Safeguarding and child protection guidance and procedures

Diverse Academies

Contents

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Part one – guidance

1.1   Child criminal exploitation (CCE)

1.1.1   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.

1.1.2   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.

1.1.3   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.

1.1.4   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.

1.1.5   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 wellbeing;
- misuse drugs or alcohol;
- go missing for periods of time or regularly return home late; and/or
- regularly or increasingly miss school or education or do not take part in education.

1.2   Child sexual exploitation (CSE)

1.2.1   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.

1.2.2   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.

1.2.3   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.

1.2.4   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.

1.2.5   The above CCE indicators can also be indicators of CSE, as can children who:

- have older boyfriends; and/or
- suffer sexually transmitted infections or become pregnant

1.3   County lines

1.3.1   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.

1.3.2   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 2.9.1 of safeguarding and child protection policy.

1.3.3   All staff must be 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.

1.3.4   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 in 1.1.5 above, with the main indicator being missing episodes from home and/or school.

1.3.5   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; and/or
- have their bank accounts used to facilitate drug dealing.

1.4   The four categories of abuse

1.4.1   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.

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

1.4.3   One – a physical abuse

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

1.4.4   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; or
- isolation from peers.

1.4.5   Two – 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.

1.4.6   Indicators of emotional abuse

The following may be indicators of emotional abuse:

- the child consistently describes him/herself 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.

1.4.7   Three – 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.

1.4.8   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; or
- acquire gifts such as money or a mobile phone from new 'friends.'

1.4.9 Four – 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 caregivers); or
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

1.4.10 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; or
- the child is left at home alone or with inappropriate carers

1.5 Child-on-child abuse

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;

- **up skirting**, 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; and

- **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.

1.6   Sharing nudes and semi-nudes

1.6.1   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.

1.6.2   The term 'nudes' is used as it is most 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'.

1.6.3   The motivations for taking and sharing nudes and semi-nudes are not always sexually or criminally motivated. Such images may be created and shared consensually by young people who are in relationships, as well as between those who are not in a relationship. It is also possible for a young person in a consensual relationship to be coerced into sharing an image with their partner. Incidents may also occur where:

- children and young people find nudes and semi-nudes online and share them claiming to be from a peer;

- children and young people digitally manipulate an image of a young person into an existing nude online; or

- 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.

1.6.4   Staff must have regard to the [UK Council for Internet Safety advice for managing incidences of sharing nudes and semi-nudes](#) must when managing these issues.

1.7   Domestic abuse

1.7.1   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.

1.7.2   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.

1.7.3   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.

1.7.4   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, wellbeing, development, and ability to learn.

1.8   Honour-based abuse

1.8.1   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.

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

1.9   Female genital mutilation (FGM)

1.9.1   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.

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1.9.2   FGM is carried out on females of any age, from babies to teenagers to women. Staff must be trained to be aware of risk indicators, including concerns expressed by girls about going on a long holiday during the summer break.

1.10   Forced marriage

1.10.1   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.

1.10.2   Forced marriage is not the same as arranged marriage, which is common in many cultures. Forced marriage is illegal. It is also illegal 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.

1.11   Radicalisation and extremism

1.11.1   Extremism is defined as vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Radicalisation refers to the process of a person legitimising support for, or use of terrorist violence.

1.11.2   Some children are especially vulnerable to extremist ideology and radicalisation. Whilst Islamic fundamentalism is the most widely publicised – and is currently the most common referral to 'prevent and channel' – extremism and radicalisation can occur in other cultures, religions and beliefs, including the growth in far right and white supremacy ideologies.

1.12   Safeguarding considerations for children with SEND

1.12.1   Children with special educational needs and disabilities (SEND) may face increased safeguarding risks due to a range of factors including communication challenges, dependency on adults for care, limited social awareness or behavioural differences. These children may also struggle to recognise or report abuse, neglect or exploitation.

1.12.2   Staff must be aware that:

- indicators of abuse (e.g. mood, behaviour or injury) can be mistakenly attributed to the child's disability or condition without proper exploration;
- children with SEND are more prone to peer group isolation, child-on-child abuse and prejudice-based bullying;
- harm may be masked, internalised or expressed non-verbally; and

- communication barriers may make it harder for a child to disclose abuse or neglect – this includes both expressive and receptive communication difficulties.

1.12.3 These risks should not lead to assumptions or inaction. Instead, they demand a heightened sense of professional curiosity, collaborative working and adapted safeguarding responses to ensure these children are appropriately protected. Staff should also be aware that children may not always recognise their experience as abusive, and/or may feel unable to report it. Safeguarding decisions should always consider the child's level of understanding, preferred communication style, and the need for differentiated support.

1.13   Online safety – a whole academy approach

1.13.1 Online safety is a shared responsibility that involves all members of the academy community, including staff, students and parents. Safeguarding students in the digital environment requires vigilance and co-operation from everyone, ensuring that risks are managed and opportunities maximised.

