Safeguarding & Child Protection Policy

Academy Transformation Trust

THE DUKERIES ACADEMY

Review Date:

June 2023

Ratified:

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.

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)	Aminah Javed	Email	Aminah.Javed@attrust.org.uk
		Telephone	01623860545
Deputy Designated Safeguarding Lead (DDSL)	Taryn Hughes Nigel Caunt	Email	Taryn.Hughes@attrust.org.uk Nigel.Caunt@attrust.org.uk
		Telephone	01623860545
Principal	Mike Brett	Email	Mike.Brett@attrust.org.uk
		Telephone	01623860545
Safeguarding Governor	David McLuckie	Email	davidhmcluckie@gmail.com
		Telephone	
Chair of Governors	David McCluckie	Email	davidhmcluckie@gmail.com
		Telephone	
Academy Attendance Lead	Nigel Caunt	Email	Nigel.Caunt@attrust.org.uk
		Telephone	01623860545

Attendance Officer	Taryn Hughes	Email	Taryn.Hughes@attrust.org.uk
		Telephone	01623860545
Local Arrangements			
Local Children's Safeguarding Partnership	Nottinghamshire Safeguarding Children's Partnership	Contact details	Info.nscp@nottscc.gov.uk 01159773935
Children's Social Care	(MASH/ CADS/ Customer First/ whichever name your LA calls your MASH referral system, delete as applicable)	Contact details	Nottingham MASH https://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-children-and-families-alliance/pathway-to-provision/multi-agency-safeguarding-hub-mash 03005008090
Local Authority Designated Officer (LADO)	Eva Callaghan	Contact details	0115 8041272

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 Safeguarding Concerns Policy, which outlines the safeguarding concerns and allegations made about staff, supply staff, contractors and volunteers, can be accessed here (Staff Safeguarding Concerns Policy) 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:

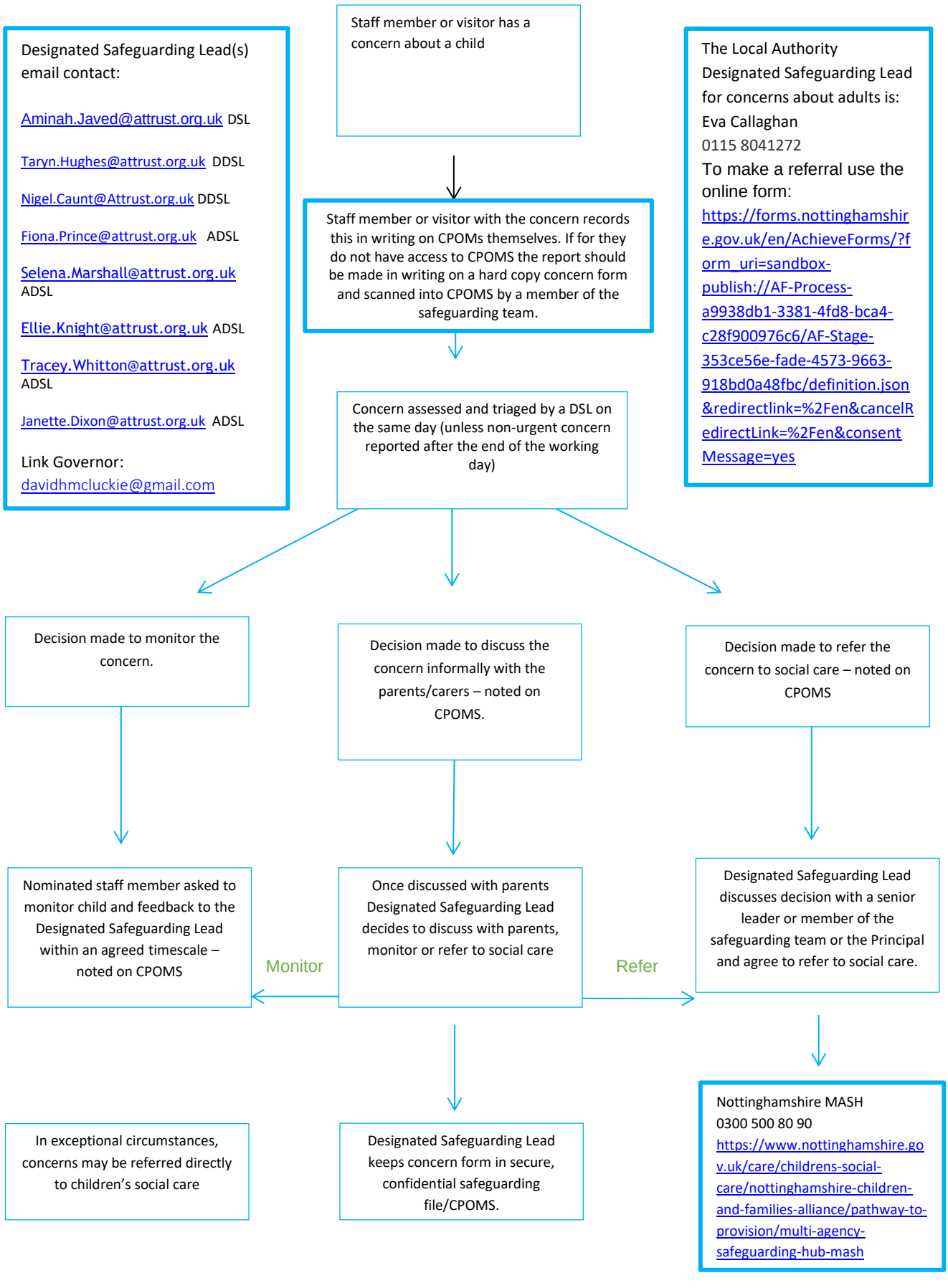
- constant hunger or stealing, scavenging and/or hoarding food
- frequent tiredness
- frequently dirty or unkempt
- poor attendance or often late
- poor concentration
- illnesses or injuries that are left untreated
- failure to achieve developmental milestones or to develop intellectually or socially
- 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

