POLICY ACTION CARD

Scope

- Applies to all staff, volunteers, governors, and extended/off-site activities.
- Policy deviations may lead to disciplinary action.

Purpose

- Ensure safeguarding actions are timely and effective.
- Ensure staff understand statutory responsibilities.
- Ensure staff are trained to recognise and report safeguarding concerns.

Policy Essentials

- Aligned with statutory guidance (e.g., KCSIE, Working Together).
- Defines safeguarding roles and responsibilities.
- Emphasises confidentiality, information sharing and record-keeping.
- Covers procedures for disclosures, referrals, extremism, FGM, online safety, and child-on-child abuse.

Staff Requirements

- Read and understand KCSIE Part 1/Annex B annually.
- Complete safeguarding, Prevent, and online safety training.
- Follow referral procedures, maintain confidentiality, and report concerns immediately.
- Reinforce online safety and provide safe spaces for children to speak out.

Accountability

- DSL, supported by the DDSL leads safeguarding and coordinates referrals.
- Governing Board oversees policy effectiveness and compliance.
- Headteacher ensures implementation, staff training, and communication with parents.
- All staff share responsibility for identifying and reporting concerns.

This **Policy Action Card** is a handy quick reference guide.
All relevant staff must still read and understand the Policy on the following pages.

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KEY CONTACTS AT FORESTWOOD SCHOOL - BURY

Designated Safeguarding Lead (DSL)
Wendy Webster – Headteacher - 07436 293397
WendyWebster@cygnethealth.co.uk

Danique Wilson – Deputy Designated Safeguarding Lead
0161 763 8363
DaniqueWilson@cygnethealth.co.uk

Cygnet Hospital Bury Safeguarding Lead (Forestwood):
Uzair Karolia – CAMHS Lead – 0161 763 8340
UzairKarolia@cygnethealth.co.uk

Link Governor (National Board) for Safeguarding:
Phillip Winterbottom
Phillipwinterbottom@cygnethealth.co.uk

BURY EDUCATION SAFEGUARDING

The LADO Team deal with allegations against staff who work with children either in education or the wider workforce. If you need to contact the LADO Team regarding an allegation against a member of staff please email them and your email will be responded to within one working day. For anything urgent, call MASH on 0161 253 5678 and they will advise and put any urgent call through to whichever LADO is covering.

Email: lado@bury.gov.uk

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REFERRAL TO SOCIAL CARE SERVICES BURY

The Multi-Agency Safeguarding Hub (MASH) service is a single point of access in Bury for all safeguarding concerns across all service areas for children and adults with support needs.

Contact the Bury **Multi-Agency Safeguarding Hub** - 0161-253-5678 during office hours - 8:45am - 5:00pm or email **childwellbeing@bury.gov.uk**

EDT - Contact the **Emergency Duty Team** - 0161- 253- 6606 outside of working hours or email **childwellbeing@bury.gov.uk**

If a child is in immediate danger, you should contact the Police on **999.** If you require the Police for a non urgent matter please dial **101**.

OTHER

NSPCC helpline – 0808 800 5000
Teacher Extremism Helpline: 020 7340 7264

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1. AIM

1.1. The aim of the policy is to ensure that appropriate action is taken in a timely manner to safeguard and promote children's welfare; all staff are aware of their statutory responsibilities with respect to safeguarding; and staff are properly trained in recognising and reporting safeguarding issues.

1.2. It is the personal responsibility of every individual referring to this policy to ensure that they are viewing the latest version; this will always be published on Cygnet's online policy library, 'myPolicy/CAMHS'.

2. SCOPE

2.1. This policy applies to all staff, volunteers and governors in the school and is consistent with the published arrangements of the three local safeguarding partners: the local authority, the Integrated Care Board and the chief officer of police. The school will also comply with any requirements placed upon it as a relevant agency within the local multi-agency safeguarding arrangements.

2.2. Our policy and procedures also apply to extended school and off-site activities.

2.3. It is the agreed Policy and any deviation by staff from following this policy and supporting procedures and documents may be subject to disciplinary procedures.

2.4. Links to supporting Policy, documents and references are in **STANDARD FORMS, LETTERS AND REFERENCES**.

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3. LEGISLATION AND STATUTORY GUIDANCE

3.1. This policy has been prepared having regard to the Department for Education's statutory guidance, Keeping Children Safe in Education 2026. It should be read alongside Working Together to Safeguard Children 2026, What to do if you're worried a child is being abused, the applicable Early Years Foundation Stage statutory framework, and Restrictive Interventions, including the Use of Reasonable Force in Schools 2026.

3.2. The principal legal framework includes section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014, the Children Acts 1989 and 2004, the Children and Social Work Act 2017, the Human Rights Act 1998, the Equality Act 2010, the Female Genital Mutilation Act 2003, the Safeguarding Vulnerable Groups Act 2006, the Counter-Terrorism and Security Act 2015, the Data Protection Act 2018, the UK General Data Protection Regulation, the Data (Use and Access) Act 2025 and the Online Safety Act 2023, Part 3 of the Schedule to the Education (Independent School Standards)regulations 2014, The Rehabilitation of Offenders Act 1974 and Schedule 4 of the Safeguarding Vulnerable groups Act 2006, governing criminal convictions and regulated activity.

4. DEFINITIONS

4.1. **Safeguarding and promoting the welfare of children** means:

- Providing help and support to meet children's needs as soon as problems emerge.
- Protecting children from maltreatment, whether the harm occurs within or outside the home, including online.
- Preventing impairment of children's mental and physical health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

4.2. Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

4.3. **Abuse** is a form of maltreatment of a child. A person may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include non-physical ill-treatment and the impact of seeing, hearing or experiencing the effects of the ill-treatment of another person. Abuse may occur within a family, institution or community setting, face-to-face or online, and may be perpetrated by an adult or adults or by another child or children.

4.4. Safeguarding concerns often overlap. Staff must therefore remain alert to issues including child-on-child abuse, harmful sexual behaviour, misogyny, teenage relationship abuse, child-to-parent or caregiver abuse, exploitation and serious violence.

4.5. **Neglect** is a form of abuse and 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. Appendix 1 defines neglect in more detail.

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4.6. **Making or sharing nudes and semi-nudes** refers to the creation, sending, posting or sharing of nude or semi-nude images involving a person under the age of 18. Images include photographs, videos, livestreams and visual content that has been digitally altered or wholly generated using artificial intelligence, including deepfakes or deep nudes. Images may have been taken by the child, taken or created by another person, or generated or altered using technology.

4.7. **Children** includes everyone under the age of 18.

4.8. **Family Help** includes targeted early help and support, together with services provided to children in need under section 17 of the Children Act 1989. It is distinct from universal services and community-based Early Help, which may provide support before targeted or statutory intervention is required.

4.9. The appropriate pathway will be determined by the child's needs, the local threshold document and the local protocol for assessment. A case must be referred immediately to local authority children's social care where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

4.10. The three safeguarding partners are:

- The local authority.
- The Integrated Care Board for an area within the local authority.
- The chief officer of police for an area that falls wholly or partly within the local authority area.

4.11. The three safeguarding partners have a shared and equal responsibility to make arrangements to work together, and with relevant agencies, to safeguard and promote the welfare of children. The school will make itself aware of, and comply with, the local published safeguarding arrangements, threshold document and assessment protocol.

4.12. **Victim** is a widely understood and recognised term, but we understand that not everyone who has been subjected to abuse considers themselves a victim, or would want to be described that way. When managing an incident, we will be prepared to use any term that the child involved feels most comfortable with.

4.13. **Alleged perpetrator(s) and perpetrator(s)** are widely used and recognised terms. However, we will think carefully about what terminology we use (especially in front of children) as, in some cases, abusive behaviour can be harmful to the perpetrator too. We will decide what's appropriate and which terms to use on a case-by-case basis.

5. EQUALITY

Proactive Culture & Anti-Discriminatory Practice

5.1. Some children experience an increased risk of abuse, both online and offline, and face distinct barriers to recognising or disclosing it. We are committed to an **inclusive, anti-racist, and anti-discriminatory school culture**. Staff are expected to actively identify, record, and challenge racism, disproportionality, and faith-

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targeted prejudice. We treat all prejudice-based incidents and discrimination as potential safeguarding vulnerabilities. We ensure that all children receive equal protection, regardless of any barriers they face

Children Requiring Special Consideration & Risk Vulnerabilities

5.2. We give targeted consideration and maintain high professional curiosity for children who:

- Have special educational needs (SEN), disabilities, or health conditions (see section on *Pupils with SEN, disabilities, or health issues*) .
- Are young carers or are **babies/infants** within the immediate families of our pupils.
- May experience discrimination due to their race, ethnicity, religion, or sexuality
- **Are questioning their gender or identify as trans+**.
- Have English as an additional language (EAL)
- Are known to be living in difficult situations—such as temporary accommodation, **homelessness**, or environments with substance misuse or domestic abuse
- Are at risk of extra-familial harms, including FGM, child sexual exploitation (CSE), child criminal exploitation (CCE), forced marriage, or radicalisation
- Are asylum seekers or refugees
- Are at risk due to their own or a family member's mental health needs (including **suicidal ideation**)
- Are looked after (LAC) or previously looked after (PLAC)
- Are missing or absent from education for prolonged periods, on **part-time timetables**, or **chronically removed from the classroom**
- Whose parent/carer has expressed an intention to remove them from school to be home educated
- Is pregnant or is a parent.
- Has displayed early signs of abusive, violent or harmful behaviour.
- Is experiencing, or may be at risk of, modern slavery, trafficking or financial exploitation.
- Has a parent or carer in custody or is affected by parental offending.
- Is living in kinship care.
- Is leaving care or is a care leaver under the age of 18.
- Is privately fostered.
- Has a medical condition where a failure to provide appropriate care, information or essential medication may indicate neglect or place the child at increased risk.
- Is receiving education through alternative provision or at more than one site.

Safeguarding Gender-Questioning Children

5.3. In line with statutory guidance, being trans+ or questioning gender identity is not, in itself, a safeguarding concern. However, the school operates a strict, documented decision-making procedure for all individual requests regarding changes to names, pronouns, or uniforms (social transition):

- **Parental Engagement:** The school will engage parents and carers as a matter of priority in almost all circumstances, unless doing so poses a clear, documentable risk of significant harm to the child.

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- **Space and Facility Protections:** To preserve safety, privacy, and dignity, children over the age of 8 are not permitted to access toilets designated for the opposite biological sex. Children aged 11 or over are not permitted to access changing rooms or overnight residential trip accommodation designated for the opposite biological sex.
- **Alternative Provision:** Where a gender-questioning pupil requests it or declines to use facilities matching their biological sex, the school will seek to provide suitable alternative single-occupancy facilities (such as lockable standalone toilets) without compromising existing single-sex spaces.
- **Record Keeping:** The school will legally and accurately record a child's biological sex in all official documentation wherever required.

6. ROLES AND RESPONSIBILITIES

6.1. Safeguarding and child protection is everyone's responsibility. This policy applies to all staff, volunteers, and governors in the school and is consistent with the procedures of the **3 local safeguarding partners**. Our policy and procedures also apply to extended school and off-site activities.

6.2. The school plays a crucial role in preventative education. This is in the context of a whole-school approach to preparing children for life in modern Britain, and an active **inclusive, anti-racist, and anti-discriminatory culture** of zero tolerance regarding sexism, **misogyny**, homophobia, biphobia, transphobia, and sexual violence/harassment.This will be underpinned by our:

- Behaviour policy
- Pastoral support system
- Planned programme of relationships, sex and health education (RSHE), which is inclusive and delivered regularly, tackling issues such as:
  - Healthy and respectful relationships.
  - Boundaries and consent.
  - Stereotyping, prejudice, equality, and actively **challenging racism and faith-targeted prejudice**.
  - Body confidence and self-esteem.
  - How to recognise an abusive relationship (including coercive control in teenage relationship abuse).
  - The concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, so-called honour-based violence such as forced marriage, female genital mutilation (FGM), and **child-to-parent/caregiver abuse**, and how to access support.
  - What constitutes sexual harassment and sexual violence and why they're always unacceptable.

All Staff

6.3. **Mandatory Reading Requirements:** All staff, including teaching and non-teaching staff and staff who do not work directly with children, must read and understand Part one of Keeping Children Safe in Education 2026 in full. School leaders and staff who work directly with children must also read Annex A, which contains important additional information about specific forms of abuse, exploitation and safeguarding issues.

6.4. The Designated Safeguarding Lead and deputies must understand Annex B, which sets out the role and responsibilities of the Designated Safeguarding Lead.

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6.5. All staff will sign a declaration at the beginning of each academic year to verify that they have read and fully understood the full text of Part One.

6.6. Staff will reinforce the importance of online safety when communicating with parents. This includes making parents aware of what we ask children to do online (e.g., sites they need to visit or who they'll be interacting with online).

6.7. Staff will provide a safe space for children who are **questioning their gender, identity as trans+, or are LGBTQ+** to speak out and share their concerns, while adhering strictly to the school's parental engagement and facility protection protocols.

6.8. All staff will maintain an active state of professional curiosity and be aware of:

- Our systems which support safeguarding, including this policy, the staff code of conduct, the role and identity of the Designated Safeguarding Lead (DSL) and deputies, the behaviour policy, and the online safety policy (which defines the expectations, roles, and responsibilities in relation to **filtering and monitoring, including tracking VPN use and circumvention behaviors**).
- The local arrangements for universal services and community-based Early Help, targeted early help delivered through Family Help, support and services under section 17 of the Children Act 1989, accommodation under section 20, care or supervision orders under section 31, and child-protection enquiries under section 47. Staff must understand the relevant local thresholds, referral pathways and the role they may be expected to play in supporting assessments and plans.
- Staff must not assume that another colleague or professional will take action or share information that might be critical to keeping a child safe. If a member of staff has any concern about a child's welfare, they must act immediately, follow this policy and speak to the Designated Safeguarding Lead or a deputy.
- The process for making referrals to local authority children's social care and for statutory assessments, including the role they might be expected to play.
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child-on-child abuse, child sexual exploitation (CSE), child criminal exploitation (CCE), indicators of being at risk from or involved with serious youth violence, FGM, radicalisation, and serious violence (including that linked to county lines).
- The importance of reassuring victims that they are being taken seriously, and ensuring that **the child's voice and day-to-day lived experiences** are documented clearly and not lost within professional or parental discussions.
- The fact that children can be at risk of harm inside and outside of their home, at school, and online (including **AI-generated exploitation and deepfakes**).
- The fact that children who are (or who are perceived to be) LGBTQ+, or those **questioning their gender**, can face disproportionate targeting or bullying by other children.

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- What to look for to identify children who need help or protection.