1.13.2 As defined by the NSPCC, online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile phones, and can happen anywhere online, including:

- social media;
- text messages and messaging apps;
- emails;
- online chats;
- online gaming; and
- live-streaming sites.

1.13.3 Online safety risks can be categorised into the below four areas of risk. All staff must be aware of these risk areas and should report any concerns to the DSL.

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

1.13.4 The types, patterns and different circumstances of significant harm and abuse should be considered within the four categories – physical, emotional, sexual and neglect – as identified in the Children Act 1989/2004 (see section 1.4).

1.13.5 Balancing online opportunities and risks

The internet provides valuable resources for learning, creativity and communication. However, it also exposes children to risks such as harmful content, online grooming, misinformation and data privacy threats. It is essential that online safety is embedded into our wider safeguarding framework and addressed consistently across academy activities.

1.13.6 AI-generated child sexual abuse material (AI-CSAM)

AI-CSAM refers to explicit images or videos of children that are created or manipulated using artificial intelligence. Although no real child may be involved, these materials are treated with the same seriousness as traditional CSAM due to the harm they can cause. Such content is often shared via messaging apps, forums or image-sharing sites and may target children using increasingly realistic fake content.

Staff should be aware that:

- AI-CSAM can involve blackmail, coercion and reputational harm;
- students may not realise that creating or sharing such content – even of themselves – can be a criminal offence; and
- existing images may be manipulated using AI tools to produce abusive material.

Students must be taught about the legal, emotional and safeguarding risks of AI-manipulated imagery. For further information, refer to AI Guidance – Internet Watch Foundation (England).

1.13.7 Embedding online safety in the curriculum

Online safety education should be incorporated throughout the curriculum, including subjects such as personal, social, health and economic education (PSHE), relationships and sex education (RSE) and computing. This integrated approach supports students to develop the knowledge and skills needed to:

- understand age restrictions and their purpose in protecting children and young people;
- manage their digital footprints and maintain safe online identities;
- critically evaluate information and recognise misinformation;
- identify risks in sharing personal information; and
- recognise unsafe online platforms or behaviours.

This includes educating students about the risks of AI-generated content, particularly AI-CSAM, as part of a modern and responsive online safety programme. DSLs and principals must ensure local

safeguarding training reflects these emerging digital harms. Teaching staff should integrate AI-related risks into lessons to promote responsible online behaviour and early reporting.

1.13.8 Partnership with parents and carers

Recognising that students' online experiences extend beyond school, we must work closely with parents and carers to promote consistent messages about online safety. This should include providing resources, updates on emerging online trends, and guidance to support safe and positive digital habits at home.

1.13.9 Creating a supportive and safe culture

We must cultivate an environment where students feel confident reporting concerns about their online experiences and be assured that disclosures will be taken seriously and handled with care, fostering trust and encouraging early intervention. Through a whole-academy approach, we ensure that online safety is not an isolated topic but an integral part of how we safeguard and empower children in today's digital world.

1.14 Low-level concerns

1.14.1 Low-level concerns relate to behaviours or actions by adults that do not meet the threshold for referral to the LADO, but are inconsistent with the staff code of conduct, including actions outside of work. These concerns are still significant and must be recorded and addressed appropriately.

1.14.2 A low-level concern is any behaviour by a staff member or adult working on behalf of the Trust that:

- causes unease, discomfort or a 'nagging doubt';
- may not meet professional or safeguarding expectations;
- falls short of the threshold for a safeguarding allegation; or
- could involve conduct outside of work that impacts perceived suitability to work with children.

1.14.3 Examples of low-level concerns include:

- being overly friendly with children or having favourites;
- taking photographs of students on personal devices;
- one-to-one engagement with a child in an isolated or private space;
- humiliating or mocking students;
- offering individual gifts to children; or
- inadvertent or deliberate physical contact with a child.

1.14.4 A culture of openness and transparency must be promoted to support early identification and correction of inappropriate behaviour. Staff must be trained to distinguish between acceptable and problematic behaviour. Adults are expected to reflect on and report their own actions (self-referral) where they may be perceived as a low-level concern. Staff must recognise and self-report any behaviours that could be misinterpreted or compromise professional boundaries. Examples include:

- holding a one-to-one conversation with a student behind a closed door; or
- displaying over-familiarity or favouritism.

Self-referrals support a safeguarding-first culture and reduce risk to both staff and students.

1.14.5 Low-level concerns must not be dismissed due to their perceived minor nature. All disclosures must be handled sensitively, objectively, and proportionately. A low-level concern does not mean the behaviour is insignificant.

1.14.6 Low-level concerns are recorded in the Staff Safeguarding online reporting system (formerly Confide), where they are triaged by the principal.