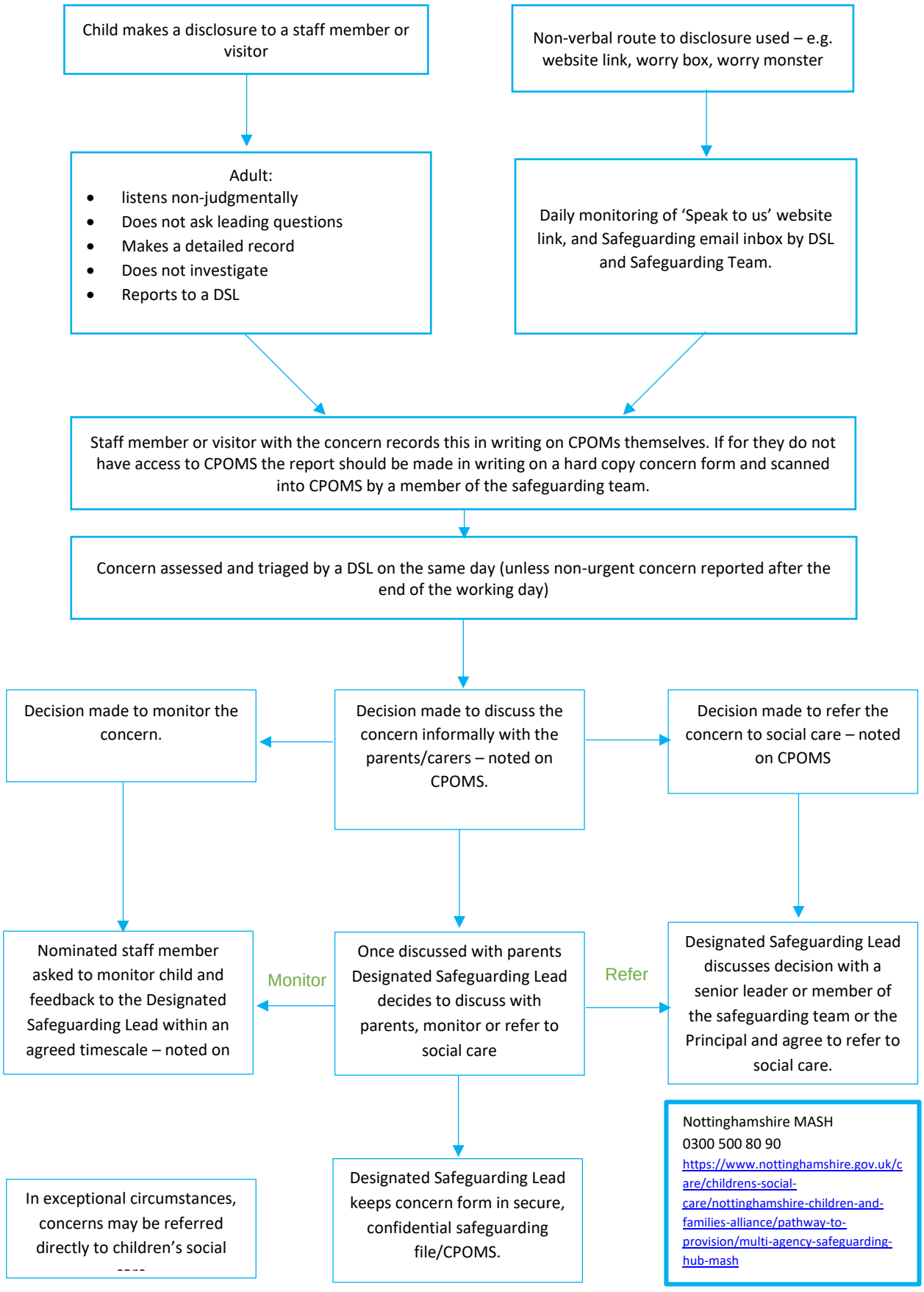
Our most significant local concerns are: (add your Academy's most significant concerns based on data