6.9. The Training section and Appendix 4 of this policy outline in more detail how staff are supported to do this.

The Designated Safeguarding Lead (DSL)

6.10. The DSL is a member of the senior leadership team within the school.

6.11. Our DSL is **Wendy Webster/Head Teacher**. The DSL takes lead responsibility for child protection and wider safeguarding in the school, and acts as the link professional to the overarching local safeguarding structures. Their work includes online safety, managing responses to **consensual and non-consensual sharing of self-generated intimate images/videos** (including **AI pseudo-photographs**), and understanding our filtering and monitoring processes on school devices and networks to keep students safe online.

6.12. During term time, the DSL will be available during school hours for staff to discuss any safeguarding concerns.

6.13. When the DSL is absent, the deputy – **Danique Wilson**– will act as cover.

6.14. If the DSL and deputy are not available, **Uzair Karolia, Forestwood Hospital, Lead Social Worker** must be contacted directly (for example, during out-of-hours/out-of-term activities) on the main number. Should they not be available, the local clinical and/or manager will act as cover.

6.15. The DSL will be given the time, funding, training, resources, and support to:

- Provide advice and support to other staff on child welfare, mental health thresholds (such as **suicidal ideation**), and child protection matters.
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so.
- Contribute to the multi-agency assessment of children under the **Family Help framework**.
- Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly.
- Have a deep, updated understanding of harmful sexual behavior and prejudice-based harm.
- Have a comprehensive operational understanding of the filtering and monitoring systems and processes in place at our school.
- Understand the local criteria for universal and community-based Early Help, targeted early help, section 17 support and section 47 intervention.
- Liaise with the senior mental health lead and Mental Health Support Team, where available, when safeguarding concerns are linked to mental health.
- Maintain oversight of children who have or have had a social worker and understand how safeguarding issues affect attendance, engagement and educational achievement.
- Ensure safeguarding records distinguish clearly between observed facts, professional opinion and historical information.
- Promote supportive engagement with parents and carers unless doing so would place a child at additional risk.

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- Have a working knowledge of child-protection conferences and review conferences and contribute effectively when required.
- Understand the additional online risks faced by children with special educational needs or disabilities.

6.16. The DSL will also:

- Keep the head teacher informed of any issues.
- Liaise with local authority case managers and designated officers for child protection concerns as appropriate.
- Discuss the local response to sexual violence, sexual harassment, and serious youth violence with police and local authority children's social care colleagues to prepare the school's policies.
- Be confident that they know what local specialist support is available to support all children involved (including victims and alleged perpetrators) in sexual violence and sexual harassment, and be confident as to how to access this support.
- Be aware that children must have an 'appropriate adult' to support and help them in the case of a police investigation, interview, or search.

6.17. The full responsibilities of the DSL and deputy are set out in their job description.

The Governing Board

6.18. The Governing board will:

- Facilitate a whole-school approach to safeguarding, ensuring that safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development.
- Evaluate and approve this policy at each review, ensure it complies with the law, and hold the head teacher to account for its implementation.
- Be aware of its obligations under the Human Rights Act 1998, the Equality Act 2010 (including the Public Sector Equality Duty), and our school's local multi-agency safeguarding arrangements.
- Appoint a senior board-level (or equivalent) lead to monitor the effectiveness of this policy in conjunction with the full governing board. This is always a different person from the DSL.
- Ensure all staff undergo safeguarding and child protection training, including online safety, and that such training is regularly updated and is in line with advice from the **3 local** safeguarding partners.
- Ensure that the school has appropriate filtering and monitoring systems in place, and review their effectiveness. This includes:
  - Making sure that the leadership team and staff are aware of the provisions in place, and that they understand their expectations, roles, and responsibilities around filtering and monitoring (including identifying circumvention like **VPNs**) as part of safeguarding training.
  - Reviewing the DfE's filtering and monitoring standards annually to ensure technical and pedagogical alignment.
- Understand the local criteria for universal and community-based Early Help, targeted early help, section 17 support and section 47 intervention.
- Liaise with the senior mental health lead and Mental Health Support Team, where available, when safeguarding concerns are linked to mental health.

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- Maintain oversight of children who have or have had a social worker and understand how safeguarding issues affect attendance, engagement and educational achievement.
- Ensure safeguarding records distinguish clearly between observed facts, professional opinion and historical information.
- Promote supportive engagement with parents and carers unless doing so would place a child at additional risk.
- Have a working knowledge of child-protection conferences and review conferences and contribute effectively when required.
- Understand the additional online risks faced by children with special educational needs or disabilities.

6.19. Make sure:

- The DSL has the appropriate status and authority to carry out their job, including additional time, funding, training, resources and support
- Online safety is a running and interrelated theme within the whole-school approach to safeguarding and related policies.
- The DSL has lead authority for safeguarding, including online safety and understanding the filtering and monitoring systems and processes in place.
- The school has procedures to manage any safeguarding concerns (no matter how small) or allegations that do not meet the harm threshold (low-level concerns) about staff members (including supply staff, volunteers and contractors). Appendix 3 of this policy covers this procedure.
- That this policy reflects that children with SEND, or certain medical or physical health conditions, can face additional barriers to any abuse or neglect being recognised.

- Where another body is providing services or activities (regardless of whether or not the children who attend these services/activities are children on the school roll):
  - Seek assurance that the other body has appropriate safeguarding and child protection policies/procedures in place, and inspect them if needed.
  - Make sure there are arrangements for the body to liaise with the school about safeguarding arrangements, where appropriate.
  - Make sure that safeguarding requirements are a condition of using the school premises, and that any agreement to use the premises would be terminated if the other body fails to comply.

6.20. All governors will read Keeping Children Safe in Education.

6.21. The **Training** section has information on how governors are supported to fulfil their role.

The Head Teacher

6.22. The Head Teacher is responsible for the operational implementation of this policy, including:

- Ensuring that all staff (including temporary, supply, and contract staff) and volunteers are fully informed of our systems supporting safeguarding as part of their mandatory induction.

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- Ensuring that **all staff read and sign for Part One of Keeping Children Safe in Education (2026) in its entirety**, and that no condensed shortcuts are utilized.
- Ensuring that all staff understand, maintain professional curiosity, and strictly follow the procedures in this policy—particularly regarding immediate referrals for suspected abuse, neglect, or transition to the **Family Help framework**.
- Modeling and enforcing a whole-school **inclusive, anti-racist, and anti-discriminatory culture**, ensuring that prejudice-based harms are handled with active safeguarding gravity.
- Communicating this policy clearly to parents when their child joins the school and maintaining an up-to-date, publicly accessible copy on the school website.
- Ensuring that the DSL and all Deputy DSLs are allocated appropriate time, funding, training, and resources to fulfill their statutory duties, and ensuring that adequate, named cover is always operationally available.
- Ensuring that all staff complete regular, updated safeguarding and child protection training (explicitly incorporating online safety, **AI-generated exploitation, deepfakes, and VPN circumvention**).
- Holding responsibility for the secure logging, tracking, and resolution of all **low-level concerns** regarding staff, collaborating closely with the location safeguarding lead and the Designated Officer (LADO) where thresholds are met.
- Overseeing the school's strict adherence to statutory guidance regarding **gender-questioning pupils**, ensuring that parental engagement is prioritized and that single-sex space and facility protections are legally maintained.

7. VIRTUAL SCHOOL HEADS

7.1. Virtual school heads have a non-statutory responsibility for the strategic oversight of the educational attendance, attainment and progress of children with a social worker.

7.2. They should also identify and engage with key professionals, e.g. DSLs, SENCOs, social workers, mental health leads and others.

8. CONFIDENTIALITY

Information Governance Framework

8.1. Sharing information appropriately means that all Cygnet policies on Information Governance must be complied with (please refer to Cygnet's Information Governance policy family). Cygnet follows national guidance on information governance. All Cygnet units will ensure that when sharing information with others, it is transferred securely using safe, verified, and acceptable media.

Core Safeguarding Information Sharing Principles

8.2. It must always be noted that:

- **Timely information sharing is essential** to effective safeguarding and is a core component of the unified **Family Help model**.
- **Statutory Duty to Share:** Under Section 16LA of the Children Act 2004, the school and its staff are bound by a statutory Information Sharing Duty. Information relevant to safeguarding and promoting welfare must be shared swiftly whenever it assists an agency's safeguarding functions. Fears about

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sharing information must never stand in the way of the need to promote the welfare and protect the safety of children.

- **Legal Alignment:** The Data Protection Act (DPA) 2018, UK GDPR, and the **Data (Use and Access) Act 2025** do not prevent or limit the sharing of information for the purposes of keeping children safe. Data protection law is not a barrier to safeguarding.
- **Special Category Data Simplification:** If staff need to share "special category personal data" (such as health, ethnicity, or lifestyle information), practitioners can lawfully share this data **without consent** if obtaining consent is not possible, cannot reasonably be expected, or would place a child or others at increased risk.
- **The Promise of Secrecy:** Staff must never promise a child that they will keep a secret or not tell anyone about a report of abuse, as doing so is contrary to the child's best interests.

Managing Victims' Requests and Wishes

8.3. If a child asks that a disclosure regarding sexual violence, sexual harassment, or other harms not be shared:

- The DSL must balance the child's wishes against their statutory duty to protect that child and other children in the setting.
- There is no definitive right to silence; staff can lawfully share the disclosure as data protection law provides clear legal bases under the UK GDPR for safeguarding purposes.
- The **child's voice, direct lived experience, and personal narrative** must be carefully recorded and preserved, ensuring they are not lost within wider professional or parental discussions.
- Parents or carers should normally be informed immediately, unless doing so would place the child at an escalated risk of significant harm.
- The baseline operational principle remains: if a child is at risk of harm, is in immediate danger, or has already been harmed, an immediate referral must be made to local authority children's social care (or the police if a crime has occurred). This includes instances of rape, assault by penetration, or sexual assault, regardless of whether the alleged perpetrator is under the age of criminal responsibility (10 years old).

Anonymity and the Use of Digital/Social Media

8.4. Regarding legal anonymity, all staff will:

- Maintain strict awareness of statutory victim anonymity, witness support, and criminal process frameworks where an allegation of sexual violence or child-on-child abuse is progressing through the justice system.
- Minimize internal reporting channels, ensuring that details of a disclosure or investigation are restricted strictly to the DSL, Head Teacher, and necessary senior staff to protect the anonymity of the children involved.
- Remain highly vigilant to the risk of social media and messaging platforms facilitating the spreading of rumors, peer-on-peer harassment, or exposing the identities of victims and alleged perpetrators.

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Decision Guidance

8.5. If any member of staff is in any doubt about the threshold for sharing information, they must immediately speak to the Designated Safeguarding Lead (or a Deputy DSL) for guidance before delaying communication with external partners.

9. EARLY IDENTIFICATION AND INDICATORS OF VULNERABILITY

9.1. All staff are expected to identify and recognise all forms of abuse, neglect, and exploitation. Staff must maintain a proactive state of **professional curiosity** and remain highly alert to a child potentially requiring multi-agency support via the **Family Help framework** [4.7], particularly where a child:

- Is disabled or has special educational needs (whether or not they have a statutory Education, Health and Care (EHC) plan).
- Is a young carer, or has **babies or infants** within their immediate family network.
- Is bereaved.
- Is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs, county lines, organised crime groups, or serious youth violence (including knife crime).
- Is frequently missing or goes missing from education, care, or home.
- Is at risk of modern slavery, trafficking, or sexual and/or criminal exploitation (CSE/CCE).
- Is at risk of being radicalised or exploited by extremist groups.
- Is viewing problematic, radical, or inappropriate online content (including violence, pornography, suicide-promoting, or eating disorder content), developing inappropriate relationships online, or using **VPNs to circumvent school filtering systems**.
- Is in a family circumstance presenting complex challenges, such as parental drug and alcohol misuse, adult mental health issues, domestic abuse, or **homelessness** [1.1.7, 5.2].
- Is misusing drugs or alcohol themselves.
- Is suffering from mental ill-health, particularly where thresholds cross into **suicidal ideation** [1.1.8, 5.2].
- Has returned home to their family from local authority care.
- Is at risk of so-called "honour"-based abuse, such as female genital mutilation (FGM) or forced marriage.
- Is a privately fostered child.
- Has a parent or carer in custody or is directly affected by parental offending.
- Is missing education, is persistently absent from school, or is **placed on a part**-time **timetable**.
- **Is repeatedly or chronically removed from the classroom** due to behavioural issues, which is a recognized indicator of underlying safeguarding vulnerabilities.
- Has experienced multiple suspensions and is at risk of, or has been, permanently excluded.

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10. SAFEGUARDING PROCEDURES AND DISCLOSURE MANAGEMENT

10.1. Staff, volunteers, and governors must follow the strict procedures set out below in the event of an identified safeguarding issue or disclosure.

10.2. **Immediate Danger and Direct Referrals:** If a child is suffering, likely to suffer significant harm, or is in immediate danger, **make a referral to children's social care and/or the police immediately**. Anyone can make a direct referral. You must notify the DSL, location Safeguarding Lead, or manager on call as soon as possible after making a direct referral.

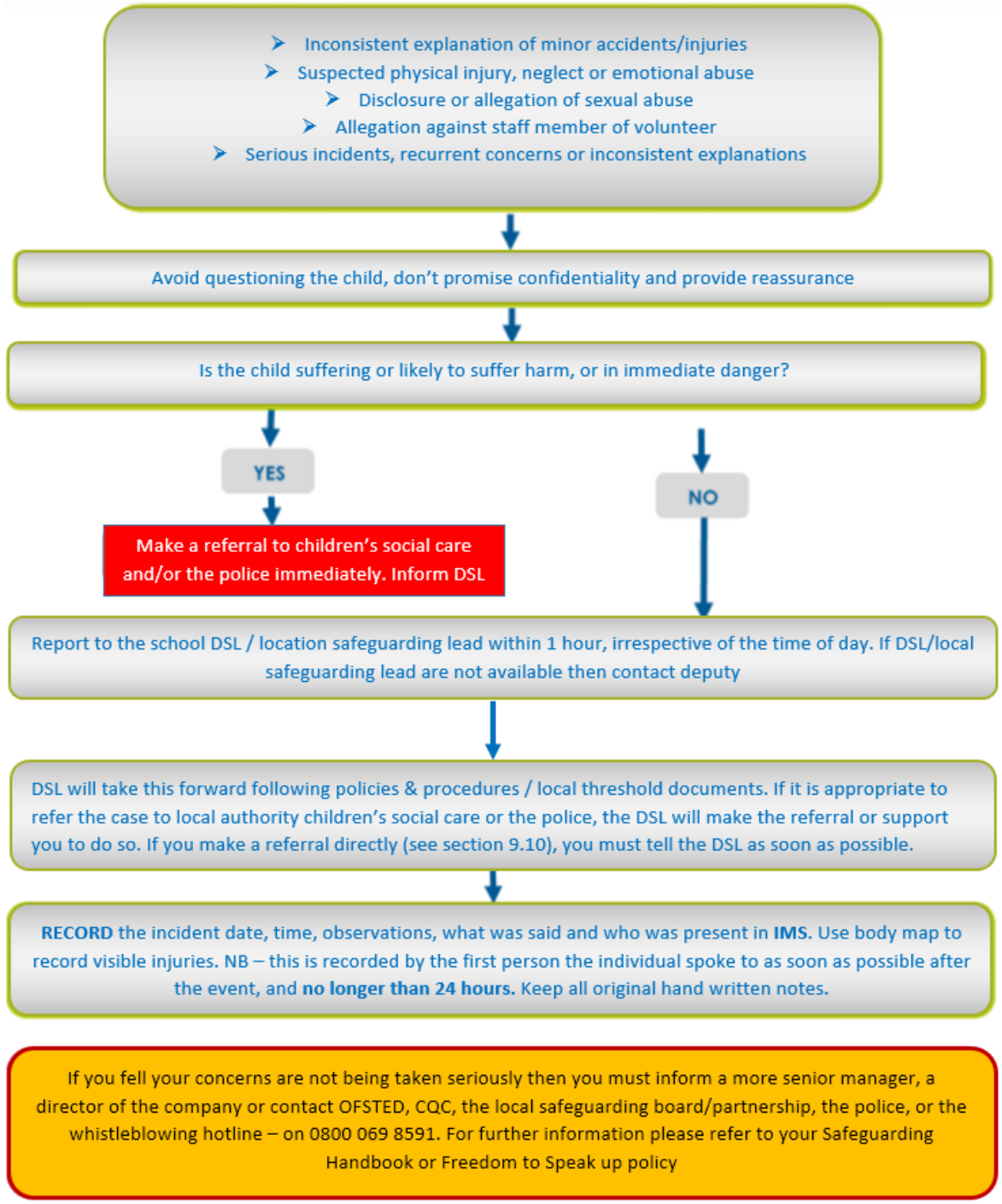
10.3. **Standard Reporting Pathway:** In all other cases, report the concern to The DSL or manager on call as soon as possible.