1.15 Mental health principles

1.15.1 As defined by the World Health Organisation, mental health is a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

1.15.2 Our approach to mental health is guided by the frameworks developed by the Nottinghamshire Children's Integrated Commissioning Hub (ICH) alongside Lincolnshire safeguarding partnerships and mental health services. Our principles are underpinned by these, alongside Department for Education guidance on best practices in supporting mental health in schools and promoting mental health and wellbeing in schools.

1.15.3 Mental health principles

- **Parity of esteem** – treating mental health with the same importance as physical health.
- **Co-production** – involving children, young people and families in the design and delivery of support.
- **Transparency and accessibility** – ensuring clear pathways to access help and support.
- **Integrated commissioning and collaboration** – aligning services across education, health and social care.
- **Evidence-based practice** – using research-informed interventions that demonstrate impact.
- **Workforce development** – training and supporting staff to deliver high-quality mental health support.

- **Continuous improvement** – evaluating provision regularly to meet emerging needs.

1.15.4 Mental health support should be provided for all students, with particular attention to those with special educational needs and disabilities (SEND), those in receipt of student premium or free school meals (FSM), those with protected characteristics, children in care and young carers. This is achieved through inclusive, proactive safeguarding and a graduated response to need.

1.15.5 We work in close partnership with parents and carers to meet the mental health needs of their children, and actively seek advice from, and escalate concerns to, a wide range of appropriate external agencies and charities.

1.15.6 In applying these principles, we ensure full compliance with paragraph seven of schedule one to the Education (Independent School Standards) (England) Regulations 2010, always safeguarding and promoting the welfare of all students. Our approach includes delivering a proactive and relevant mental health curriculum. Each academy must follow these mental health principles, develop a local offer, and embed proactive mental health education

1.15.7 Principals, supported by the executive principal, are responsible for leading a whole-academy approach to mental health. They appoint a designated mental health lead as the key contact for student mental health, and ensure systems are in place to identify needs through triage with safeguarding and pastoral staff, and where available, counsellors. These systems should link to curriculum and staff development under the guidance of relevant strategic development lead. Parents must be engaged and student voice encouraged to shape provision and the curriculum. Investment should also be placed in student-focused initiatives, such as healthy lives, and that relevant staff receive accredited mental health training.

1.15.8 The designated mental health lead, supported by the senior leadership team, should oversee the operational delivery of mental health provision within the academy. Working closely with the DSL, special educational needs and disabilities co-ordinator (SENDCO) and teams across the Trust, their responsibilities include:

- leading staff training and promoting approaches such as trauma-informed practice;
- triaging and escalating concerns in line with safeguarding protocols;
- reviewing and updating the academy's mental health offer for students (see appendix two);
- maintaining accurate audit and provision records;
- supporting counselling services, and using data to identify and respond to need;
- ensuring alignment with Trust-wide mental health initiatives and local priorities;
- engaging with parents, staff and external agencies to provide accessible support;
- promoting evidence-based intervention and clear communication of roles; and
- building staff capacity through accredited training and reflective practice.

Part two – procedures

2.1 Recognising abuse

2.1.1 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 adults, (men or women), and by other children and young people.

2.1.2 Keeping children safe in education refers to four categories of abuse, as set out in 1.4 along with indicators of abuse.

2.1.3 Staff must be especially vigilant when recognising abuse in children with special educational needs and disabilities (SEND). Behavioural changes, signs of distress or injuries may be incorrectly attributed to the child's condition. All concerns must be assessed without assumptions, and any indicators of abuse must be reported in line with safeguarding procedures.

2.2 Taking action

2.2.1 Any child could become a victim of abuse. We have clear procedures for responding to, recording and reporting all safeguarding concerns. All records are held in our online system – MyConcern – and stored securely with permissions-based access. This must be explained to all staff and volunteers on induction, supported by regular training and refresher sessions to ensure record keeping is of the highest quality.

2.2.2 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;
- complete a record on MyConcern and report your concern to the DSL immediately or as soon as practicable; and
- share information on a need-to-know basis only and do not discuss the issue with colleagues, friends or family.

2.2.3 If concerns arise regarding a child with SEND, staff must report them immediately, even where behaviours or symptoms appear linked to the child's known needs or diagnosis. The DSL and SENDCO will work together to ensure safeguarding decisions consider the child's individual context, but no concern should be dismissed or downplayed.

2.3 If you are concerned about a student's welfare

2.3.1 Staff may suspect that a student may be at risk. This may be because the student's behaviour has changed, their appearance has changed, or physical signs are noticed. In these circumstances, staff should give the student the opportunity to talk and ask if they are OK. If the student does reveal that they are being harmed, staff should follow the advice below.

2.3.2 Staff are aware that children may not feel ready or know 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 being threatened, which could relate to their vulnerability, a special educational need or disability and/or sexual orientation, or language barriers. This should not prevent our staff from having a professional curiosity and speaking to our DSL if they have concerns about a child.