	Localised Safeguarding Concerns	Our strategic academy response – what we do to prevent or reduce harm and respond to harm if it occurs.
1	Substance misuse	Engage with Community Alcohol Project. Engage with local Health Improvement Officer. Engage with Police Early Intervention Officer. Attendance at local strategy meetings. Discuss cases across the safeguarding team to identify patterns. Included in COCA risk assessment. Record all concerns and refer Early Help, MASH, Police as appropriate.
2	Mental health – self harm/ suicidal ideation	Mental Health Strategy is high profile and promotes positive wellbeing and mental health. Safeguarding and Child Protection Policy 16 Mental Health concerns are reported on CPOMs and actioned by Pastoral Leaders initially who can refer to a range of agencies. Pastoral Leaders have Mental health First Aid training. Mental health Support Team carrying out interventions including profiling Y 7 and providing support for exam stress. TDA counselling service caters for around 50 students at a time. DSL has Asist Suicide Prevention training. Further staff to be trained. Positive Mental health is a theme throughout PSHE/RSE
3	Prejudice and derogatory language (especially racial)	PRI protocols introduced in 2022/23 which increased recording of incidents and response. This, combined with education throughout the year, reduced incidents by 50% and allowed the Academy to focus more on microaggressions. The strategy for 2023/24 includes continued high profile for the PRI strategy amongst staff and students, a more direct response to consequences from wider staff and creating a bank of resources for direct work with students.
4	Domestic abuse	Focus for student and staff Safeguarding Curriculum. Concerns are reported on CPOMS and actioned by Pastoral Leaders who can refer to a range of agencies. TDA counselling service caters for around 50 students at a time. Record all concerns and refer Early Help, MASH, Police as appropriate.
5	Sexual harassment	Focus for student and staff Safeguarding Curriculum. Concerns are reported on CPOMs and actioned by Pastoral Leaders alongside DSL guidance. Discuss cases across the safeguarding team to identify patterns. TDA counselling service caters for around 50 students at a time. Record all concerns and refer Early Help, MASH, Police as appropriate.

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 6
Mental Health Procedure

THE DUKERIES ACADEMY

Student Wellbeing and Mental Health Strategy

September 2023
Review Date:
July 2024

Contents

How Was This Strategy Written?

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

Overview and Academy Values

At The Dukeries 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 TDA may become vulnerable and require additional emotional support.

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

Integrity

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

Ambition

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

Excellence

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

Key Staff

Designated Safeguarding Lead and Inclusion Lead

- Aminah Javed

Mental Health Lead

- Taryn Hughes DDSL

SENDCO

- Vicky Martin

Counselling Lead & Clinical Counsellor

- Claire Harris

Mental Health First Aiders

- Selena Marshall Year 7 Pastoral Leader
- Tracey Whitton Year 8 Pastoral Leader
- Ellie Knight Year 9 Pastoral Leader
- Fiona Prince Year 10 Pastoral Leader
- Taryn Hughes Year 11 Pastoral leader
- Janette Dixon Year 12/13 Pastoral Leader

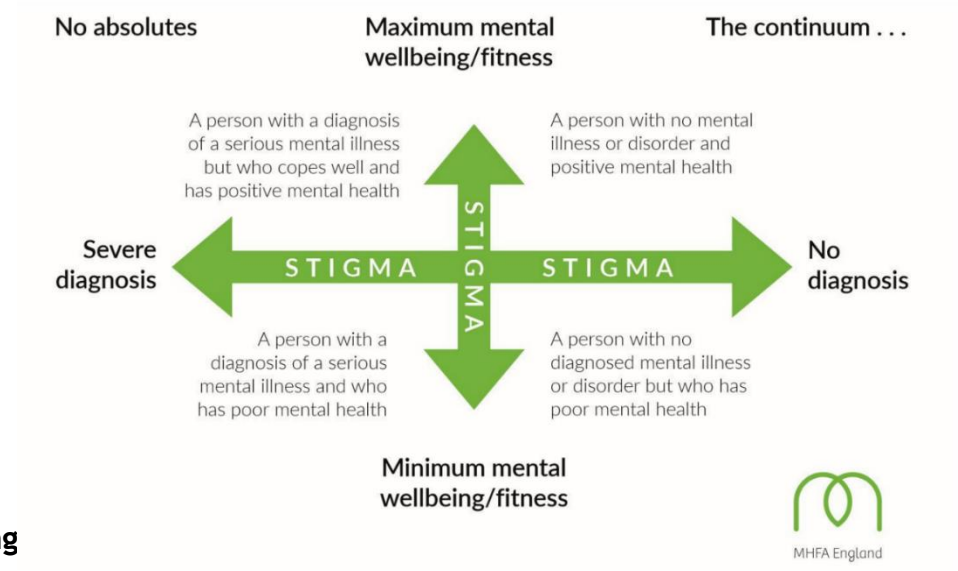
Anger Management support

- Elizabeth Bowskill KS4 Specialist Support Faculty Lead
- Angela Robson TA
- Joanne Shilton TA

TDA Mental Health and Wellbeing Strategy

Mental Health and Wellbeing: A Continuum

At TDA 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. TDA's aim is to provide our young people with strategies and intelligence to protect themselves and to know how to seek appropriate help at the appropriate time.



Promoting

PSHE/RSE Programme

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

- Relationships
- Emotions
- Self-esteem and self-image
- Stress triggers

For a more detailed overview please see the PSHE overview document (appendix 1)

Coaching Groups

All students are part of a coaching group that will meet every day, including one assembly day. Coaching groups provide a 'set the day' session each morning to transition students from home to the formal learning environment and remove potential barriers such as equipment and uniform. The coach will get to know their coaches well and act as their 'champion'. Coaches also deliver elements of the safeguarding curriculum including aspects of wellbeing and mental health.