10.4. **You must not leave the school site** without informing the appropriate safeguarding colleagues and completing a written log

10.5. How to Handle a Direct Disclosure:
If a child makes a disclosure to you, you must:

- **Listen actively and believe them.** Allow them time to talk freely, tell their story in their own words, and **strictly avoid asking leading questions**.
- **Preserve the Child's Voice:** Ensure the child's exact words, feelings, and personal narrative are recorded accurately. Their perspective must remain central and not be lost within parental or professional interpretations.
- **Stay calm** and ensure you do not show signs of being shocked, angry, or upset.
- **Validate their disclosure:** Tell them they have done the right thing in telling you, and never suggest that they should have told you sooner.
- **Be transparent about confidentiality:** Explain clearly what will happen next and that you have a legal duty to pass this information on to the DSL.
- **Never promise to keep the disclosure a secret**.

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Making a referral

10.6. All members of staff should be supported in making a referral to social care. The DSL/location Safeguarding Lead or manager on call can support a member of staff in this process – however, retrospective notification of DSL or location safeguarding lead by the staff member is acceptable if waiting would cause undue delay in the referral to social care being made.

10.7. The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. If you have not heard an outcome of the referral within 3 working days you must follow up and request an outcome of the referral from social care.

Recording of dislosures

10.8. Complete incident reporting processes as per organisational policy i.e. IMS/Datix Incident Report, SI etc.

Local childrens social care referral procedures

The Social Worker team at Forestwood make formal referrals to the local children's social care teams after reviewing all the internal incident reports. The MDT attends a weekly Safeguarding meeting to provide updates and comments on open safeguarding cases within the hospital.

Honour or Faith-Based Abuse: Female Genital Mutilation (FGM)

10.9. The Department for Education's **Keeping Children Safe in Education (2026)** explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs". FGM falls under the broader safeguarding definition of **Honour or Faith-Based Abuse (HBA)**, acknowledging that these practices may be driven by misguided religious, faith-based, or cultural interpretations.

10.10. FGM is illegal in the UK and is a form of severe child abuse with long-lasting, harmful physical and psychological consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'. Possible indicators that a child has already been subjected to FGM, and factors that suggest a child may be at risk, are set out in Appendix 4.

The Statutory Mandatory Reporting Duty:

10.11. Under Section 5B of the Female Genital Mutilation Act 2003, a personal, statutory mandate to report **known cases** of FGM directly to the police applies **strictly to registered teachers** (including the Head Teacher) and healthcare professionals. This duty is triggered if:

- They are informed directly by a girl under 18 that an act of FGM has been carried out on her; or
- They observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18, and they have no reason to believe that the act was a necessary medical procedure.

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Reporting Actions for Registered Teachers:

10.12. Where a registered teacher discovers a known case under paragraph 10.9, **they must personally report the matter to the police** (via 101). While the legal window allows up to one month, best practice dictates that this personal report must be made **as soon as possible, and ideally by the end of the next working day**. Employees face statutory and professional disciplinary sanctions for failing to meet this personal duty. Unless specifically instructed by the police not to do so, the teacher must also immediately inform the DSL and involve children's social care.

Reporting Actions for Non-Teaching Staff, Volunteers, and Governors:

10.13. The personal legal mandate to contact the police directly does not extend to non-teaching staff, volunteers, or governors. However, if any non-teaching staff member or volunteer discovers a known case of FGM, they **must report it immediately to the DSL**, who will then coordinate the necessary emergency referrals to the police and local authority social care.

Suspected Risk vs. Known Cases:

10.14. The personal mandatory reporting duty to the police **does not apply** in cases where a child is deemed *at risk* of FGM, or where FGM is *suspected* but is not known to have already occurred. **Staff must never examine a child under any circumstances.**

10.15. Any hospital or school staff member who suspects a child is at risk of FGM (e.g., during prolonged holiday travel or family planning), or suspects that FGM has been carried out, must immediately speak to the DSL and follow our local multi-agency safeguarding referral procedures.

10.16. **Uzair Karolia, Forestwood Hospital, Lead Social Worker** would take charge of this referral.

Family Help and Early Intervention Process

10.17. If early intervention is appropriate, the DSL (alongside the location safeguarding lead) will generally lead on liaising with other agencies and establishing a multi-agency assessment under the unified **Family Help framework**. This model seamlessly combines targeted early help and statutory support to ensure families receive consistent, multi-disciplinary intervention. Staff may be required to actively support external agencies and professionals throughout the assessment and delivery phases of a **Family Help Plan**.

10.18. The school and hospital team will regularly discuss, review, and align their internal processes with the **3 statutory local safeguarding partners** to establish local arrangements and threshold criteria governing transitioning needs across different tiers of assessment and intervention.

10.19. The DSL will keep every case under continuous review, actively monitoring the timeline and effectiveness of all active interventions. The school will initiate a swift escalation pathway and consider an immediate referral to local authority

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children's social care if the child's situation does not improve or if the threshold of significant harm is met.

10.20. Forestwood Social Work team make contact with the young person's own local authority on all safeguarding concerns. Bury LA Safeguarding team are informed and arrange strategy meetings for serious incidents.

Procedures for Concerns Regarding Radicalisation and Extremism

10.21. If a child is not deemed to be in immediate danger or suffering from acute harm, but staff observe indicators of radicalisation, extremist views, or exposure to ideological grooming, staff must maintain a high level of **professional curiosity** and, where possible, consult the DSL first to evaluate the concern and agree on a formal course of action.

10.22. If in exceptional or out-of-hours circumstances the DSL is unavailable, staff must immediately contact the location safeguarding lead and/or seek direct, specialist advice from local authority children's social care. If thresholds are met, staff have the right to make a referral directly to local authority children's social care. The DSL or location safeguarding lead must be informed as soon as practically possible following any direct referral.

10.23. Where an active concern is identified, the DSL will follow the strict statutory procedures set out in the school's Prevent strategy and policy. The DSL will evaluate the level of vulnerability and decide which multi-agency pathway to engage. This may include a formal referral to **Channel**—the government's multi-agency, voluntary program designed to provide early, tailored support to individuals at risk of being drawn into, or supporting, terrorism—or to the police and local children's social care teams.

10.24. The Department for Education maintains a dedicated, non-emergency telephone helpline (020 7340 7264) and email address (counter.extremism@education.gov.uk) which school staff, leaders, and governors can utilize to seek advice and flag systemic concerns regarding extremism affecting a child. *Note: These channels are strictly for non-emergency advice and consultation.*

10.25. **Emergency Procedures:** In any emergency situation, staff must call 999 immediately, or contact the confidential Anti-Terrorist Hotline on 0800 789 321, if they:

- Believe a child or another individual is in immediate physical danger.
- Have reasonable grounds to suspect someone is planning imminent travel to join an extremist or terrorist organization.
- Observe, hear, or intercept materials or communications that indicate a direct, active terrorist threat.

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Mental Health

10.26. Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect, or exploitation. Although our young people are currently living with a mental health condition when admitted, school staff must remain alert to, and report any, triggers of behavioural or presentation changes that may suggest abuse, neglect, or exploitation. **Staff must be aware that mental health issues cross a strict safeguarding threshold—requiring immediate inter-agency escalation—when they involve suicidal ideation, severe self-harm, or heightened vulnerability to exploitation**. In any such cases, safeguarding procedures must be followed immediately and recorded according to organisational policy.

Concerns About a Staff Member, Supply Teacher, Volunteer, or Contractor

10.27. A safeguarding concern or allegation about a member of staff, supply teacher, trainee teacher, volunteer or contractor must be reported without delay to the Head Teacher. The Head Teacher will consider whether referral to the Local Authority Designated Officer is required and will follow the applicable allegations-management procedure.

- A concern or allegation about the Head Teacher must be reported to the chair of governors or proprietor.
- Where the Head Teacher is also the sole proprietor, or where a conflict of interest prevents reporting to the Head Teacher, the matter must be reported directly to the Local Authority Designated Officer.
- Where a child may have been harmed, may be at immediate risk or the situation is an emergency, local authority children's social care and, where appropriate, the police must be contacted immediately.
- Concerns that do not meet the harm threshold must be shared and managed under the low-level-concerns procedure.

10.28. The location safeguarding lead and/or unit manager will then follow the processes outlined in the named policy. In addition to this, further requirements specific to our schools are outlined in Appendix 3 and these must also be followed.

10.29. The policy also sets out Cygnet's responsibility around making statutory referrals to the Disclosure and Barring Service (DBS).

10.30. If you receive an allegation relating to an incident where an individual or organisation was using the school premises for running an activity for children, follow our school safeguarding policies and procedures, informing the LADO exactly as you would with any internal safeguarding allegation.

Allegations That May Meet the Harms Threshold

10.31. This section applies to all cases in which it is alleged that a current member of staff, including a supply teacher, volunteer, or contractor, has:

- Behaved in a way that has harmed a child, or may have harmed a child; and/or
- Possibly committed a criminal offence against or related to a child; and/or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children; and/or

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- Behaved or may have behaved in a way that indicates they may not be suitable to work with children—this includes behaviour taking place both inside and outside of school.

10.32. If we are in any doubt as to whether a concern meets the harm threshold, the school will immediately consult our Local Authority Designated Officer (LADO).

Allegations That Do Not Meet the Harm Threshold ("Low-Level Concerns")

10.33. This section applies to all concerns and allegations about members of staff, including supply teachers, volunteers, and contractors, which do not meet the harm threshold outlined in section 10.17. These are referred to as "low-level concerns."

10.34. Low-level concerns may arise through, for example:

- Suspicion.
- An informal complaint.
- A safeguarding concern or allegation raised by another member of staff.
- A disclosure made by a child, parent, or other adult within or outside the school.
- Issues flagged during pre-employment vetting checks.

Definition of Low-Level Concerns

10.35. The term 'low-level' concern means any concern—no matter how small or seemingly insignificant—that an adult working in or on behalf of the school may have acted in a way that:

- Is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; and
- Does not meet the allegations threshold or is otherwise not considered serious enough to consider a formal referral to the LADO. Examples of such behaviour include, but are not limited to:
- Being overly friendly with children or having "favourites".
- Taking photographs of children on a personal mobile phone.
- Engaging with a child on a one-to-one basis in a secluded area or behind a closed door.
- Humiliating children.
- Engaging in inappropriate digital communication, including using generative AI tools or applications to interact with pupils, or altering a child's likeness digitaly.
- Failing to report a pupil's deliberate circumvention of school IT filters (such as the unapproved use of a VPN).

Sharing Low-Level Concerns

10.36. We recognise the importance of creating a culture of openness, trust, and transparency to encourage all staff to confidently share low-level concerns so that they can be addressed appropriately.

10.37. We will create this culture by:

- Ensuring staff are clear about what appropriate behaviour is, and are confident in distinguishing expected, safe behaviour from concerning, problematic, or inappropriate behaviour in themselves and others.

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- Empowering staff to share any low-level concerns as per section 10.10 of this policy.
- Empowering staff to self-refer.
- Addressing unprofessional behaviour and supporting the individual to correct it at an early stage.
- Providing a responsive, sensitive, and proportionate handling of such concerns when they are raised.
- Helping to identify any weakness in the school's safeguarding or digital filtering system.
- Contact with the Head of Education, and/or Cygnet Freedom to Speak Up Guardian can also be made if staff members feel more comfortable doing so. Further to this, Cygnet whistleblowing procedures are available and detailed in the relevant policy.

Responding to Low-Level Concerns

10.38. If the concern is raised via a third party, the Head Teacher will collect evidence where necessary by speaking:

- Directly to the person who raised the concern, unless it has been raised anonymously.
- To the individual involved and any witnesses.
- 9.39 The Head Teacher will use the information collected to categorise the type of behaviour and determine any further action, in line with the school's staff behaviour policy/code of conduct. The Head Teacher will be the ultimate decision-maker in respect of all low-level concerns, though they will collaborate with the location safeguarding lead.

10.39. Additional considerations for supply teachers and all contracted staff are outlined in Appendix 3.

Allegations of Abuse Made Against Other Children (Child-on-Child Abuse)

10.40. **Zero-Tolerance Culture:** We recognise that children are capable of abusing their peers. Peer-on-peer and child-on-child abuse will never be tolerated, minimized, or passed off as "banter", "just having a laugh", or a normal "part of growing up". Failing to challenge these behaviors leads to a culture of unacceptable action and creates an unsafe environment. All staff must actively promote an **inclusive, anti-racist, and anti-discriminatory school culture**, treating prejudice-based bullying and discriminatory harassment as immediate safeguarding risks.

10.41. **Gendered Nature and Misogyny:** We explicitly recognise the gendered nature of child-on-child abuse (i.e., that girls are disproportionately the victims and boys the perpetrators). Staff must be highly alert to **misogyny** and sexualized or aggressive touching towards female children, as well as initiation, hazing-type violence, or toxic peer pressure among boys. All forms of child-on-child abuse are unacceptable and will be acted upon immediately.

10.42. **Safeguarding Thresholds:** While minor behavioral infractions are managed under the school's Behaviour Policy and Anti-Bullying Policy, this Child Protection and Safeguarding Policy applies immediately to any allegations that raise safeguarding concerns. This includes behavior that:

- Is serious and potentially constitutes a criminal offence.
- Could put other children in the school or clinical unit at risk.
- Is physically violent or involves weapon possession.