2.4   If a student discloses to you

If a student tells a member of staff about a risk to their safety or wellbeing, the staff member must:

- 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;
- use appropriate communication aids or involve staff who know the student's communication preferences if the child has SEND or communication difficulties;
- let the student know that in order to help them they must pass the information on to the DSL;
- tell the student what will happen next and give them an opportunity to ask questions about what will happen next;
- complete the concern form and pass it to the DSL as soon as possible;
- report verbally to the DSL even if the child has promised to do it by themselves; and
- let the student know when they can expect to be updated or receive more information, emphasising that the student can talk to them or the DSL at any time.

2.5   Notifying parents

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

2.6   Referral to children's social care

The DSL should make a referral to children's social care if it is believed that a student is suffering or is at risk of suffering significant harm. The student (subject to their age and understanding) and

the parents should be told that a referral is being made, unless to do so would increase the risk to the child.

2.7   Reporting directly to child protection agencies

Staff should follow the reporting procedures outlined in this document. 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 DSL, the deputies, the principal, executive principal or the chair of the local academy committee are not available, and a referral is required immediately.

2.8   Minimising the risk of child-on-child abuse

The following steps should be taken 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.
- Using assemblies to outline acceptable and unacceptable behaviour.
- Using relationships and sex education (RSE) and personal, social, health and economic education (PSHE) to educate and reinforce our messages through stories, role play, current affairs and other suitable activities.
- Ensuring that the academy is well supervised, especially in areas where children might be vulnerable.

2.9   Investigating allegations of child-on-child abuse

All allegations of child-on-child abuse should be passed to the designated safeguarding lead (DSL) immediately who will investigate and manage the allegation as follows. We always follow the guidance as set out in part five of KCSIE.

- **Gather information** – children and staff must be spoken with immediately to gather relevant information.
- **Decide on action** – if it is believed that any child is at risk of significant harm, a referral must 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 the safeguarding and child protection policy.
- **Inform parents** – we should usually discuss concerns with the parents. However, our focus is the safety and wellbeing of the student 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.
- **Recorded** – all concerns, discussions and decisions made, and the reasons for those decisions must be recorded in writing, kept confidential and stored securely. The record must 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. Where applicable, additional notes and minutes from relevant meetings should also be added to MyConcern.

2.10 Managing incidents involving nude or semi-nude images

All incidents involving nude or semi-nude images must be managed as follows.

- **The incident must be referred to the DSL immediately** and the DSL will discuss it with the appropriate staff. If necessary, the DSL may also interview the children involved.
- **Parents should 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 must refer the matter to the police and/or children's social care.

2.11 Responding to AI-generated child sexual abuse material (AI-CSAM)

2.11.1 Where an incident involves AI-generated CSAM (child sexual abuse material), the following procedures must be followed, mirroring those applied to traditional CSAM. Staff must treat incidents involving AI-generated imagery with the same urgency, confidentiality and seriousness as any safeguarding issue involving explicit content.

- Do not delete any image or message from student devices. Preserve the evidence as it may be required for police investigation.
- Report immediately to the designated safeguarding lead (DSL). No delay should occur in escalating such incidents.

2.11.2 The DSL must:

- assess immediate risk and determine if there is a threat of harm;
- contact the police via 101 or 999 if the child is in immediate danger;
- submit referrals to CEOP (Child Exploitation and Online Protection Command) or the Internet Watch Foundation (IWF), where appropriate; and
- use the Childline 'Report Remove' tool to support pupil-led takedown requests.

2.12 Record keeping and reporting

2.12.1 Academies must maintain accurate and consistent records, including:

- levels of need and local indicators;
- categorisation of disclosures;
- communication adaptations used to support disclosures by students with SEND;
- records of referrals and escalation processes; and

- relevant file attachments contributing to the child's safeguarding profile.

2.12.2 Safeguarding must remain a standing agenda item at principal meetings, in senior leadership team (SLT) meetings and in local academy committee meetings. This ensures regular review and timely response to ongoing processes and individual cases.

2.12.3 Data from MyConcern, including trends and emerging threats at the academy level, will inform the development and direction of:

- mental health provision;
- personal development (PD) initiatives; and
- relationships, sex and health education (RSHE) programmes.

2.13 Interviewing and/or searching a student

When a student is interviewed or searched by the police in connection with a suspected offence, we must follow the legal guidance under the Police and Criminal Evidence Act 1984 (PACE), Code C. This procedure ensures the child's rights and welfare are upheld throughout the process.