Signposting and visuals around TDA

Mental Health and wellbeing have a high profile across TDA. Support and resources are signposted regularly via year group noticeboards, PSHE lessons, social media and assemblies. A comprehensive list of external support agencies is available to support staff, students and parents/carers (appendix 2). The 'Speak to Us' link on TDA website is promoted at regular intervals to encourage students who might find it difficult to approach staff in person for support. National focus events such as Mental Health Awareness week and Anti Bullying week are signposted through the behaviour and safeguarding curriculum and celebrated through assemblies and Academy events.

Early Identification and Intervention

We recognise that some students who may not initially present as a risk in terms of their mental health may have risk factors that will negatively impact on their mental health later. Using criteria from the NSPCC website (below) and resources suggested by Young Minds, including the Resilience Framework (Appendix 3) KS3 Pastoral Leaders identify and provide early intervention through structured small group and one to one mental health interventions to mitigate against risks from adverse circumstances impacting negatively on wellbeing, mental health and academic outcomes. Current interventions include a 6 week anxiety course and a resilience group intervention.

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

Targeted support

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

- Public Health Practitioners
- Draw and Talk
- TDA counselling. This in-house service can offer support to up to 50 students through trained counsellors. TDA counselling has its own strategy document and is line managed by the Senior AP/ DSL

- Notts Mental Health Support Team
- Educational Psychologist (via the SENDCO)
- CAMHS

Mental Health Vulnerabilities and Indicators

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

Who is at Risk? (NSPCC 2020)

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

Abuse and Neglect

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

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

Additional needs and disabilities

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

- reduced mobility.
- prejudice, discrimination and bullying.

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

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

Black and Minority Ethnic (BME) children

Children from black and minority ethnic groups may experience:

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

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

Life events

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

Living in care

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

LGBTQ+ children and young people

LGBTQ+ children and young people may experience:

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

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

Adverse Childhood Experiences (ACE)

Key experiences in childhood stemming from abuse (Physical, Emotional or Sexual), neglect (Physical and Emotional) and household dysfunction (mental illness, domestic violence, divorce, substance abuse, incarcerated relative etc), have significant impact on later life health an wellbeing as illustrated above.

At TDA we collect data on vulnerable students through our extended Y6 into 7 transition programme so that interventions can be proactively planned.

Recognising Issues

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

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

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

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

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

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

Signs of Child Mental Health Issues

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

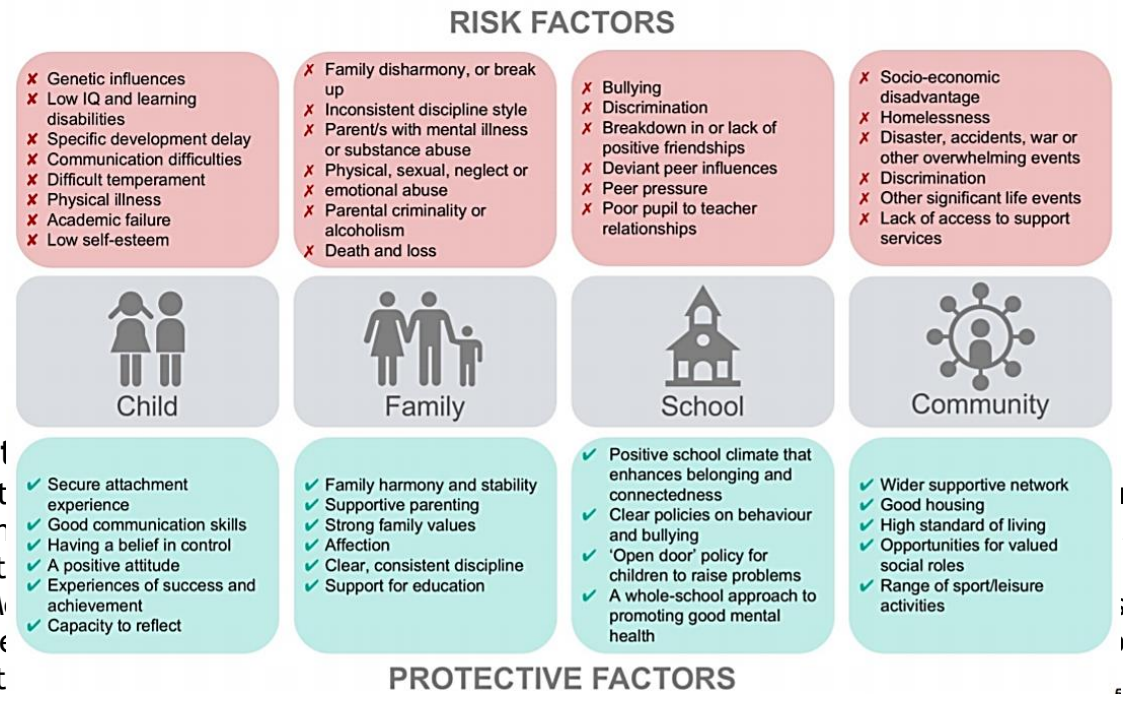
By being attentive to a child or young person's mood and behaviour, you can recognise patterns that suggest they need support.

Common warning signs of mental health issues include:

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

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

Risk Factors and Protective Factors for CYP's Mental Health



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SEND Tas have completed Emotion Coaching training.
SEND TAs are trained in specialist areas including anxiety, handling strong emotions, anger management, emotional literacy
The Mental Health Lead has accessed the government funded Mental Health Lead training.
The Senior AP/DSL has attended Positive Handling Train the Trainer and Support Staff have been trained in Positive Handling. There is an ongoing programme of positive handling training.