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- Involves children being forced or coerced to use drugs or alcohol.
- Involves sexual exploitation, sexual abuse, or sexual harassment (sucas indecent exposure, sexual assault, upskirting, or sexually inappropriate pictures or videos).
- Involves the **consensual or non-consensual sharing of self-generated intimate images and/or videos, explicitly** including **AI-generated content, deepfakes, or digitally manipulated pseudo-images**.
- *See Appendix 4 for comprehensive information regarding types and definitions of child-on-child abuse.*

Procedures for Dealing with Allegations of Child-on-Child Abuse

10.43. If a child makes an allegation of abuse against another child, staff must execute the following multi-agency pathway:

- **Immediate Record and Escalation:** Record the exact details using appropriate documentation, prioritizing the **child's voice, direct lived experience, and personal narrative**. Report the matter immediately to the DSL.

10.44. **Threshold assessment and response:** The Designated Safeguarding Lead will undertake an immediate assessment of risk and need and determine the appropriate response. Depending on the circumstances, this may include:

- Management through the school's safeguarding, behaviour and pastoral systems.
- Support through universal services or community-based Early Help.
- Referral for targeted early help through Family Help.
- Referral to local authority children's social care under section 17 or section 47.
- Referral to the police where a crime may have been committed.

10.45. Where the child has been harmed, is at risk of harm or is in immediate danger, a referral to local authority children's social care must be made without delay.

- **Safeguarding Care Plans and Risk Assessments:** The DSL will oversee the immediate creation of a comprehensive risk assessment and a preventative Safeguarding Care Plan (refer to the *Care Planning Policy*). The plan must be monitored closely with set dates for follow-up evaluations involving all relevant practitioners. The assessment must rigidly evaluate physical vulnerabilities, including shared outside spaces, communal transport, and hospital unit dynamics.
- **Clinical and Educational Alignment:** Community CAMHS teams and hospital medical directors will be kept informed and integrated into the care plan where appropriate.
- **Managing Parallel Justice Processes:** If the incident is a criminal offence and there are delays in the police or court process, the school will continue to enforce internal safeguarding measures. The school will not pause its own internal protective actions simply because an external police investigation is active. The DSL will liaise with the police to ensure internal disciplinary actions or student separations do not prejudice a criminal investigation.

Risk-**and**-needs assessment

10.46. Following a report of sexual violence, the Designated Safeguarding Lead or deputy must carry out an immediate risk-and-needs assessment. Following sexual

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harassment or other harmful sexual behaviour, the need for a formal assessment will be considered on a case-by-case basis. The assessment must consider:

- The victim's immediate safety, wishes and support needs.
- Potential other victims.
- The needs, vulnerabilities and risks associated with the alleged perpetrator.
- The safety of other pupils, students and staff.
- The nature, location and timing of the incident.
- Any power imbalance, including age, developmental stage, disability or social status.
- Whether the incident was isolated or forms part of a pattern.
- Online, transport, ward, classroom, communal-space and extra-familial risks.
- Links to child sexual exploitation, child criminal exploitation or other abuse.

10.47. The assessment must be recorded, regularly reviewed and updated in response to new information or changing circumstances. It does not replace assessments undertaken by children's social care, the police or specialist services.

Immediate safety arrangements

10.48. Where rape or assault by penetration is reported, the alleged perpetrator should be removed from any classes shared with the victim while the school establishes the facts and liaises with statutory agencies. The school must consider reasonable physical separation across the school, clinical unit, transport and before or after school activities.

10.49. For other reports of sexual violence, sexual harassment or harmful sexual behaviour, shared classes, proximity, transport and use of common spaces must be considered immediately on a case-by-case basis. These arrangements are protective and must not be presented as a judgement of guilt. The victim's wishes and best interests must remain central.

Minimizing the Risk of Child-on-Child Abuse

10.50. To maintain a safe environment and ensure victims feel entirely confident in reporting incidents, the school will:

- Challenge any form of derogatory, discriminatory, or sexualised language or inappropriate behavior between peers, including the requesting, generating, or sending of intimate images.
- Ensure the curriculum proactively educates children about healthy relationships, digital boundaries, consent, **and the active rejection of racism, misogyny, and faith-targeted prejudice**.
- Ensure children can easily, discreetly, and confidently report abuse using our accessible reporting systems.
- Support children who have witnessed sexual violence, especially rape or assault by penetration, ensuring that the victim, witnesses, and alleged perpetrators are protected from secondary bullying, retaliation, or cyberbullying.
- Consider intra-familial harms and implement necessary safeguarding support for siblings following a disclosure of sexual violence or severe harassment.
- Train all staff to maintain an unyielding attitude of **"it could happen here"**, recognizing that a lack of direct reports does not mean child-on-child abuse is absent.

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- Equip staff to identify indirect signs of harm (such as changes in presentation, peer group shifts, or messages reported by friends), and to understand that vulnerable children (including **gender-questioning pupils**, disabled pupils, and those with communication barriers) face heightened obstacles to disclosing abuse.
- Recognize that a child harming a peer is often a primary indicator that the child is experiencing abuse or exploitation themselves, requiring a dual-safeguarding approach for both the victim and the alleged perpetrator.
- Monitor digital footprints, recognizing that social media and messaging platforms play a massive role in the fallout of an incident, including unauthorized contact, rumor-spreading, or online harassment.
- Consensual and Non Consensual Sharing of Self Generated Intimate Images and/or Videos.

10.51. Policy Context **and** Digital Safeguards: This section must be read in conjunction with Cygnet IT policies, including the *Use of Mobile Phones and Recording Devices Policy*, the *Information Communication Technology Acceptable Use Policy*, and the *CAMHS Online Safety Policy*. Digital systems must actively monitor and address circumvention behaviors, such as the use of **unauthorized VPNs** to bypass school filtering networks.

10.52. **Staff Responsibilities When Responding to an Incident:** If staff become aware of an incident involving the making or sharing of nudes or semi-nudes, including images that have been digitally altered or generated using artificial intelligence, they must report it to the Designated Safeguarding Lead immediately. Every such incident requires a safeguarding response, whether the sharing appears consensual or non-consensual. The response must be proportionate and consider the children's ages, developmental stages, circumstances, vulnerability, coercion and exploitation.

10.53. **Strict Staff Prohibitions:** To ensure child protection and legal compliance, staff **must not**:

- View, copy, print, share, store, or save the imagery themselves, or ask a child to show, share, or download it. (If you have already viewed the imagery accidentally, you must report this immediately to the DSL)
- Staff must not independently delete imagery or direct a child to delete it. The Designated Safeguarding Lead must follow the current UK Council for Internet Safety guidance and, where relevant, police advice concerning preservation of evidence, confiscation of devices, reporting and safe removal of content.
- Question or interview the children involved regarding the specifics of the imagery; this is strictly the responsibility of the DSL, location safeguarding lead, or statutory agencies.
- Share information about the incident with other staff members, the children involved, or any parents/carers outside of the formal DSL pathway [10.33].
- Say or do anything that compromises an **inclusive, anti-discriminatory culture** or acts to blame or shame the young people involved.

10.54. Staff must explain to the child that they have a statutory duty to report

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the incident to the DSL, while reassuring them that they will receive supportive, non-judgmental help [10.34].

10.55. **Initial Review Meeting:** Following a report, the DSL will hold an initial review meeting with appropriate senior staff, the leadership team, or clinical managers. This meeting will evaluate the initial evidence to determine:

- Whether there is an immediate threat to the safety or mental stability of any child.
- If a direct referral must be made to the police and/or local children's social care.
- If it is strictly necessary to view the image(s) to safeguard the young person. *(In almost all cases, images or videos should not be viewed by staff)*.
- Whether the imagery has been distributed widely across devices, networks, or specific online platforms.
- Whether immediate coordination is required to securely remove or delete content from online services or devices.
- Any multi-layered vulnerabilities affecting the children involved, such as whether they are placed on **part-time timetables** or are **chronically removed from the classroom**.
- If there is a requirement to notify another school, college, or clinical setting.
- Whether to contact parents or carers, prioritizing early engagement unless doing so poses a verified risk of harm to the child.
- 9.52. **Immediate External Referral Triggers:** The DSL will make an immediate,
- mandatory referral to the police and/or children's social care if:
- The incident or transmission involves an adult.
- There is reason to believe a young person has been coerced, blackmailed, extorted, or groomed, or if there are concerns regarding their capacity to consent (e.g., due to special educational needs or disabilities).
- The content depicts sexual acts that are highly unusual for the young person's developmental stage, or are violent or abusive.
- The imagery involves sexual acts and any child depicted is under the age of 13.
- The DSL has reason to believe a child is at acute, immediate risk of harm, **explicitly including cases where the young person presents with suicidal ideation or severe self-harm**.

10.56. Internal Management Resolution: If none of the triggers in paragraph 10.51 apply, the DSL, in consultation with the Head Teacher and relevant clinicians, may decide to manage the response internally without involving external statutory agencies. This decision, alongside the specific support measures implemented, will be recorded in line with the procedures set out in this policy.

10.57. Further Review and Family Help Safeguards: If an internal resolution is chosen, the DSL will conduct a further review to fully establish the facts, assess risks, and hold sensitive interviews with the children involved (if appropriate). If at any point the DSL determines that internal pastoral care is insufficient, they

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will swiftly pivot the case into the unified **Family Help framework** or contact the police and social care immediately.

10.58. **Informing Parents/Carers:** The DSL or location safeguarding lead will inform parents at an early stage and keep them securely involved in the process, unless a clear, documentable risk exists that doing so would compromise the child's safety.

10.59. **Police Referrals:** Where an incident requires a formal police referral, this will be executed by dialing 101 (or 999 if an immediate emergency exists) .

10.60. **Secure Recording:** All incidents involving the sharing of self-generated intimate images, along with the risk assessments and decisions made, must be securely logged and tracked within the school's central safeguarding records.

10.61. Curriculum **Delivery and Preventive Education:** Students are taught about the risks and legal realities of requesting, generating, or forwarding intimate images as part of our regular PSHCE and RSE frameworks. This curriculum explicitly covers:

- What constitutes an intimate image, including **AI-generated deepfakes and pseudo-photography**.
- The severe psychological consequences of requesting, providing, or forwarding such images.
- The legal frameworks governing child exploitation and online harms .
- Strategies and vocabulary to manage peer pressure, resist requests for images, and safely report the receipt of explicit media.
- **Active rejection of misogyny, victim-blaming, and discriminatory attitudes**, ensuring a supportive environment for all pupils.

Recording the Child's Voice and Lived Experience

10.62. Where there is a safeguarding concern, we will ensure that **the child's voice, personal narrative, and immediate wishes and feelings** are explicitly taken into account when determining what protective actions to take and what services to provide. Their perspective must remain central and not be lost or overwritten within parental or professional discussions. We recognise the absolute importance of ensuring children feel completely safe, validated, and comfortable to come forward and report any concerns or allegations.

11. CORE DELIVERY STANDARDS FOR REPORTING

11.1. To achieve this, the school and wider clinical setting will:

- Put robust, multi-channel systems in place for children to confidently report abuse, harassment, or exploitation.
- Ensure our reporting systems are continuously promoted, easily understood by children of all developmental stages, and completely accessible.
- Make it unequivocally clear to children that their concerns will be taken seriously, that they are safe from reprisal, and that they can securely express their views and give active feedback on the support they receive.

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- Actively cultivate an **inclusive, anti-racist, and anti-discriminatory school culture**, ensuring children feel secure reporting **prejudice-based harm**, racism, misogyny, or faith-targeted bullying, knowing these will be treated as primary safeguarding vulnerabilities rather than minor behavioral issues.

11.2. **Operational Channels and Promotional Processes**: To ensure that all children can safely submit concerns without barriers, the school implements the following specific systems and promotional activities:

- **Accessible Communication Adaptations for SEND/Non-Verbal Children:** We explicitly recognise that children within our hospital and CAMHS setting face significantly higher barriers to disclosing abuse. For pupils who are non-verbal, have complex learning disabilities, or face communication challenges, standard reporting systems are fully adapted. Staff are trained to utilize alternative communication tools—including **communication boards, and specialized assistive technology**—to allow children to express distress or report harm. Staff maintain an unyielding attitude of professional curiosity, actively monitoring changes in a child's baseline behavior, emotional withdrawal, or physical presentation as vital forms of non-verbal disclosure.
- **Diversified Internal Reporting Pathways:** Children can submit concerns through multiple secure avenues:
  - *Direct Verbal Disclosure:* Speaking to any trusted member of teaching or clinical staff, the DSL, or named Deputy DSLs.
  - *Physical Worry items:* "A "Worry Bear" is available in the school space to allow the confidential "unburdening" of worries and concerns as needed. This is a monitored process and can be the first safe step in acknowledging that concerns may need further investigation for recovery. Additional support is provided during this process to ensure that the young person is aware of the further support available within the service.
- **Proactive Awareness and Education:** We make children aware of these processes continuously rather than as a one-off induction. Safeguarding pathways, children's rights, and online safety boundaries (including risks regarding **AI-generated deepfakes and pseudo-images**) are explicitly woven into the weekly PSHE/RSE curriculum. Reporting mechanisms, including external child-line numbers and contact details for the **3 local safeguarding partners**, are prominently displayed using child-friendly posters and visual aids throughout the school premises.
- **Psychological Safety and Reassurance:** To ensure children feel entirely safe when submitting a report, the school operates a strict non-judgmental, zero-tolerance approach to victim-blaming. Staff are trained to immediately reassure the child that they have done the right thing, explain exactly what will happen next, and maintain strict confidentiality pathways, restricting case details purely to the DSL and essential external multi-agency practitioners.

11.3. Forestwood Young people are made aware about the reporting systems through weekly 1:1 sessions with their nominated ward social worker. Emphasis is placed on ensuring that the young people understand that concerns submitted will be investigated.

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12. ONLINE SAFETY AND THE USE OF MOBILE TECHNOLOGY

12.1. Strategic Importance of Digital Safeguarding: We recognise the critical importance of safeguarding children from potentially harmful, illegal, and inappropriate online material. Technology is an active facilitator in the vast majority of modern safeguarding, mental health, and wellbeing issues.

12.2. **School Objectives:** To comprehensively address these threats, the school will:

- Implement robust, actively audited technical and pedagogical processes to ensure the online safety of children, staff, volunteers, and governors.
- Protect and educate the whole school community in the safe, responsible, and legal use of technology, including mobile and smart technology (collectively referred to as 'mobile phones').
- Maintain a strict **mobile phone-free environment during the school day** for students.
- Establish transparent, immediate mechanisms to identify, intervene in, and escalate digital safeguarding concerns to external multi-agency partners.