- **Requirement for an appropriate adult** – when a police officer seeks to interview or caution a child:
    - the police are legally responsible for ensuring that the child understands they are entitled to have an appropriate adult present;
    - the police must also take steps to facilitate the presence of that adult before proceeding; and
    - we should support this process, where appropriate, particularly when requested by a parent or carer.
- **An appropriate adult may be:**
    - the child's parent or carer;
    - a representative from a local authority or voluntary organisation if the child is in their care;
    - a social worker from the local authority; or
    - a designated safeguarding lead (DSL), deputy DSL (DDSL) or the principal.
    - another responsible adult aged 18 or over who is not:
        - a police officer;
        - employed by or working under the direction of the police; or
        - contracted to assist the police in carrying out their duties.
- **Role of academy staff** – you may support the interview process if requested by parents/carers and if the child has a trusted relationship with the staff member. This involvement is supportive in nature and does not replace the need for an appropriate adult

as defined above. The principal, DSL, or a suitable member of the safeguarding team will determine who is best placed to act in the child's best interest if needed.

- **Communicating vulnerabilities to the police** – if the academy is aware of any vulnerabilities (e.g. SEND, additional learning needs, trauma history, safeguarding concerns), these should be communicated to the attending police officer prior to the interview or search. This communication must be documented on MyConcern.
- **Escalating concerns** – if, after communicating known vulnerabilities, the academy believes the police have not acted in accordance with PACE, the following steps must be taken:
  - o the designated safeguarding lead or principal will raise the concern with a supervising police officer or contact the police via 101; and
  - o the concern and any action taken will be recorded in detail on MyConcern.
- **Cautioning a child** – a police officer must not issue a caution to a child or vulnerable person without an appropriate adult present. If a caution is given in the absence of such an adult, it must be repeated in the presence of an appropriate adult to meet legal requirements.

2.14 Online safety – monitoring and filtering

2.14.1 In line with keeping children safe in education guidance, the following approach to filtering and monitoring is taken across the Trust.

- **Monitoring requirements** – analyse incident logs, check planning for online safety lessons, review of student, students, parents, and carers questionnaires, and evaluations of efficacy via ERM and reporting to LACs.
- **Monitoring method** – deployment of Senso and Watchguard systems, and safeguarding audit.
- **Monitoring report from Senso prepared** by DSL and/or academy online safety lead and presented to SDL as part of routine quality assurance.
- Monitoring presented to principal, executive principal and the local academy committee.
- **Frequency of reporting** – termly to the local academy committee and annually to the audit and risk committee.

2.14.2 Senso

- Our academies deploy a monitoring system called Senso – a cloud-based solution that allows us to monitor and manage all student accessible devices throughout the network from a centralised web portal in real time.
- DSLs may use this to view alerts for safeguarding violations, and review and action the critical and urgent alerts.

- Staff must monitor and manage their classes online usage via this platform.
- Senso also provides an overview of all violations across the Trust, for safeguarding leaders, including the SDL, to evaluate and act on as necessary.

2.14.3 Watchguard

All students and staff who use our network to access the internet, are doing so through the Watchguard filtering and monitoring system. Our academy leaders, supported by the Trust-wide IT team, must effectively manage the level of filtering required in each setting.

2.15 Teaching online safety

Staff should follow the Department for Education [guidance on teaching online safety in school](#), which provides the context for curriculum delivery, including underpinning knowledge and behaviours, teaching about harms and risks, use of external resources and use of external visitors.

2.16 How mental health provision should be addressed

In alignment with the mental health principles outlined in 1.15.3, staff:

- through their safeguarding duty, are expected to recognise and refer students displaying mental health concerns to the designated mental health lead and DSL;
- use MyConcern to manage and record mental health needs and disclosures;
- ensure actions are centred on meeting the emotional needs of the child, fostering a respectful, secure culture and a positive climate for learning; and
- should follow the escalation procedures are followed as outlined below.

Level of mental health provision	Examples	For
Green – universal pre-emptive A whole school cultural approach promoting a preventative mental health culture constantly considers 'how must that particular student feel?' Where staff identify students whose mental health is affecting their mood or conduct, they should use reasonable and available resources and strategies to mitigate. Approaches are typically focused on interventions but may also include consequences with positive framing to develop accountability, ensuring that the school environment is safe, enjoyable and purposeful for all.	Wellbeing lessons and/or drop-down days	All students

It is the expectation that there is a whole-academy approach that is based on culture of kindness, so that children feel safe talking about their feelings. There should be clear expectations of care and help from peers without any stigma around mental health or discrimination towards the child. A whole-academy strategic approach should include lessons, activities, and general mentoring to promote positive mental health, so that: • students feel cared for and feel a sense of belonging; • students feel a sense of purpose, a sense of achievement and desire to improve; • students are taught about respectful relationships, emotional wellbeing, mental health through a high quality and age-appropriate relationship and sex education curriculum.		
Amber – targeted support – pre-emptive and responsive Where students have sustained symptoms of mood or conduct, or where there is concern that the issues cannot be managed within the typical universal offer of pastoral and academic mentoring of students, the mental health lead and safeguarding team should triage and refer to trained staff. Trained staff will have with the skills and confidence to step in, offer first aid and guide the student towards the support they need. This can speed up a child's recovery, stop issues from developing into a crisis, and ultimately save lives.	Mental health first aider	Students who need one to one support with their mental health and wellbeing
Red – critical support – responsive/referral Where students have symptoms of mood or conduct that highlight a serious risk of harm, the mental health lead and safeguarding team should triage and refer to qualified staff if available. Qualified counselling staff (should the academy have provision) may support a child by providing psychological	Access to a counselling service	Students who need specialist support with their wellbeing and mental health