Recording and Responding to Mental Health Concerns

CPOMs reporting and triage of cases

All staff are trained to record mental health concerns through the CPOMS safeguarding reporting system. Mental Health concerns are triaged to the relevant year group Mental health First Aider who manages the case under the direction of the Pastoral Team Leader and DSL. All Mental Health First aiders are also trained ADSLs and will address safeguarding concerns linked to any reported mental health concerns following the Safeguarding Policy.,

Smoothwall

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

TDA Provision: A Graduated Approach

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

Tier 1		
Red flags	**Interventions**	**External Referral and Support**
No concerns Occasionally feels sad as a a normal response to negative situation	Universal approach to promote wellbeing and positive mental health; PSHE/RSE, assemblies, coaching groups, pastoral system, recognition and rewards, staff training, mental health displays	External support clearly signposted; Kooth, Speak to Us Link, Young Minds, Childline, NSPCC
Tier 2		
Low self esteem Poor attendance Social isolation Talk about/ experimenting with self-harm Feels/presents as 'down'	Pastoral Leader support through one to one and small group programmes. Use of 'stress bucket' or other models. Pastoral Leader resilience and anxiety interventions. TA keyworker support including Emotion Coaching.	Public Health Practitioner referral e.g. self-esteem, self-harm, anxiety.
Tier 3		
Feeling depressed – lack of interest in activities Poor attendance Regular self -harm Lack of engagement in learning Difficulty managing emotions	Work with PL/HOY/TA and parents. Attend Programme Anger Management Programme Draw and Talk Boxing Sensory room/safe space	Getting to Know me referral if undiagnosed/unmet needs CASY counselling referral by parents.
Tier 4		
Regular serious self–harm. Self-harm in increasing levels. Possible suicidal ideation. School refusal.	Risk assessment and personalised support plan Referral to TDA Counselling Holistic support package via SSF SENDCO involvement Attend programme	EHAF (L3) MHST Referral Springboard referral Ed Psych Heath Related Education Team TETC Team Case discussion

Extreme difficulties managing emotions – becomes dysregulated quickly and slow to deescalate.		
Tier 5		
Inpatient treatment due to serious mental health issues (suicide attempts)	Risk assessment and personalised support plan Referral to TDA Counselling Holistic support package via SSF SENDCO involvement	CAMHS SPA referral MASH Alternative Provision. Health Related Education Team
Academy Interventions		
Mental Health First Aider TDA Counselling TA Keyworker Staff Mentor ELSA Draw and Talk Horse Care Sensory Room Pastoral Leaders Specialist Support Department Boxing Attend Programme		
Indicators of Unmet Needs		
ADHD Some key signs: Being constantly restless/fidgety. Not able to sit still in their seat. Tapping hand or shaking foot Talking a lot, interrupting, not able to be quiet. Easily distracted by others. Short concentration span. Hypervigilant - easily picks up on what is around them. Saying or doing things without thinking. Cannot seem to help themselves.	**ASD some key signs:** Struggles with any change to routine. May result in angry or avoidance behaviour. Obsessive behaviour /fixated on a particular topic. Unusual behaviours e.g. spinning, flapping Struggles to give eye contact Over the top/angry outbursts. May seemingly go from 0-10 very quickly. Takes things very literal e.g. pull up your socks. Strong sense of justice. Very black and white. May struggle with noises and crowds. Doesn't understand social cues	

Parents, Carers and Families

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

Anxiety and School Refusal

TDA promotes the view that a child's best interests are served by attending education in a formal setting with their peers, however we recognise that anxiety about school can lead to difficulties with attendance. Staff working with families to support positive attendance make use of the Academy Attendance Plan and Anxiety Pack which is a supportive programme to encourage good attendance and signpost where other agency referrals may be made.

Appendix 1 PSHE overview

Year/ age	Being Me in My World	Celebrating Difference	Dreams and Goals	Healthy Me	Relationships	Changing Me
Year7(11-12)	Unique me, differences & conflict, my influences, peer pressure, online safety, sexting, consequences, online legislation	Bullying, prejudice & discrimination, Equality Act, bystanders, stereotyping, challenging negative behaviour and attitudes	Celebrating success, identifying goals, employment, learning from mistakes, overcoming challenges, planning skills, safe & unsafe choices, substances, gangs, exploitation, emergency first aid	Stress and anxiety, managing mental health, physical activity and mental health, effects of substances, nutrition, sleep, vaccination and immunisation, importance of information on making health choices	Characteristics of healthy relationships, healthy romantic relationships, consent, relationships and change, emotions within friendships, being discerning, assertiveness, sexting	Puberty changes, FGM, breast flattening/ironing, responsibilities of parenthood, types of committed relationships, happiness and intimate relationships, media and self-esteem, self-image, brain changes in puberty, sources of help and support