12.3. **The 5 Key Categories of Risk:** Our whole-school approach to online safety is built upon identifying and actively mitigating the **5 statutory categories of risk**:

- **Content:** Being exposed to illegal, inappropriate, or harmful content, such as pornography, fake news, racism, **misogyny**, self-harm, **suicidal ideation**, anti-Semitism, faith-targeted prejudice, radicalisation, and extremism. This explicitly includes exposure to **AI-generated exploitation and deepfakes**.
- **Contact:** Being subjected to harmful online interaction with other users, such as peer-to-peer pressure, commercial advertising, and adults posing as children or young adults with the intention to groom, radicalize, or exploit them for sexual, criminal, financial, or other purposes.
- **Conduct:** Personal online behaviour that increases the likelihood of, or causes, harm. This includes making, sending, and receiving explicit media via the **consensual and non-consensual sharing of self-generated intimate images and/or videos** (formerly known as sexting), cyberbullying, targeted harassment, and the **generation or dissemination of digitally altered pseudo-images or deepfakes using generative AI tools**.
- **Commerce:** Exposure to financial risks such as online gambling, inappropriate commercial advertising, phishing, and financial extortion/scams.
- **Consumer:** Exposure to predatory transactional risks, including targeted commercial exploitation, hidden subscription traps, aggressive in-game purchasing frameworks, and unregulated cryptocurrency scams aimed at young people.

12.4. **Curriculum and Staff Training Implementation:** To address these risks, the school will:

- Proactively educate children about online safety through our planned PSHCE, RSHE, and computing curriculum. This includes teaching the safe use of social media; data privacy; recognizing online coercion; and reporting cyberbullying, ensuring children are empowered to speak out as witnesses as well as victims.

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- Train all staff during induction on safe internet infrastructure, online safety thresholds, and the risks of online radicalisation. All staff members will complete mandatory, integrated refresher training at least once per academic year, ensuring they are equipped to recognize digital harms.

12.5. **Parental and Carer Engagement:** We will actively educate parents and carers regarding online safety via our public website, targeted direct communications, and dedicated clinical discussions during ward rounds and Care Programme Approach (CPA) meetings. The school will signpost to families the procedures to report external online safety concerns.

12.6. **Staff Professional Boundaries:** Staff are bound by strict professional restrictions regarding the use of personal mobile phones, smart devices, and cameras within the school and hospital environment, as detailed in the *Staff Code of Conduct*.

12.7. **Acceptable Use Agreements:** All children, staff, volunteers, and governors must sign and adhere to the school's *Digital Services Acceptable Use Policy*, *Access to and Use of Mobile Devices Policy*, and local IT/Wi-Fi agreements . Visiting parents, legal professionals, and external contractors are required to comply with the *Visits to Individuals Policy* and associated local clinical protocols, including a mandatory briefing on restricted items and digital devices.

12.8. **Sanctions and Policy Enforcement:** The school will apply clear, proportionate sanctions and clinical interventions if a child breaches our policy on acceptable internet and mobile technology use.

12.9. **Searching, Screening, and Confiscation:** In line with the DfE's statutory guidance on *Searching, Screening and Confiscation*, authorized staff possess the legal power to search a child's digital devices if there is reason to suspect it contains data or imagery that poses an immediate safeguarding risk or constitutes a criminal offence. Any such search will be executed in strict compliance with the wider CAMHS clinical service protocol and individual device agreements.

12.10. **Technical Filtering and Monitoring Standards:** The school maintains robust filtering and monitoring systems aligned with national DfE technical standards to block and flag exposure to the 5 key risk categories across all school IT infrastructure. These systems are designed to actively track, identify, and alert the IT leadership team and DSL to circumvention behaviors, specifically including the unauthorized installation or use of Virtual Private Networks (VPNs) or proxy servers on school-managed devices.

12.11. **Governance and Annual Review:** The Governing Body and Senior Leadership Team will conduct an annual, documented online safety risk assessment that specifically evaluates the evolving digital profile, technology access, and unique vulnerabilities of our school community

This policy and its operational implementation will be reviewed and updated annually to maintain absolute alignment with multi-agency expectations .

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13. RECOGNISING BARRIERS TO DISCLOSURE

13.1. Staff must bear in mind that children may:

- Not feel ready, or know how, to articulate that they are being abused, exploited, or neglected.
- Not recognize their experiences as harmful or abusive (particularly in cases of coercive control, grooming, or online exploitation).
- Feel embarrassed, humiliated, or directly threatened. This vulnerability can be significantly heightened by a child's disability, communication difficulties, sexual orientation, gender-questioning status, or language barriers.

13.2. A child's initial silence, delay, or hesitation in disclosing harm must never stop staff from exercising professional curiosity and reporting suspected concerns directly to the DSL.

14. NOTIFYING PARENTS OR CARERS

14.1. Where appropriate, we will discuss any concerns about a child with the child's parents or carers. The DSL/location safeguarding lead will normally do this in the event of a suspicion or disclosure.

14.2. Other staff will only talk to parents about any such concerns following consultation with the DSL/location safeguarding lead.

14.3. If we believe that notifying the parents would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.

14.4. In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved. We will think carefully about what information we provide about the other child involved, and when. We will work with the police and/or local authority children's social care to make sure our approach to information sharing is consistent.

14.5. The DSL/location safeguarding lead will, along with any relevant agencies (this will be decided on a case-by-case basis):

- Meet with the victim's parents or carers, with the victim, to discuss what's being put in place to safeguard them, and understand their wishes in terms of what support they may need and how the report will be progressed.
- Meet with the alleged perpetrator's parents or carers to discuss support for them, and what's being put in place that will impact them, e.g. moving them out of classes with the victim, and the reason(s) behind any decision(s)

15. CHILDREN WITH SPECIAL EDUCATION NEEDS, DISABILITIES OR HEALTH ISSUES

15.1. We recognise that pupils with SEND or certain health conditions can face additional safeguarding challenges. Children with disabilities are more likely to be abused than their peers. Additional barriers can exist when recognising abuse, exploitation and neglect in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.

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- Children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children.
- The potential for children with SEN and disabilities or certain health conditions being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs.
- Communication barriers and difficulties in managing or reporting these challenges.
- Cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in schools or colleges or the consequences of doing so

15.2. We offer extra pastoral support for children with SEN and disabilities. This includes:
- Regular pastoral sessions with the school education officer.

15.3. Any abuse involving children with SEND will require close liaison between the DSL (or deputy) and the SENCO.

16. CHILDREN WITH A SOCIAL WORKER

16.1. Children may need a social worker due to safeguarding or welfare needs. We recognise that a child's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health.

16.2. The DSL and all members of staff will work with and support social workers to help protect vulnerable children.

16.3. Where we are aware that a child has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the children's safety, welfare and educational outcomes. For example, it will inform decisions about:
- Responding to unauthorised absence or missing education where there are known safeguarding risks.
- The provision of pastoral and/or academic support.

17. LOOKED-AFTER AND PREVIOUSLY LOOKED AFTER CHILDREN

17.1. We will ensure that staff have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe. In particular, we will ensure that:
- Appropriate staff have relevant information about children's looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements.
- The DSL has details of children's social workers and relevant virtual school heads.

17.2. We have appointed an appropriately trained teacher, Jayne Rowlands, to take the lead on promoting the educational achievement of looked-after and previously looked-after children.

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17.3. As part of their role, they will:

- Work closely with the DSL to ensure that any safeguarding concerns regarding looked-after and previously looked-after children are quickly and effectively responded to.
- Work with virtual school heads to promote the educational achievement of looked-after and previously looked-after children.

18. PUPILS WHO ARE LESBIAN, GAY, BISEXUAL, OR GENDER QUESTIONING

18.1. Targeted Safeguarding **and Peer Protection**
We recognise that pupils who are, or who are perceived to be, lesbian, gay, bisexual, or gender questioning (LGBTQ+) face a statistically higher risk of being targeted for bullying, discrimination, or child-on-child abuse. The school maintains an active **inclusive, anti-discriminatory, and anti-homophobic culture**. Staff must maintain high professional curiosity, immediately challenge any derogatory language, and treat identity-based harassment as a primary safeguarding vulnerability under the scope of this policy.

18.2. **Mental Health and Clinical Alignment**
We recognise that LGBTQ+ and gender-questioning children are disproportionately affected by poor mental health, emotional distress, and isolation. Within our CAMHS and hospital school setting, staff must monitor behavioral presentation shifts and report any concerns directly to the DSL. Staff must be aware that mental health vulnerabilities cross into a critical safeguarding threshold requiring immediate intervention and multi-agency escalation when they involve **suicidal ideation or acute self-harm**.

18.3. **Statutory Approach to Gender Questioning Pupils**
In accordance with statutory guidance, being trans+ or questioning gender identity is not a safeguarding concern in itself. However, any request from a pupil to change their names, pronouns, dress code, or uniform (collectively defined as social transition) must be treated as a major safeguard-led decision. Where a child shares thoughts or feelings about gender but does not request changes to how the school treats them, confidentiality will not be broken solely on that basis. The usual safeguarding procedures will be followed where the conversation identifies a concern about the child's safety or wellbeing.

- **The Role of the School:** The school will provide sensitive, compassionate pastoral support to all pupils, but the school must not initiate, encourage, or fast-track social transition.
- **Prioritizing Parental Engagement:** The school will engage parents and carers as a matter of priority in all circumstances regarding gender questioning requests, unless there is a clear, documentable risk that doing so would expose the child to significant harm.
- **Clinical Collaboration:** Given our unique setting, the DSL and Head Teacher will make all decisions regarding gender-questioning protocols in direct, active collaboration with the hospital's multi-disciplinary clinical team.
- 17.4. **Legal Protection of Single-Sex Spaces and Facilities**
  To preserve absolute safety, privacy, and dignity for all children in the setting, the school and hospital unit rigidly enforce statutory facility protections:

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- **Toilets:** Children over the age of 8 are not permitted to access communal toilets designated for the opposite biological sex.
- **Changing Rooms and Wards:** Children aged 11 or over are strictly prohibited from accessing changing rooms, communal shower spaces, or overnight residential/ward accommodation designated for the opposite biological sex.
- **Alternative Arrangements:** If a gender-questioning pupil requests alternative provision, or declines to use facilities matching their biological sex, the school will seek to provide suitable alternative, single-occupancy facilities (such as a lockable, standalone universal toilet) where space permits, without compromising or converting existing single-sex communal spaces.
- 17.5. **Official and Legal Record Keeping**
  The school will legally and accurately record a child's biological sex in all official, statutory, and admissions documentation wherever required by the Department for Education or national data frameworks.

18.4. **Reviewing decisions and supporting changes in the child's wishes**
Any agreed arrangements will be reviewed at appropriate intervals and whenever the child's circumstances, wishes, needs or safeguarding risks change. The Designated Safeguarding Lead will be involved in any review. Where a child wishes to reverse or amend a previous request, the school will work with the child, parents or carers.

19. COMPLAINTS AND CONCERNS ABOUT SCHOOL SAFEGUARDING POLICIES

19.1. Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (**Allegations against persons in a position of trust**).

Other complaints

19.2. For any other safeguarding complaints (e.g. those related to children or premises) should be reported as an incident and notified to the DSL immediately, as per **Listening to service user complaints**.

Raising Concerns: Whistle-blowing

19.3. Please follow **Raising Concerns: Freedom to Speak Up (whistleblowing)**, which aims to provide a safety net for employees with genuine and serious concerns, regarding mistreatment or abuse of service users, financial malpractice, disregard for matters of health and safety, miscarriages of justice, or alleged management malpractice.

20. RECORD-KEEPING

20.1. We will hold records in line with **Records Management and Data Quality** policy and beyond this the Information and Records Management Society (IRMS) Information toolkit for schools.

20.2. All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded using Cygnets' Information management system

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(IMS/Datix), in line with our **Incident Reporting and Management** policy. This should include instances where referrals were or were not made to another agency such as local authority children's social care or the Prevent programme, etc. If you are in any doubt about whether to record something, discuss it with the DSL.

20.3. Recording and reporting protocols in line with Statutory guidance for restrictive interventions for 01 April 2026 can be found in Appendix 5 of this policy.

Restrictive interventions and use of reasonable force

20.4. **Technical Framework:** In accordance with the statutory guidance Restrictive Interventions, Including Use of Reasonable Force, in Schools (2026) and the Schools (Recording and Reporting of Seclusion and Restraint) Regulations 2025, staff may only use reasonable force when entirely lawful, necessary, and proportionate to prevent a child from causing injury to themselves or others, committing a crime, causing significant property damage, or initiating serious disorder. The use of any restrictive practice or force as a punishment is strictly prohibited.

20.5. **De-escalation and Restrictive Reductions:** All staff must prioritize early support, trauma-informed de-escalation, and positive behavior strategies to actively minimize the requirement for physical interventions. Restrictive practices must only ever be deployed as a last resort, using the absolute minimum force necessary, and applied for the shortest possible timeframe.

20.6. **Statutory Duty to Record and Report:** The school is bound by a strict statutory mandate to formally record every significant use of force and all instances of physical restraint, immobilization, or seclusion. The school must notify the child's parents or carers of the incident as soon as reasonably practicable—in practice, on the same day the intervention occurred—unless doing so poses a documented, severe safeguarding threat to the child.

20.7. **Statutory Incident Recording Criteria:** All records regarding the use of a restrictive intervention must be completed within central safeguarding systems by the end of the shift or working day, incorporating:

- A clear, comprehensive summary of the baseline concern, behavior, and specific triggers
- Concrete documentation of the proactive de-escalation techniques attempted prior to the intervention.
- The explicit legal rationale justifying the deployment of force, restraint, or seclusion.
- Detailed logistics, including the exact type of hold or intervention used, names of staff involved/witnesses, specific duration, and environment.
- A comprehensive medical and physical review, documenting any injuries sustained by the child or staff, alongside confirmation that medical assessment was sought where required.
- A formal log of the mandatory post-incident support, de-briefing, and emotional care provided to the child to preserve the child's voice and well-being.

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- Any other recording requirements specified in the overarching *Cygnet Safeguarding Children & Young People* policy frameworks

20.8. Non-confidential policy or training records will be easily accessible and available. Confidential child protection logs and restrictive intervention incident files will be held securely within specialized encryption software, accessible strictly to individuals with an explicit legal right or professional need to see them.

20.9. Safeguarding records and restrictive intervention logs relating to individual children will be retained for the period specified in the *Cygnet Records Management and Data Quality Policy* after they have left the school.

20.10. **Secure Information Transfer Protocol:** If a child for whom the school has, or has had, active safeguarding or behavior concerns transitions back to a community school, moves to an alternative provider, or is discharged to another setting, the DSL will ensure that their child protection file is forwarded safely, securely, and completely separate from the main student academic file.

20.11. To ensure the receiving school or college has appropriate support, individual risk assessments, and behavioral accommodations operational when the child arrives, the file transfer must take place within:

- **5 working days** for an in-year transfer, or within
- **The first 5 working days** of the start of a new term

20.12. In addition, if the concerns are significant or complex, or if local authority children's social care services are actively involved under a unified **Family Help plan** or child protection order, the DSL must personally speak to the DSL of the receiving school. This mandatory dialogue ensures the receiving setting has sufficient time and context to make all necessary preparations to guarantee the ongoing safety and well-being of the child.