counselling, assessment and an intervention service. They may also refer to outside agency support. Designated staff in academies without a dedicated counsellor, should work collaboratively with principals, teachers, learning and support teams, parents and carers, and other agencies, and may make referrals for specialist support such as child and adolescent mental health service (CAHMS) or a mental health support team (MHST) where deemed necessary.		

2.17 Reporting a low-level concern

2.17.1 Any adult working on behalf of the Trust, including volunteers, contractors and trainees, must report low-level concerns without delay. Reports must be made:

- to the principal; or
- to the designated person in the principal's absence.

If the concern relates to the principal, it must be reported to the executive principal. If the concern relates to a member of staff who does not usually work at your academy or site, it must be reported to the principal at the setting the first instance.

2.17.2 Reports must be made through the use of Staff Safeguarding (Confide) or in person to the principal or DSL and clearly identified as a 'low-level concern'.

2.17.3 The principal (or designated person in the reporting hierarchy as appropriate) must:

- assess the concern promptly;
- take proportionate action to address and correct the issue; and
- follow safeguarding procedures immediately if any risk of harm is identified.

2.17.4 A full record must be created using Staff Safeguarding (Confide); and

- a basic user member of staff may record their concern on the system – where it will be further triaged by designated system/report managers – usually the principal or designated safeguarding lead.

2.17.5 When the principal meets with the subject of the concern, a summary of the discussion must be recorded in Staff Safeguarding (Confide) outlining the subsequent action taken (if any).

2.17.6 The principal and people partner (HR) must:

- regularly review the low-level concern log, including both information on the Staff Safeguarding (Confide) system alongside historic information contained on Excel (used up to February 2025); and

- identify any patterns of concern or indicators of cultural or procedural weaknesses.

Where appropriate, actions such as policy review or targeted staff training should be initiated.

2.17.7 All low-level concerns must be managed sensitively, confidentially and fairly. The subject of the concern should be informed, unless doing so presents a safeguarding risk.

2.17.8 Only substantiated safeguarding allegations should be included in employment references. This includes outcomes resulting from multi-agency processes or formal disciplinary action. Low-level concerns that do not result in disciplinary or safeguarding action must not be included in references.

2.18 Training and development

2.18.1 Annual and ongoing updates

All staff must receive annual safeguarding update briefings at the start of each academic year. Regular updates on safeguarding and child protection are provided throughout the year to ensure that all staff remain informed and confident in applying safeguarding principles.

2.18.2 Induction briefing for staff and volunteers

During induction, all new staff and volunteers must be given a safeguarding briefing covering:

- an introduction to the safeguarding and child protection policy and procedures and the staff code of conduct;

- guidance on how to report and record concerns;

- information about the designated safeguarding lead (DSL) and deputy DSL(s) relevant to their site; and

- online safety, including roles and responsibilities for monitoring and filtering.

In addition, all new staff, trustees, governors and volunteers are required to complete accredited online safeguarding training via The National College as part of their induction. Where applicable to their role, training on the use of the MyConcern system should also be provided, along with personal login credentials.

2.18.3 Statutory training modules

The following statutory safeguarding training modules must be completed.

- Certificate in safeguarding (for all staff)
- Prevent duty

- Understanding female genital mutilation (FGM)

These online modules must be completed, via The National College, by all new employees prior to starting their role within the Trust. Training must be refreshed every two years, or sooner in the event of major statutory changes, either through Trust updates from the strategic development lead (SDL) or via The National College.

2.18.4 Additional training modules (role-specific or priority-based)

Additional online modules may be required based on role or risk context.

- Certificate in sexual harassment and violence
- Certificate in child criminal and sexual exploitation
- Certificate in understanding mental health
- Certificate in online safety

2.18.5 Training oversight and monitoring

Completion of all statutory and additional safeguarding training is monitored at both Trust and local academy levels. Records of completion are maintained and reviewed regularly by respective academy business managers and DSLs, using reports in The National College to ensure compliance and to identify any gaps.

2.18.6 Governor and trustee training

All governors and trustees must complete the same training as staff, as outlined in 2.18.3, at induction, including Prevent, FGM, online safety and their roles in filtering and monitoring. This training must be updated at least annually. Safeguarding link governors/trustees must receive additional update training and briefings to support and challenge safeguarding practices effectively. Link governors/trustees should also attend regular meetings, and the trustee for safeguarding should also liaise with the strategic lead for safeguarding and chief education officer(s), providing reports and updates to the Trust board.