Year8(12-13)	Self-identity, family and identity, stereotypes, personal beliefs and judgements, managing expectations, first impressions, respect for the beliefs of others. Active listening	Positive change made by others, how positive behaviour affects feelings of wellbeing, social injustice, inequality, community cohesion and support, multiculturalism, race and religion, prejudice, LGBT+ bullying	Long-term goals, skills, qualifications, careers, money and happiness, ethics and mental wellbeing, budgeting, variation in income, positive and negative impact of money, online legal responsibilities, gambling issues	Long-term physical health, responsibility for own health, dental health, stress triggers, substances and mood, legislation associated with substances, exploitation and substances, medicine, vaccinations, immunisation Blood donation	Positive relationship with self, social media and relationship with self, negative self-talk, managing a range of relationships, personal space, online etiquette, online privacy and personal safety, coercion, unhealthy balance of power in relationships, sources of support	Types of close intimate relationships, physical attraction, legal status of relationships, behaviours in healthy and unhealthy romantic relationships, pornography, sexuality, alcohol and risky behaviour
Year9(13-14)	Perceptions about intimate relationships, consent, sexual exploitation, peer approval, grooming, radicalization, county lines, risky experimentation, positive and negative selfidentity, abuse and coercion, coercive control	Protected characteristics, Equality Act, phobic and racist language, legal consequences of bullying and hate crime, sexism, ageism, positive and negative language, banter, bullying in the workplace, direct and indirect discrimination, harassment, victimisation. Prejudice, discrimination and stereotyping	Personal strengths, health goals, SMART planning, links between body image and mental health, nonfinancial dreams and goals, mental health and ill health, media manipulation, self-harm, anxiety disorders, eating disorders, depression.	Misperceptions about young peoples' health choices, physical and psychological effects of alcohol, alcohol and the law, alcohol dependency, drug classification, supply and possession legislation, emergency situations, first aid, CPR, substances and safety, sources of advice and support	Power and control in intimate relationships, risk in intimate relationships, importance of sexual consent, assertiveness skills, sex and the law, pornography and stereotypes, contraception choices, family planning, STIs, support and advice services	Mental health stigma, triggers, support strategies, managing emotional changes, resilience and how to improve it, reflection on importance of sleep in relation to mental health, reflection on body and brain changes, stereotypes
Year10(14-15)	Human rights, societal freedom, understanding safety in UK and beyond, ending relationships safely, stages of grief, loss and bereavement, social media and culture, use of online data, threats to online safety, online identity, assessing and managing risk	Equality including in the workplace, in society, in relationships. Equality and vulnerable groups. Power and control	Impact of physical health in reaching goals, relationships and reaching goals, work/life balance, connections and impact on mental health, benefits of helping others, online profile and impact on future goals	Improving health, sexual health, blood-borne infections, selfexamination, diet and long-term health, misuse of prescription drugs, common mental health disorders, positive impact of volunteering, common threats to health including chronic disease, epidemics, misuse of antibiotics Organ donation Stem cells	Sustaining long-term relationships, relationship choices, ending relationships safely, consequences of relationships ending e.g. bullying, revenge porn, grief-cycle. Divorce and separation, impact of family breakup on children, understanding love, fake news and rumourmongering, abuse in teenage relationships. Legislation, support and advice	Impact of societal change on young people, role of media on societal change, reflection on change so far and how to manage it successfully, decision making, sexual identity gender, spectrum of sexuality, stereotypes in romantic relationships, sexual identity and risk, family change, sources of support.

Year11(15-16)	Equality in relation to disability including hidden, consequences of not adhering to Equality Act, employers' responsibilities, benefits of multicultural societies, impact of unfair treatment on mental health, misuse of power, campaigning for equality		Aspiration on; career, finances, relationships, health. Skills identification, realistic goals, gambling, financial pressure, debt, dream jobs, skill set, education and training options, longterm relationship dreams and goals, parenting skills and challenges, resilience, what to do when things go wrong.	Managing anxiety and stress, exam pressure, concentration strategies, work-life balance, sexual health, hygiene, selfexamination, STIs, sexual pressure, fertility, contraception, pregnancy facts and myths, identifying a range of health risks and strategies for staying safe	Stages of intimate relationships, positive and negative connotations of sex, protecting sexual and reproductive health, safely ending relationships, spectrum of gender and sexuality, LGBT+ rights and protection under the Equality Act, "coming out" challenges, LGBT+ media stereotypes, power, control and sexual experimentation, forced marriage, honour-based violence, FGM and other abuses, hate crime, sources of support	

Appendix 2 External Agencies and out of hours support

General Helplines; Out of school support emotional support contacts (20/7/2021)

Please keep these contact details close to hand, photograph them on your phone, or better still add them to your contacts! 'The Base' The Dukeries Academy, Ollerton, 01623 860545

Students- you can always send a message to school from the, main school website; **https://www.dukeries.attrust.org.uk/** under the student section, there is an area which is called 'speak to us', you can share any concerns there and it will be picked up by someone in school ;**https://www.dukeries.attrust.org.uk/students/speak-to-us/**