20.13. In addition:

- **Records management policy** sets out our policy on record keeping specifically with respect to recruitment and pre-employment checks.
- **Allegations against Professionals** sets out our policy on record keeping with respect to allegations of abuse made against staff.

21. TRAINING

All Staff

21.1. **Induction and Core Competencies:** All staff members will complete comprehensive safeguarding and child protection training at induction. This includes training on whistle-blowing procedures, the staff code of conduct, low-level concern reporting, and online safety. Induction ensures all staff thoroughly understand the school's systems and statutory responsibilities, maintain high professional curiosity, and can confidently identify signs of abuse, exploitation, or neglect [20.1].

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21.2. As a baseline requirement, all staff must read and sign for Part One of Keeping Children Safe in Education (2026) in its entirety; the use of condensed shortcuts is strictly prohibited.

21.3. **Integration and Strategic Alignment:** This training will be regularly updated and will:

- Be integrated, aligned, and considered as part of the whole-school safeguarding approach, wider staff professional development, and curriculum planning.
- Be in line with advice, frameworks, and thresholds published by the 3 local safeguarding partners.
- Include advanced online safety training, ensuring staff thoroughly understand their technical expectations, roles, and responsibilities regarding filtering and monitoring. This includes identifying circumvention tactics (such as unauthorized VPN use) and recognizing AI-generated exploitation, deepfakes, and digitally altered pseudo-images.
- Prepare staff to actively cultivate **an inclusive, anti-racist, and anti-discriminatory school culture, ensuring they can identify and challenge racism, faith-targeted prejudice, misogyny,** and peer-on-peer sexual harassment.
- Train staff on the safeguarding-led protocols for supporting gender-questioning pupils, prioritizing parental engagement and the protection of single-sex spaces.
- Have regard to the Teachers' Standards to support the expectation that all teachers manage behaviour effectively to ensure a good and safe environment, and maintain a clear understanding of the needs of all students (with particular focus on the child's voice and pupils with complex communication barriers).

21.4. **Prevent Duty:** All staff will receive formal training on the government's anti-radicalisation strategy (*Prevent* duty). This enables them to identify children at risk of being drawn into or supporting terrorism, recognize online radicalisation pathways, and safely challenge extremist ideas.

21.5. **Ongoing Updates:** Staff will receive regular safeguarding and child protection updates, including updates on online safety and local multi-agency alerts, as required but at least annually (for example, through interactive briefings, e-bulletins, and targeted staff meetings).

21.6. **Visiting Professionals:** All visiting professionals (including external clinicians, therapists, and agency workers) will receive a formal safeguarding induction and verification check before commencing work with children in the school.

21.7. **Volunteers and Governors:** Volunteers will receive appropriate safeguarding training tailored to their role. In line with safer recruitment updates, any volunteer engaged in regular, unsupervised or supervised teaching, training, or child-facing activity is subject to rigorous risk assessment and **mandatory Enhanced DBS checks** to ensure robust protection.

The DSL and Deputy DSLs

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21.8. **DSL Statutory Training:** The DSL and all Deputy DSLs will undertake advanced child protection and safeguarding training at least every 2 years to maintain their lead professional status.

21.9. **Continuous Professional Knowledge:** In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through specialist e-bulletins, regional DSL networks, LADO forums, and dedicated time to read and digest national safeguarding developments and multi-agency changes under the Family Help framework).

21.10. **Advanced Prevent and Channel Training:** They will undertake advanced Prevent awareness training and understand the specific referral pathways to the Channel programme.

Governors

21.11. All governors will complete dedicated training about safeguarding, digital governance, and child protection (including online safety) at induction, which is regularly updated. This is to ensure that they:

- Possess the strategic knowledge and information needed to perform their functions, analyze safeguarding data, and provide robust strategic challenge to school leadership.
- Appoint a senior board-level lead to oversee digital governance, monitoring that technical filtering systems are functioning and that circumvention risks are neutralized.
- Can be fully assured that safeguarding policies and procedures are operationally effective and support the school to deliver a legally compliant whole-school approach to safeguarding.

Safer Recruitment – Interview Panels

21.12. At least one person conducting any interview for a post at the school will have completed certified safer recruitment training. This training covers, as a minimum, the contents of the statutory guidance *Keeping Children Safe in Education*, local authority vetting procedures, and the verification of digital profiles and employment gaps.

21.13. *See Appendix 2 for comprehensive details regarding safe recruitment processes.*

Monitoring and Review Arrangements

21.14. This policy will be reviewed annually by Rachel Rix (Head of Education) and Philip Winterbottom (Head of Safeguarding) to ensure absolute alignment with current statutory updates. At every review, it will be formally evaluated and approved by the National Education Board.

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22. STANDARD FORMS, LETTERS AND REFERENCES

Linked Policy

21.1 **Safeguarding Adults, Children & Young People (4-15)**
21.2 **Persons in a position of trust concerns (4-18)**
21.3 **CAMHS Online Safety Policy (4-23)**

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21.4 **Managing Individual's Care Records (2-01)**
21.5 **Access to and use of mobile devices, IT and Wifi (HC 1-05)**
21.6 **Complaints and Compliments – Independent Schools (6-01.00c)**
21.7 **Prevent Strategy and Policy (4-21)**
21.8 **Equality and Diversity in respect of individuals (HC 1-06)**
21.9 **Behaviour Policy for Schools (8-06)**
21.10 **Digital Services Acceptable Use (IG 03)**
21.11 **CCTV (IG 13)**
21.12 **Records Management and Data Quality (IG 11)**
21.13 **Raising Concerns: Freedom to Speak Up (Whistleblowing) (HR 03)**
21.14 **Staff Code of Conduct/Code of Conduct in Schools (HR 02)**
21.15 **Health and Safety Policy (H&S 01)**
21.16 **First Aid at Work (H&S 12)**
21.17 **Risk Assessment Procedure(H&S 18)**

These appendices supporting this policy are based on the Department for Education's statutory guidance, Keeping Children Safe in Education.

Version History

Archive versions can be obtained from **policies@cygnethealth.co.uk** and a detailed list of updates from **myPolicy/Policy Updates**

Version	Date Published	Approver	Role	Reason
cv1	21-01-2019	David Wilmott	Nursing Director	Integration
cv1.1	11-11-2019	David Wilmott	Nursing Director	Interim Review
cv2	05-02-2020	David Wilmott	Nursing Director	Routine Review
cv2.1	25-11-2020	David Wilmott	Nursng Director	Interim Review
cv3	10-02-2021	David Wilmott	Nursing Director	Routine Review
cv3.1	23-03-2021	David Wilmott	Nursing Director	Interim Review
cv3.2	28-09-2021	David Wilmott	Nursing Director	Interim Review
cv3.3	30-09-2021	David Wilmott	Nursing Director	Interim Review
cv3.4	25-02-2022	David Wilmott	Nursing Director	Interim Review
cv4	07-09-2022	David Wilmott	Nursing Director	Routine Review
cv5	31-08-2023	David Wilmott	Nursing Director	Routine Review
cv5.1	06-06-2024	David Wilmott	Nursing Director	Interim Review
cv6	11-09-2024	David Wilmott	Nursing Director	Routine Review
cv7	16-09-2025	David Wilmott	Nursing Director	Routine Review
cv7.1	26-03-2026	Shane Mills	Nursing Director	Interim Review
cv8	06-10-2026	Shane Mills	Nursing Director	Routine Review

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APPENDIX 1: TYPES AND DEFINITIONS OF ABUSE

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by a single definition or label. In most cases, multiple issues will overlap. All staff must maintain high professional curiosity, recognizing that a child's mental health presentation—including **suicidal ideation or acute self-harm**—is frequently a primary indicator of underlying maltreatment.

Physical Abuse

Physical abuse involves 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 (Fabricated or Induced Illness / FII).

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. A level of emotional abuse is inherently involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse may involve:

- Conveying to a child that they are worthless, unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Failing to give the child opportunities to express their views, deliberately silencing them, ignoring their inputs, or mocking their communication. **This explicitly includes failing to support or actively dismissing a non-verbal child's use of Picture Exchange Communication Systems (PECS), Makaton, communication boards, or assistive technologies.**
- Imposing age- or developmentally inappropriate expectations on children, including interactions beyond their developmental capability, severe overprotection, limitation of exploration, or preventing the child from participating in normal social interaction.
- Seeing or hearing the ill-treatment of another person (including witnessing domestic abuse or coercive control within the home).
- Serious bullying (including severe cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving physical force or violence, whether or not the child is aware of what is happening. Sexual abuse is not solely perpetrated by

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adult males; women can commit acts of sexual abuse, as can other children (child-on-child abuse).

The activities may involve:

- **Physical Contact:** Penetrative acts (such as rape, assault by penetration, or oral sex) or non-penetrative acts (such as masturbation, kissing, rubbing, and touching outside of clothing).
- **Non-Contact and Digital Activities:** Involving children in looking at or producing explicit media, watching sexual activities, or encouraging children to behave in sexually inappropriate ways. **This explicitly includes online grooming, extortion, and the creation, sharing, or viewing of AI-generated pseudo-images, deepfakes, or digitally manipulated sexual media of children**.

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 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 abandonment or exclusion from the home).
- Protect a child from physical and emotional harm, danger, or extra-familial exploitation.
- Ensure adequate supervision, including the use of inadequate or unsafe caregivers.
- Ensure access to appropriate medical care, dental care, or necessary clinical treatment.
- Respond to or nurture a child's basic emotional and psychological needs, resulting in severe emotional withdrawal or attachment issues.

Modern Specific Harm Overlaps (Mandatory 2026 Classifications)

Staff must recognize and record the following specific forms of abuse, which frequently bridge multiple categories above:

- **Misogyny and Harmful Sexual Behaviour:** Predatory, hostile, or sexually degrading attitudes and language directed toward female pupils, which act as a root cause of child-on-child sexual harassment and violence.
- **Coercive Control in Teenage Relationships:** Psychological, emotional, or digital manipulation within young peoples' romantic relationships, characterized by monitoring, isolation, and threats.
- **Child-to-Parent/Caregiver Abuse (CPCA):** Physical, financial, or emotional abuse perpetrated by a child or adolescent toward their parents, guardians, or immediate caregivers.

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- **Prejudice-Based Harm:** Abuse or targeted harassment driven by racism, faith-targeted prejudice, homophobia, biphobia, transphobia, or discrimination against disabled children.

APPENDIX 2: SAFER RECRUITMENT AND DBS CHECKS

For a comprehensive overview of statutory safe recruitment processes, this appendix must be read in conjunction with the school's standalone ***Safer Recruitment*** *Policy*.

All pre-appointment vetting checks will be recorded on the school's Single Central Record (SCR). Copies of these checks, where appropriate, will be held securely in individuals' personnel files in line with statutory retention guidance

New Staff Vetting Requirements

When appointing new staff, the school will strictly execute the following statutory checks before they commence work:

- **Identity & Right to Work:** Verify their identity and their right to work in the UK (copies of right to work verifications will be retained for the duration of employment and for 2 years post-employment).
- **Enhanced DBS and Barred List:** Obtain an Enhanced Disclosure and Barring Service (DBS) certificate including Children's Barred List information for all individuals engaging in regulated activity. Copies of the physical DBS certificate will not be retained for longer than 6 months. When destroyed, the SCR will permanently record the date of the check, the unique certificate number, and the subsequent recruitment decision.
- **Vetting for Regulated Activity Transfers:** Obtain a separate Children's Barred List check if a non-EYFS employee is legally permitted to start work before their full physical DBS certificate arrives.
- **EYFS Absolute Restriction:** *Note: In accordance with statutory EYFS frameworks, if the individual is working with children aged 5 or under, they are strictly prohibited from commencing work or volunteering until the final, physical Enhanced DBS certificate including barred list information has been received and verified by the school. No risk assessment or temporary supervision bypass is permitted for EYFS provision.*
- **Medical Fitness:** Verify their mental and physical fitness to carry out their work responsibilities.
- **Prohibition and Management Checks:** Ensure they are not subject to a teacher prohibition order (via the Teaching Regulation Agency) if employed to teach or instruct. Check that candidates taking up any management position are not subject to a Section 128 prohibition direction.

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- **Overseas Vetting:** Carry out criminal record checks for overseas applicants who have lived or worked outside the UK, alongside obtaining a formal letter of professional standing from the regulating authority in the country where the applicant worked.
- **Employment Scrutiny and References:** Secure written information regarding a full, uninterrupted employment history and scrutinize any gaps. Seek two independent, written references on all short-listed candidates (including internal applicants) *prior to interview*. References will be rigorously scrutinized to resolve any ambiguities, and must explicitly request information regarding the applicant's suitability to work with children and any history of low-level concerns
- **Digital Profile Vetting:** In line with digital safer recruitment standards, short-listed candidates will be subject to an online search of their public digital presence to identify any incidents, expressions, or behaviors that conflict with an **inclusive, anti-racist culture**, or indicate risks regarding misogyny, serious violence, or extremism.
- **Statutory Definition of Regulated Activity**
  Under the **Crime and Policing Act 2026**, a person is defined as engaging in regulated activity if they carry out any of the following:
    - They are responsible, on a regular basis, for teaching, training, instructing, caring for, or supervising children.
    - They carry out paid work regularly where that work provides an opportunity for direct contact with children.
    - They engage in intimate or personal care, or any overnight activity (between 2:00 am and 6:00 am with the opportunity for face-to-face contact), **even if this happens only once, and completely regardless of whether they are supervised or not**.
- **Frequency Threshold:** "Regular basis" is legally defined as carrying out these activities frequently, meaning **on more than 3 days in any 30-day period**, or overnight.
- **Volunteers and the Abolition of the Supervision Exemption**
  Supervision alone can no longer be used to classify a regular volunteer as being outside regulated activity. The school applies the following rigid checking structures to all volunteers:
- **Regular Volunteers (In Regulated Activity):** Any volunteer who teaches, trains, instructs, cares for, or supervises children—and meets the frequency threshold of working more than 3 days in a 30-day period or overnight—**is legally engaged in regulated activity**. The school **must** obtain an Enhanced DBS check with Children's Barred List information for these individuals. They cannot be left unsupervised until this clearance is received.

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- **Occasional Volunteers (Outside Regulated Activity):** For one-off volunteers who do not meet the frequency threshold (e.g., assisting at a single school event), a formal, written safer recruitment risk assessment must be completed and logged. The school will obtain an Enhanced DBS check *without* barred list information for these individuals, and they *must remain under continuous, line-of-sight supervision by a fully vetted staff member at all times.* Unchecked individuals will never be left alone with children under any circumstances.
- **Existing Staff**

  If concerns arise regarding an existing staff member's suitability, or if an individual transfers from a non-regulated post to a regulated role, all relevant pre-employment checks will be re-executed as if they were a new applicant. The school will submit a mandatory statutory referral to the DBS within the legally required window if an individual is removed from regulated activity (or would have been removed had they not resigned) because they harmed a child, posed a risk of harm, or committed a listed relevant offence under the *Safeguarding Vulnerable Groups Act 2006*.