2.18.7 Sharing of best practice

Best practice, updates and learning from safeguarding reviews are shared through the Trust's DSL network and through senior leadership meetings.

2.19 Safeguarding whistleblowing and allegations

2.19.1 All safeguarding allegations must be managed in accordance with the staff disciplinary policy. Our whistleblowing policy, although primarily addressing non-safeguarding concerns, reinforces the responsibility of all staff to report any concerns.

2.19.2 When reporting safeguarding concerns or allegations about colleagues, the following escalation pathway must be followed, unless there is a justified reason to report directly to external agencies.

Person of concern	Report to
Any staff member, volunteer or governor	Designated safeguarding lead (DSL) and/or principal
Designated safeguarding lead (DSL)	Principal
Principal	Executive principal
Executive principal or business leader	Chief education officer(s) or Chief operating officer (COO)
Chief education officer(s) or Chief operating officer (COO)	Chief executive officer
Chief executive officer	Designated trustee for safeguarding

Note – if the concern involves the conduct of a governor or trustee outside of the academy, you refer directly to the local authority designated officer (LADO) and notify the strategic development lead (SDL).

2.19.3 Staff may bypass internal procedures and report directly to children's social care or the police if immediate action is required. In such cases, the DSL and principal must be informed as soon as practicable.

2.19.4 If concerns are not being appropriately handled and a child is at continued risk, staff must:

- escalate to the strategic development lead for safeguarding; or
- contact the NSPCC whistleblowing advice line on 0800 028 0285.

2.19.5 Allegations that meet the harms threshold (as defined in KCSIE part four) must be immediately referred to the LADO. These include if someone has:

- harmed or may have harmed a child;
- committed a criminal offence against or related to a child;
- posed a risk of harm to a child; and/or
- demonstrated behaviour suggesting they may be unsuitable to work with children.

This referral must be managed by the DSL or principal. If the person concerned is no longer employed, the police must be informed by the DSL or principal.

2.19.6 If a safeguarding concern arises in relation to external organisations or individuals using academy premises (e.g. sports clubs or external providers), it will be managed under these safeguarding procedures. The LADO must be informed as with any other safeguarding allegation.

2.20 Learning lessons from allegations or concerns against staff

2.20.1 Learning from safeguarding allegations or concerns is an essential part of maintaining a strong and proactive safeguarding culture across our organisation. When a safeguarding case involves a member of staff or other adult, it is important that the academy executive principal, principal and the DSL reflect on the process and identify any areas for improvement, whether the allegation is substantiated or not.

2.20.2 Following the conclusion of any case where an allegation is substantiated, the local authority designated officer (LADO) should work with the case manager (usually the principal, in conjunction with the strategic development lead (SDL) and head of people experience/function lead) and review the circumstances to determine whether any changes are needed to policies or procedures to help prevent similar incidents in the future. This reflection should include consideration by the people team (HR), of whether suspension was appropriate, the length of the suspension, and if the same outcome could have been reached through other means that did not involve removing the individual from their role.

2.20.3 Where a safeguarding allegation progresses to a formal disciplinary hearing, the people team (HR) should conduct a learning review to examine broader lessons that can be applied. The chair of the disciplinary panel should raise any learning points identified during the hearing with the head of people experience/function lead and strategic development lead (SDL) for safeguarding as soon as is practicable. This ensures learning is shared at a strategic level and can inform future training, policy development or procedural changes.

2.20.4 If the LADO does not conduct a formal review following a case, the people team (HR) must still assess the facts of the case internally with the case manager and identify any opportunities for improvement. Where the LADO is involved, they must also be informed of any lessons learned through our own internal processes.

2.20.5 In all cases, learning from the use of suspension is particularly important, especially where a member of staff is reinstated. The people team (HR) must ensure that such cases are reviewed to understand whether suspension was the most appropriate course of action and how similar matters could be handled differently in the future.

2.20.6 Additionally, when non-recent or historic allegations are raised – where an adult discloses abuse they experienced as a child – we must advise the individual to contact the police. The allegation must also be referred to the LADO in line with local procedures for managing historic cases. This ensures that any safeguarding concerns, regardless of when they occurred, are taken seriously and managed appropriately.

Appendix one – further information

For staff

- Anna Freud
- Anti-Bullying Alliance
- Association for Citizenship Teaching
- Childnet
- Children and Adolescent Mental Health Services (CAMHS) – Nottinghamshire
- Children and Adolescent Mental Health Services (CAMHS) – Lincolnshire
- Education for a Connected World
- Freed Beeches
- Hopes and Streams
- Internet Matters
- Internet Watch Foundation (IWF)
- National Centre for Computing Education (NCCE)
- NCA CEOP Education
- NottAlone
- Nottinghamshire CSE/CSA Support Service
- NSPCC learning
- Papyrus
- PSHE Association
- SWGfL
- The Diana Award
- UK Council for Internet Safety
- UK Safer Internet Centre
- Young Minds

For parents and carers

- Internet Matters
- NSPCC
- Parent Zone

For children and young people

- BBC Own It
- Childline
- Kooth

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Appendix two – mental health and wellbeing best practice

The below is a **generic example of a working document** for a mental health lead (MHL) to track actions and provision around a respective academy mental health offer – it is purely for guidance and is not exhaustive in terms of content.