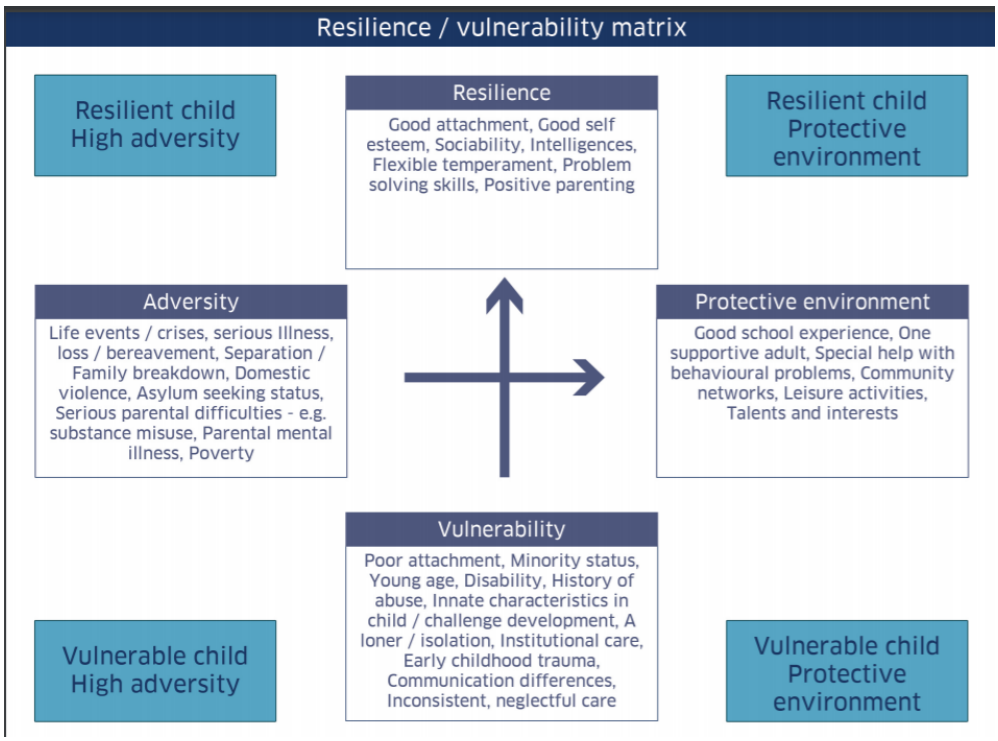
If you, or anyone you know, needs help dealing with mental health issues, the following organisations provide support.

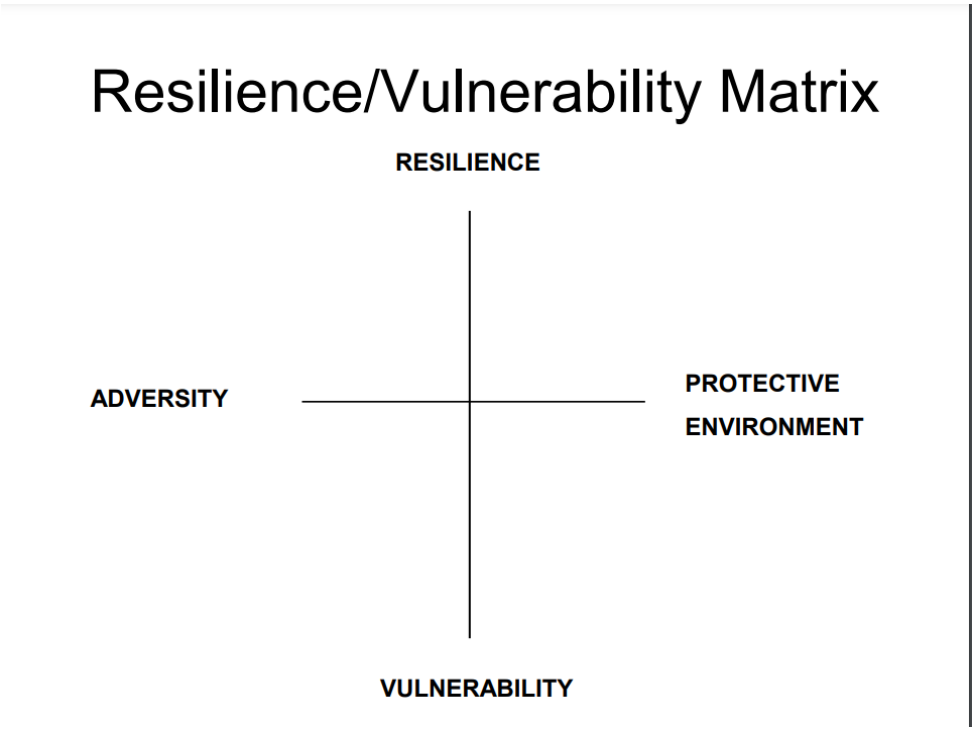
Childline - 0800 1111
www.childline.org.uk https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/
Kooth - Self-help, friendly counsellors, and community support online till 10pm You'll need to set up a free online account in order to use this service. www.kooth.com
Police In an emergency please **telephone 999;** non-emergency calls **telephone 101 (24 hours line)**
CEOP is a law enforcement agency and is here to keep children and young people safe from sexual exploitation and abuse. Report to one of CEOP's Child Protection Advisors. *https://www.ceop.police.uk/ceop-reporting www.police.uk*
Kings Mill Hospital http://www.sfh-tr.nhs.uk *01623 622515 Mansfield Road, Sutton-in-Ashfield, Nottinghamshire, NG17 4JL*
CALM (Campaign against Living Miserably) www.thecalmzone.net 0800 585 858
Heads Together www.headstogether.org.uk
MIND www.mind.org.uk 0300 123 3393
Young Minds – Access to expert advice and practical tips to help you look after your mental health. Text YM to 8525 www.youngminds.org.uk
PAPYRUS (prevention of young suicide) www.papyrus-uk.org 0800 068 4141
NHS England https://www.england.nhs.uk/contact-us
Samaritans - call day or night on 116 123; or 'write us a letter' to:jo@samaritans.org https://www.samaritans.org
The Mix All sorts of support for young people including expert advice on lots of different topics as well as 1;1 chats www.themix.org.uk
Self-Harm UK – Free online self-harm support for 14-19 year olds including weekly support sessions www.selfharm.co.uk
Life signs - information and support on self-harm www.lifesigns.org
Beat - Disordered eating information and support with eating disorders including telephone helpline this is available 24/7 www.beat.org.uk
LGBTQ+ - 'mindout'-lots of advice online, as well as access to a peer support network and online counselling www.mindout.org.uk
Stonewall - Everything you might ever need to know, in one place, including a telephone advice line. 0300 330 0630 www.stonewall.org.uk
NSPCC Whistleblowing helpline - 0800 028 0285
MASH - (Multi Agency Safeguarding Hub) 0300 5008090