  Agency Staff, Contractors, and Third-Parties
- **Agency Staff:** The school must obtain formal, written notification from the supplying agency verifying that all statutory safer recruitment and identity checks have been executed. The school **must demand and inspect the physical DBS certificate** of the agency worker upon arrival, ensuring their identity matches the paperwork perfectly before permitting access to children.
- **Contractors:** Any contractor (including emergency or PFI staff) working on site must undergo the appropriate tier of vetting: an Enhanced DBS with barred list information for those in regulated activity, or an Enhanced DBS without barred list information for those whose work allows regular contact but does not meet the frequency threshold. Self-employed contractor checks will be obtained directly by the school. Unchecked contractors will not be allowed to work unsupervised or enter student areas under any circumstances.
- **Trainee Teachers:** The school will secure written confirmation from the Initial Teacher Training (ITT) provider verifying that all suitability, barred list, and Enhanced DBS checks have been completed and passed.

  Alternative Provision and Work Experience Vetting
- **Alternative Provision:** If the school places a pupil with an alternative provision provider, written confirmation must be obtained from that provider verifying that full safer recruitment checks have been executed on all staff members operating at that setting.
- **Work Experience Supervision:** When organizing work experience placements for pupils under the age of 16, the school will conduct a targeted safeguarding risk

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assessment. The school will verify whether the external workplace supervisors meet the statutory frequency criteria to require a Children's Barred List check, ensuring robust protections are active throughout the placement.

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APPENDIX 3: ADDITIONAL REQUIREMENTS FOR MANAGING ALLEGATIONS AGAINST PERSONS IN A POSITION OF TRUST

This appendix supplements the core *Cygnet Allegations Against Persons in a Position of Trust Policy* and defines specific operational steps, record-keeping workflows, and data-sharing duties for school-based personnel.

Vetting Incidents Involving External Premise Users

If the school receives an allegation of a safeguarding incident occurring while an external individual or independent organisation is using the school premises to run activities for children, the school will immediately execute its internal safeguarding procedures and notify the Local Authority Designated Officer (LADO). The school will ensure that the external provider manages the situation in line with standard multi-agency expectations.

Investigation and Multi-Agency Procedures

- **LADO Reporting:** If initial internal enquiries verify that an allegation possesses substance or cannot be immediately dismissed, the Head Teacher will ensure that the LADO is formally contacted by the nominated investigator within 24 hours of the initial discovery.
- **Suspension Controls:** For administrative procedures and employment rights regarding the suspension of an employee, staff must refer to *Cygnet Policy HR15: Disciplinary Procedure*.
- **Community Safeguarding Risk Assessments:** Where the nominated investigator or the DSL identifies that a staff allegation implies an active threat to other children in the community or within the individual's own family, they will immediately coordinate a formal risk assessment. If thresholds are met, the DSL will execute a direct referral via the unified **Family Help framework** or statutory children's social care teams
- **Statutory Reporting Restrictions and Anonymity:** Subject to explicit clearance from the police or children's social care, the nominated investigator will inform the child's parents or carers of the strict statutory reporting restrictions and automatic legal anonymity that apply to allegations made against registered teachers while a criminal investigation is active. Parents or carers who wish to challenge or lift these confidentiality restrictions will be advised to seek independent legal counsel.

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- **Interim Prohibition Orders:** If the school receives notice that the Secretary of State has issued an Interim Prohibition Order against an individual, the school will immediately remove that individual from all teaching and child-facing duties, suspending them pending the final outcome of the investigation by the Teaching Regulation Agency (TRA).
- **Parallel Disciplinary Evidence:** Where the police are actively investigating an allegation, the school will formally request at the outset of the investigation that the police obtain consent from victims and witnesses to share their statements and evidence with the school. This ensures the school can proceed with its internal disciplinary processes without causing unnecessary delays.

Post-Investigation Determinations

- **Action Following Criminal Resolution:** Following the conclusion of a criminal investigation or prosecution, the nominated investigator will collaborate directly with the LADO to determine whether internal disciplinary actions remain appropriate and how to proceed, utilizing evidence supplied by the police or social care.
- **Substantiated Allegations:** In addition to fulfilling mandatory referral obligations to the Disclosure and Barring Service (DBS), if an allegation involving a registered teacher or instructor is found to be substantiated, the school will formally refer the case history to the TRA to evaluate whether a permanent Prohibition Order is required.
- **Return to Work Frameworks:** If an employee returns to child-facing work following a period of suspension, the Head Teacher will personally oversee their reintegration, implementing a structured management plan, risk assessments, and targeted professional support.
- **Unsubstantiated, Unfounded, False, or Malicious Allegations:** If an allegation is determined to lack foundation, the LADO and Head Teacher will evaluate whether the child or person who raised the concern requires therapeutic support, or if the allegation represents a complex "cry for help" indicating they are experiencing abuse elsewhere. In such cases, an immediate referral to the **Family Help framework** may be initiated [4.6]. If an allegation is proven to be deliberately invented or malicious, the school will consider appropriate disciplinary interventions against the individual responsible, in line with the school's Behaviour Policy.

Statutory Record-Keeping Mandates

The Head Teacher is personally accountable for ensuring all documentation complies with the **Data (Use and Access) Act 2025** and the following retention schedules.

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- **Malicious or False Findings:** Records of allegations proven to be malicious or completely false will be permanently deleted from the individual's personnel file, unless the staff member explicitly requests in writing that they be retained.
- **All Other Allegations (Substantiated, Unsubstantiated, or Unfounded):** A comprehensive case log—detailing the allegation, the investigative process, the evidence reviewed, and the final rationale for all decisions—must be kept on file. A formal declaration must be attached specifying whether the incident will be disclosed in future employment references. A copy of this full file will be provided to the individual, subject to data protection laws and alignment with active police or social care restrictions.
- **Retention Period:** These records must be securely retained at least until the individual has reached normal pension age, or for a period of 10 years from the date of the **initial** allegation if that timeframe is longer.

Employment References

The school will strictly restrict the inclusion of safeguarding allegations in future employment references to **substantiated findings only**. References must remain entirely factual, verified, and free from subjective opinions or speculative comments.

Management of Non-Recent Allegations

- Abuse can be reported to the school regardless of how much time has elapsed since the alleged incident occurred.
- The school will immediately report any non-recent allegations made by a current pupil to the LADO, strictly following local multi-agency authority procedures.
- Where an adult contacts the school to report that they were subjected to historical abuse as a child within the setting, the school will log the details, report the disclosure to the LADO, and advise the individual to formally report the matter directly to the police.

Specific Actions for Managing Low-Level Concerns

- **Electronic Logging:** All low-level concerns must be logged in writing within a confidential, central digital safeguarding archive. Records must explicitly document the precise context of the concern, the individual's response, any corrective action taken, and the clear rationale underpinning the final decision.
- **Pattern Analysis:** Low-level concern logs must be reviewed periodically by the DSL and Head Teacher to identify potential patterns of problematic, concerning, or inappropriate behavior. If a cumulative pattern of behavior is discovered, the school will engage internal disciplinary procedures. If the pattern evolves to meet the harms threshold outlined in section 10.17 of this policy, the school will initiate an immediate referral to the LADO.

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- **Retention and Transfer:** Low-level concerns will be securely retained within the school's systems at least until the individual leaves the school's employment.
- **Supply and Contract Worker Safeguards:** Where a low-level concern relates directly to a supply teacher, agency worker, or third-party contractor, the school **must notify the individual's employer/agency immediately** so they can track patterns of behavior across multiple educational placements.
- **Reference Restrictions for Low-Level Concerns:** The school will strictly exclude low-level concerns from future references unless the concern has escalated due to an unresolved pattern that met the LADO referral threshold and was substantiated, or if the concern directly forms part of a documented disciplinary log regarding overall professional performance and misconduct.

  Additional Considerations for Supply Teachers and Contracted Staff

  If an allegation or safeguarding concern is raised against a person not directly employed by the school—such as an agency-provided supply teacher or contractor—the school will execute the following mandatory protocols:
- **The Prohibition on Premature Termination:** The school **will not** simply terminate its contract or cease using an agency worker due to a safeguarding concern without executing a full fact-finding process and liaising with the LADO to determine a proper, objective outcome.
- **Suspension and Redeployment:** The Governing Body and Head Teacher will collaborate with the supplying agency to determine if it is appropriate to suspend the individual, or temporarily redeploy them away from child contact, while the school leads the fact-finding investigation.
- **Investigative Leadership:** While the supplying agency will be fully integrated into all meetings, the school retains lead responsibility for executing the initial fact-finding process, collecting evidence, and feeding information directly to the LADO.
- **Information Scrutiny:** The school will coordinate a secure data-sharing pathway with the agency to ensure any historical concerns, low-level logs, or previous allegations held by the agency are factored into the multi-agency allegations risk assessment.
- **Agency Inclusion:** The school will inform the agency of its exact process for managing allegations upon their arrival. The agency's HR manager or equivalent representative will be formally invited to attend all relevant case-management and strategy meetings

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APPENDIX 4: SPECIFIC SAFEGUARDING ISSUES

1. Assessing Adult-Involved Intimate Image Sharing and Digital Extortion

This protocol complies with the statutory framework issued by the UK Council for Internet Safety (UKCIS) regarding digital child exploitation. All incidents involving adult-implicated digital content or extortion are severe child sexual abuse offences and must be referred to the police and children's social care immediately. Because adult-driven exploitation can mimic child-on-child sharing patterns, staff must exercise rigorous professional curiosity.

- Sexually **Motivated Exploitation (Online Grooming):** External adult perpetrators use online social, gaming, or chat platforms to target children, often hiding behind compromised or false child personas. Perpetrators typically migrate the conversation from a public space to a private, end-to-end encrypted (E2EE) messaging service where explicit requests are made. To manipulate the child, the offender may share pornography or Child Sexual Abuse Material (CSAM)—**explicitly including entirely synthetic, computer-generated, or AI-manipulated imagery** . Once an image is secured, the perpetrator may execute severe blackmail, threatening to distribute the file to the child's family and peer group
  - *Warning Indicators:* Contact by unknown accounts mimicking peers; rapid escalation into highly sexualized language; pressure to move to private/E2EE platforms; coercion to perform sexual acts; offers of financial assets, cash, or gaming currencies; or threats utilizing digitally altered likenesses
- **Financially Motivated Sexual Extortion ("Sextortion"):** This form of abuse involves adult criminals or sophisticated Overseas Organised Crime Groups (OCGs) who target minors purely for financial profit.
  - *Modus Operandi:* Perpetrators utilize fake accounts, or compromise the active accounts of a child's real friends, to establish communication lines [11.3]. They coerce the child into transmitting intimate media, steal images by hacking cloud storage accounts, or **generate fraudulent explicit media using advanced AI deepfake generators and image manipulation tools** They then extort the child for money, or demand access to the child's bank account credentials to facilitate criminal money laundering operations.
  - *Warning Indicators:* Rapid movement from standard platforms to E2EE messaging apps; explicit threats of exposure; claims that a device or personal contact archive has been breached; and demands for immediate digital payments or financial banking credentials.

2. Children Absent or Missing from Education

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A child being absent from education, particularly on repeat occasions or for prolonged periods, serves as a primary warning sign of deep-rooted safeguarding vulnerabilities. Attendance irregularities are frequently linked to home-based neglect, sexual or criminal exploitation, severe mental health crises (**including suicidal ideation**), radicalisation, FGM, or forced marriage.

- **Elevated Risk Categories:** High vigilance and immediate case monitoring are mandatory for children who are:
  - Subjected to or at risk of domestic abuse, familial neglect, forced marriage, or FGM
  - Moving within the youth secure estate or youth justice supervision systems.
  - From Gypsy, Roma, or Traveller backgrounds, or families of service personnel.
  - Prone to running away or going missing from care placements or home environments.
  - From new migrant, asylum-seeking, or refugee backgrounds.
  - **Placed on temporary part-time timetables or subjected to chronic, repetitive removals from the classroom** due to behavior management, which are recognized indicators of hidden safeguarding trauma.
- **Procedural Mandates:** The school enforces statutory attendance logging, sharing daily attendance data directly with the DfE in line with current tracking requirements. If a child leaves the school roll without a confirmed receiving school named, or is removed at a non-standard transition point, the school will immediately initiate data-sharing protocols with the local authority. Staff will implement local child protection procedures and execute an immediate emergency referral to local children's social care and the police if a missing child is deemed to be in immediate danger or at risk of significant harm.

Operation Encompass

Operation Encompass is an information-sharing arrangement under which the police notify a child's education setting where they have reasonable grounds to believe that the child may be a victim of domestic abuse. This includes children connected with the household whether or not they were present at the incident.

The Designated Safeguarding Lead will normally act as, or oversee, the school's Operation Encompass Key Adult arrangements. Notifications will be received through an agreed secure route, treated as confidential safeguarding information, recorded securely and used to identify and provide timely support. A confidential shared safeguarding mailbox may be used to ensure continuity of receipt and action.

An Operation Encompass notification does not replace the school's normal safeguarding responsibilities. Where the information indicates that the child may have been harmed or may be at risk, the Designated Safeguarding Lead must make or support an appropriate referral to local authority children's social care or the police.

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3. Child Criminal Exploitation (CCE) and Serious Youth Violence

Child Criminal Exploitation represents a form of severe abuse where individuals or organized networks exploit power imbalances to manipulate, coerce, or force a minor into illicit activities, completely irrespective of the child's apparent initial consent.

- **Contextual Profiles:** CCE involves forcing children to manage illicit cannabis cultivation sites, execute local retail thefts, or operate as couriers moving narcotics and cash across regional transportation links (commonly referred to as "county lines").
- **The Serious Violence and Weapon Threshold:** In line with expanded DfE monitoring requirements, staff must treat serious youth violence and weapon possession as active safeguarding issues. Staff must maintain extreme vigilance regarding peer-on-peer conflict and immediately report any concerns that a child is carrying a weapon, using a weapon, or expressing a verbal or digital intent to do so to the DSL. Risks are heightened for pupils with disrupted educational histories or localized gang associations, particularly during immediate post-school dismissal periods.
- **Warning Indicators:** Unexplained acquisitions of luxury goods, cash, or new possessions; shifts in peer associations; dramatic emotional withdrawal or volatility; substance misuse; or unexplained location gaps during local or home leave privileges
- **Escalation Pathways:** Any member of staff suspecting CCE or serious youth violence must execute an immediate internal report to the DSL. The DSL will coordinate with clinical leads and initiate local safeguarding referral procedures, engaging the multi-agency **Family Help framework** or children's social care and law enforcement concurrently.

4. Child Sexual Exploitation (CSE)

Child Sexual Exploitation involves a perpetrator or network taking advantage of a child's vulnerability, emotional dependency, or placement instability to engage them in sexual activity. This abuse is driven by an exchange of perceived affection, protection, accommodation, drugs, alcohol, or material items, and can occur through physical contact or via digital spaces.