	Strategies in place	*Notes/staff*	*Timeline*
1. *Designated mental health lead*	*Continued emphasis on staff rewarding students with merits linked to positive behaviours for learning. Postcards home, positive re-enforcement.*	*Designated mental health lead working with inclusion team and MIND.* *Staff training session held in summer HT 6 by MIND representative.* *SLT training on inset day with EH.*	
2. *Identifying mental health need*	*Students with need/support identified by staff and pastoral team during weekly inclusion meetings and house meetings.* *Mental health topics covered in life skills curriculum at KS3 and KS4.* *Mental health is covered through safeguarding yearly audit.*	*Students identified working with head of year (HoY). Also, referrals to ESHAW team or MIND staff.*	
3. *Plan mission statement or policy for mental health*	*MHL and inclusion team to work closely together to put together a policy with the trust SDL and place around academy site and on the website.* *Year 11 peer mentor scheme.*	*Mental health statement/offer to be created and share with all stakeholders.* *36 x year 11 peer mentors trained in July. Assigned year 7 and 8 students who they meet each week to support transition and other SEMH issues.*	
4. *Incorporating mental health into the curriculum*	*Weekly lessons at KS3 and 4 covers mental health awareness, as well as a bespoke life weeks programme with workshops scheduled throughout the academic year.* *ESHAW teams are working with MHL in embedding tutorials with students who have asked for support regarding MH issues.* *LGBTQ group already established and has lots of members and support. Pride*	*HoYs have started to focus on delivery during VT sessions. Posters already on display on house notice boards.* *MHL has forged links with Kooth. Posters around the site advertising the site and how students can utilise the site.* *LGBTQ group will also lead another assembly on diversity within our*	

	event last July was well supported. Also using school health advice and appointment line telephone numbers as sources for students, parents/carers. Assemblies from internal and external staff. MHL started promoting MH in assemblies before HT.	community. They all wear flag pin badges daily, and the noticeboard has lots of information for students to read.	
5. Using universal data and measurement to identify need	Attendance, rewards, and behaviour data is analysed once a week by MHL/HoY – shared with students by their tutor during VT time – intervention/support put in place for students not meeting expectations. SEND outcomes are tracked separately in consultation with the Inclusion team by SENDCO – intervention/support put in place MyConcern dashboard data analysed by DSL and HoY periodically during the week – intervention/support put in place from inclusion team meeting each week	Data dashboard is monitored by MHL lead and AO once a week and disseminated to HoY. Critical cohorts for attendance and behaviour are created and reviewed once a half term – monitored every week (HoY/AO). SENDCO feeds back at weekly inclusion team meetings - involving HoY and VT tutors with updated information. MyConcern is reviewed and analysed once a week at least by DSL and shared with core SG team. Feedback from weekly inclusion team meeting is used to support intervention and vulnerable students on individual support plans if needed.	
6. Engaging parents and carers in supporting children's mental health	Topic at parent focus group meetings held throughout the year. Mental health focus to be placed on Weduc. Access to a counselling service offering 1:1 session with students Social media promoting events in school e.g. mental health awareness day etc.	MHL hosting these meetings with parent focus group throughout the year MHL to liaise with principal to place information on Weduc. Access to a counselling service five days a week. Also available out of school hours via e-mail (this includes academy holidays). Working with peer mentors and inclusion group -	

		especially for mental health awareness week	
7. Having a single point of contact with external mental health services	*The academy uses the following external agencies all of which are available to parents and student on Weduc.* *Kooth counselling* *MIND* *School health – Notts/Lincs* *CAMHS*	*Contacts will be placed clearly on Weduc.* *Contacts are included in each mental health newsletter each term.*	
8. Offering counselling to support students' mental health	*Previously mentioned in box numbers two and three.* *Support from FT student councillor.* *Year 11 peer mentors.* *Year 12 academic mentors.*	*Access to a counselling service available five days per week and out of hours via email.* *Year 11 mentors work with vulnerable year 7 and 8 students. Also run a drop-in session at lunchtimes and have an email address.*	
9. Taking a whole school approach to mental health	*Part of AIP through curriculum and safeguarding provision/identified priorities.* *Peer mentors to work with years 7 and 8 students.* *Linked to VT tutor programme within the SMSC curriculum (subject lessons) and the life skills programme.* *Staff awareness training delivered.*	*Peer mentors implemented in September and are now embedded and developed within the academy.* *HoY and MHL to set yearly overview for tutor programme to include mental health focus.*	