Appendix 3 Resilience/Vulnerabilty Matrix

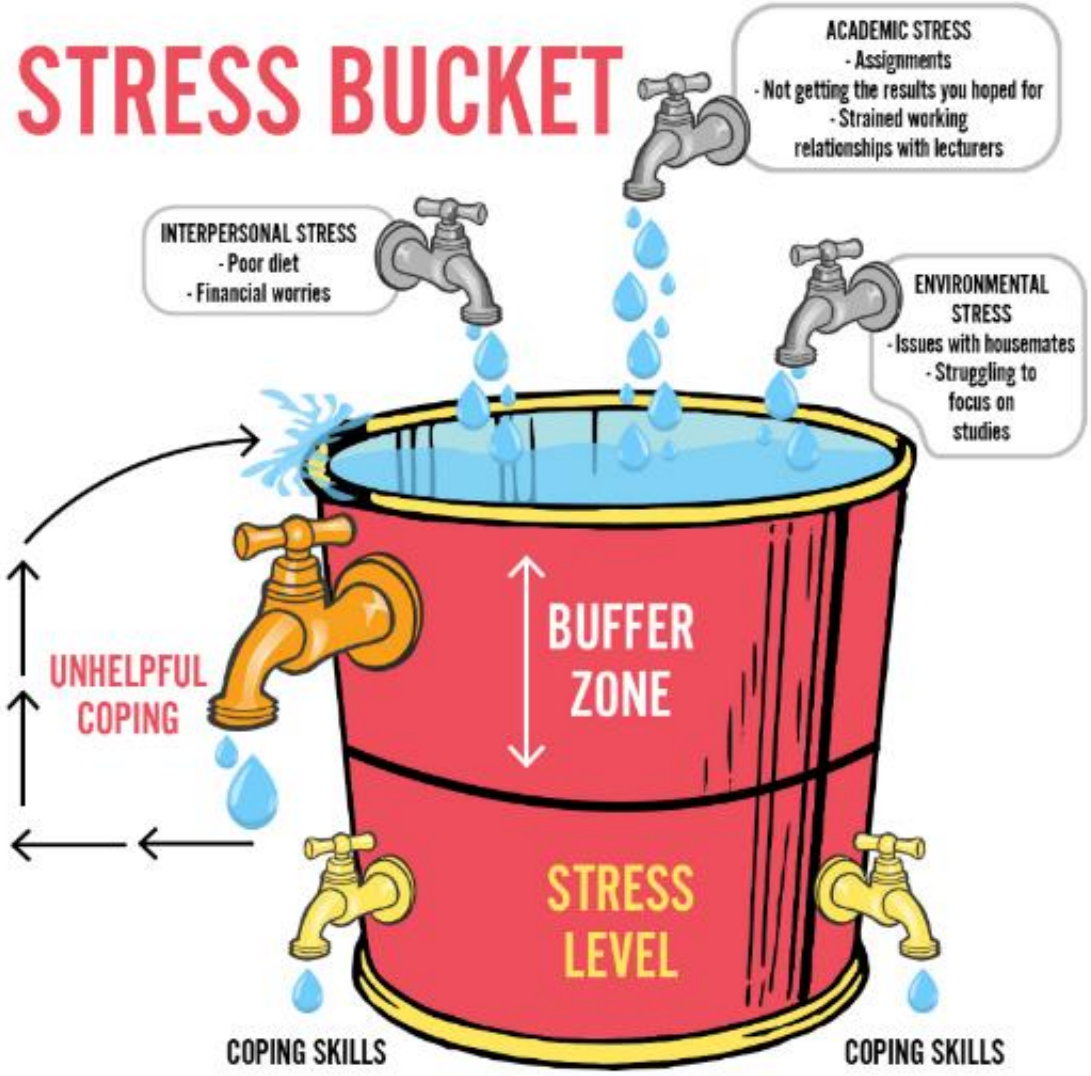
The Resilience Matrix, developed by Daniel and Wassell[1] provides a handy framework to begin to weigh up the particular risks against protective factors.

The Matrix was originally designed for use with extremely disadvantaged pupils. It was put together to help practitioners weigh up the strengths and risks already identified from the Common Assessment Framework and any other specialist assessments.





Appendix 4 Stress Bucket Tool



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

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

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					
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 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