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 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