- **Operational Standards:** Consent can never legally exist where an exploitative power differential or transactional pattern is active. Staff must treat all instances of

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sexualized relationships featuring prominent power imbalances as critical child protection events.

- **Escalation Protocols:** Indicators relating to unexpected lifestyle changes, atypical adult associations, unverified travel, or trauma-related behavioral regressions require an immediate direct report to the DSL, who will trigger multi-agency child protection pathways and file necessary reports with the National Referral Mechanism (NRM) where trafficking is indicated.

5. Child-on-Child Abuse (Peer-on-Peer Harm)

Child-on-child abuse occurs when children abuse other children. This type of abuse can take place both inside and outside of school, face-to-face, or online, and frequently occurs simultaneously across physical and digital environments [10.9]. The school enforces a strict zero-tolerance approach to sexual violence and sexual harassment, operating under an unyielding **"it could happen here"** assumption regardless of active disclosure volumes.

Child-on-child abuse most frequently includes, but is not limited to:

- **Bullying and Harassment:** Including severe cyberbullying, prejudice-based bullying, and discriminatory harassment driven by racism, faith-targeted prejudice, homophobia, biphobia, transphobia, or SEND status.
- **Teenage Relationship Abuse:** Abuse occurring within intimate personal or romantic relationships between children, characterized by psychological pressure, isolation, or physical control.
- **Physical Abuse:** Hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm, including online coordination that facilitates, threatens, or encourages violence.
- **Sexual Violence:** Rape, assault by penetration, and sexual assault, including digital elements used to threaten or facilitate sexual offenses.
- **Sexual Harassment:** Hostile sexual comments, remarks, jokes, and online sexual harassment, which may occur as standalone incidents or form a broader pattern of abuse.
- **Coerced Sexual Activity:** Forcing or manipulating a peer to engage in sexual activity without consent, including stripping, self-touching, or sexual acts with third parties.
- **Intimate Media Sharing:** The **consensual and non-consensual sharing of self-generated intimate images and/or videos** (formerly known as sexting). This explicitly includes **the creation, manipulation, or distribution of AI-generated pseudo-images and deepfakes** designed to humiliate or exploit a peer.

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- **Upskirting:** Taking a picture or video beneath a person's clothing without permission to view their genitals or buttocks for sexual gratification, or to cause humiliation, alarm, or distress.
- **Initiation and Hazing:** Ritualistic violence, harassment, or systemic humiliation used as a prerequisite for initiating a peer into a specific social group or cohort.
  Digital Vectors of Peer Abuse: Where children abuse their peers online, it frequently manifests as highly abusive, harassing, and **misogynistic** messaging; the unauthorized distribution of self-generated or **AI-generated explicit media** across digital chat networks; and the targeted flooding of pornography to individuals who do not wish to receive it.
  If staff identify any indicators or receive a report of child-on-child abuse, they must execute the immediate reporting procedures outlined in **Section 10** of this policy. When evaluating harmful sexual behavior, the DSL will assess the children's relative ages and developmental stages, recognizing that perpetrators have frequently experienced historical trauma themselves, necessitating a dual-safeguarding and supportive response

6. Domestic Abuse

Children are profoundly and adversely affected by witnessing or experiencing domestic abuse and violence within their home environments. Under statutory frameworks, *any child who sees, hears, or experiences the effects of domestic abuse is legally classified as a direct victim.*

- **Typologies:** Domestic abuse encompasses intimate partner violence, multi-generational familial abuse, teenage relationship abuse, and child-to-parent/caregiver violence and abuse (CPCA). It spans physical, sexual, financial, psychological, or emotional harms, alongside coercive control and non-physical ill-treatment.
- **Safeguarding Impact:** Exposure to domestic abuse inflicts severe, long-lasting emotional and psychological trauma, directly impairing a child's health, mental wellbeing, developmental milestones, and academic engagement. The DSL will implement targeted support plans matching the child's specific trauma needs and maintain confidential, updated safeguarding logs tracking their home circumstances.

7. Homelessness and Housing Vulnerabilities

Being homeless, residing in temporary or unsecure accommodation, or being at imminent risk of losing shelter presents an acute threat to a child's welfare, safety, and physical health

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- **Procedural Tracking:** The DSL and Deputy DSLs maintain updated contact pathways and active referral routes into the local housing authority to raise, track, and progress housing concerns at the earliest opportunity.
- **Statutory Escalation:** Where a housing crisis indicates that a child has suffered harm or is at active risk of exploitation due to environmental vulnerability, the DSL will immediately initiate a formal referral to local authority children's social care under the unified *Family Help framework*

8. Honour or Faith-Based Abuse (HBA)

So-called "Honour-Based" Abuse encompasses a complex matrix of incidents, threats, or crimes committed to protect or defend the perceived honour of a family, clan, or community. It explicitly includes Female Genital Mutilation (FGM), forced marriage, and harmful traditional practices such as breast ironing.

- **Perpetrator Dynamics:** HBA operates differently from standard single-perpetrator domestic violence; it typically involves a coordinated, highly pressurized network of extended family or community actors working in collusion, making detection and extraction difficult.
- **Mandatory Escalation:** All forms of HBA are severe child abuse and will be escalated with immediate urgency. All staff must maintain a high state of professional curiosity regarding sudden holiday travel plans or family ceremonies. If an HBA risk or historical event is suspected, staff must contact the DSL immediately, who will activate local multi-agency child protection procedures and involve specialist police units. *Teachers must also remain mindful of their personal statutory mandatory reporting duty regarding known cases of FGM as defined in Section 10.*

9. Female Genital Mutilation (FGM) Indicators and Risk Factors

The DSL will ensure that all staff have access to regular, high-quality training to equip them to recognize children affected by FGM or those presenting active risk factors. **Section 10** of this policy sets out the strict multi-agency and personal reporting procedures that must be executed if a staff member discovers an act of FGM or suspects a child is at risk.

Indicators that an act of FGM has already occurred include:

- A child directly confiding in a professional that FGM has taken place.
- A mother, sibling, or family member disclosing that FGM has been carried out.
- The family or child already being tracked within multi-agency networks or the *Family Help framework* for overlapping safeguarding issues.
- A girl demonstrating noticeable physical indicators, including:
  - Severe difficulty walking, sitting, or standing, or appearing visibly uncomfortable

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- Finding it hard to sit still for long periods of time (where this was not a previous issue)
- Spending disproportionately longer periods in the bathroom or toilet due to painful or difficult urination
- Suffering from frequent, unexplained urinary tract infections, severe menstrual complications, or chronic stomach problems
- Consistently avoiding physical exercise, requesting to miss PE, or displaying sudden behavioral withdrawal from peer activities
- Being repeatedly absent from school, or absent for a prolonged period without clear clinical justification
- Demonstrating elevated emotional and psychological needs—such as sudden depression, severe anxiety, or intense secretiveness
- Expressing a stark reluctance to undergo standard clinical or medical examinations
- Talking indirectly about severe pain, bleeding, or intense discomfort between her legs

Potential signs that a child may be at imminent risk of FGM include:

- The girl's family belonging to a community or country of origin where FGM is traditionally practiced (this remains the primary statistical risk factor)
- A parent, elder, or family member expressing an active intent or cultural expectation that FGM should be carried out.
- The family actively avoiding engagement with education, health, or social care professionals.
- A girl having a mother, older sister, or close maternal cousin who has historically undergone FGM.
- A child confiding that she is to undergo a "special procedure," a "traditional ceremony," or a long journey to "become a woman."
- A child or parent discussing an extended holiday to a country of origin where the practice is highly prevalent, or attending a travel clinic for rapid anti-malarial medication and vaccinations.
- A child unexpectedly missing sections from her National Child Health Record ("Red Book").
- A child directly requesting help from an adult because she suspects or knows she is at immediate risk of FGM

The indicators and risk factors detailed above are not exhaustive; staff must maintain an active stance of professional curiosity at all times.

10. Forced Marriage

Forcing a person into marriage is a severe criminal offence in the UK. A forced marriage is a marriage entered into without the full, free, and informed consent of one or both parties, where violence, threats, psychological manipulation, or

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coercive control are deployed **Under UK law, it is an absolute criminal offence to cause a child under the age of 18 to marry under any circumstances, entirely regardless of whether physical violence, threats, or open coercion are present.**

- **The 'One Chance' Rule:** Staff will receive targeted training regarding forced marriage. The school operates strictly under the "One Chance" rule: we may only have one opportunity to speak to a potential victim, and one chance to implement emergency multi-agency measures to guarantee their safety.
- **Procedural Mandate:** If a member of staff suspects a child is at risk of forced marriage, **they must report it immediately to the DSL**. *Staff must never attempt to mediate with the family, call the parents, or alert the community, as doing so drastically elevates the risk of the child being removed from the country or subjected to immediate harm.*
- **DSL Actions:** The DSL will immediately:
  - Interview the child in a highly secure, private, and protective environment inside the school or clinical unit.
  - Activate local multi-agency child protection procedures and make an immediate referral to the LADO and statutory children's social care.
  - Contact the government's specialist **Forced Marriage Unit (FMU)** on 020 7008 0151 (or via fmu@fco.gov.uk) to secure emergency legal and diplomatic safeguards.
  - Integrate the child into targeted internal psychological support networks, utilizing learning mentors or school counselors where safe to do so.

11. Preventing Radicalisation and Extremism

- **Radicalisation** is the process by which an individual is manipulated into legitimizing, supporting, or actively executing terrorist violence.
- **Extremism** is the promotion or advancement of an ideology based on violence, hatred, or intolerance that aims to negate or destroy the fundamental rights and freedoms of others; undermine or overturn the UK's system of liberal parliamentary democracy; or intentionally create a permissive environment for others to achieve these disruptive outcomes.
- **Terrorism** is an active ideological, political, or religious strategy designed to influence governments or intimidate the public by causing serious violence, severe property damage, or the systematic disruption of electronic and digital systems.

  The school holds an unyielding statutory duty under the *Counter-Terrorism and Security Act 2015* to prevent children from being drawn into, or supporting, terrorism [3.2]. The DSL and all Deputy DSLs complete advanced *Prevent* and *Channel* awareness training, ensuring that staff are fully equipped to identify early indicators

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of ideological grooming. The school maps and monitors local radicalisation risk profiles in direct, continuous collaboration with our **3 local safeguarding partners** and local counter-terrorism police units.

- **Digital and Algorithmic Vulnerabilities:** The school maintains advanced, technical internet filtering and monitoring controls to block exposure to extremist media. Staff training explicitly accounts for the risk of rapid, algorithmic online radicalisation, noting that vulnerable pupils can be swiftly groomed via end-to-end encrypted messaging platforms, online gaming lobbies, and mainstream social applications (including TikTok, Instagram, and X)
- **Recognised Warning Indicators:** Radicalisation pathways vary, but common indicators include a child:
  - Demonstrating an absolute refusal to engage with, or becoming hostile and abusive toward, peers who belong to different racial, religious, or protected groups
  - Becoming suddenly obsessed with unverified conspiracy theories, extreme political grievances, or intense feelings of systemic persecution.
  - Executing abrupt changes in friendship groups, language, and physical appearance.
  - Documenting an increased level of secretiveness, specifically regarding internet use or utilizing VPNs to bypass school digital networks
  - Speaking as if delivering a scripted or rehearsed speech, paired with an total inability to engage in open, balanced dialogue.
  - Accessing, possessing, or distributing extremist literature, graphic media, or terrorist manifestos online
  - Expressing active sympathy for extremist factions, justifying acts of mass violence, or seeking direct contact with extremist recruiters online

  Children experiencing low self-esteem, isolation, systemic discrimination, or underlying mental health crises face elevated vulnerabilities to radicalisation Staff must trust their professional instincts; if any behavior feels anomalous or dangerous, they must execute an immediate report to the DSL in accordance with the procedures defined in **Section 10** of this policy. Further preventive measures are codified within the school's *Prevent Strategy and Policy*, *Behaviour Policy*, and *CAMHS Online Safety Policy*

12. Sexual Violence and Sexual Harassment Between Children

Sexual violence and sexual harassment can occur between children of any age and sex, manifest as group-perpetrated abuse against a single child or cohort, and take place simultaneously face-to-face and online. These behaviors exist on a

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continuum, frequently overlap, and are heavily driven by underlying cultures of misogyny and gender-based discrimination.

Children subjected to sexual violence and harassment experience profound trauma and distress, which severely compromises their mental health, well-being, and educational attainment. This distress is acutely exacerbated within a shared school or clinical unit environment.

- **The Mandate for Victim Reassurance:** If a child reports an incident, staff **must** immediately reassure them that they are being taken seriously, supported, and kept safe. Staff must ensure the **child's voice, direct lived experience, and personal narrative** are recorded accurately without being overwritten by professional or parental bias. A victim must never be given the impression that they are "creating a problem" or be made to feel ashamed for making a report.
- **Core Staff Support Actions:** When supporting victims, staff will:
  - Reassure victims that the legal framework regarding child-on-child abuse is active entirely to protect them, not to criminalise them.
  - Maintain an unyielding attitude of professional curiosity, remaining alert to the complex challenges of detecting signs of sexual trauma, particularly in children who are questioning their gender, have English as an additional language, or face complex SEND/communication barriers.
  - Regularly review decisions and care plans, updating institutional policies with lessons learned.
  - Actively track central safeguarding records to identify potential patterns of concerning, problematic, or inappropriate behavior across the cohort.
  - Evaluate wider cultural or systemic vulnerabilities within the school that enabled the behavior to occur, implementing targeted staff training or curriculum revisions to eliminate risk.
- **Challenging Normalisation and Environmental Harm:** Staff will proactively challenge any form of derogatory, sexualised, or discriminatory language [10.13]. Staff must immediately intervene against physical behaviors that are potentially criminal in nature—such as grabbing bottoms, breasts, or genitalia, pulling down clothing, or lifting skirts. Dismissing or tolerating these actions as "banter" or "just a laugh" risks normalising a culture of abuse and is strictly prohibited under this policy
- **Digital and AI Vectors:** Staff must recognize that online sexual harassment and violence include the consensual and non-consensual sharing of self-generated intimate images/videos, as well as the creation or distribution of AI-generated pseudo-images and deepfakes designed to humiliate or coerce a peer.

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If staff have any concerns or receive a report of sexual violence or harassment, they must follow the strict emergency escalation procedures set out in ***Section 10*** *of this policy.*

13. Serious Youth Violence and Weapon Possession

In accordance with expanded statutory duties, the school treats serious youth violence and the intent to carry or use weapons as primary, active safeguarding vulnerabilities requiring immediate intervention rather than standalone disciplinary actions.

- **Recognised Warning Indicators:** Indicators that a child is at risk of, or actively involved with, serious violent crime or criminal exploitation (CCE) include:
  - Increased or irregular absence from education, being placed on part-time timetables, or repeatedly being removed from the classroom for behavioral management.
  - Abrupt changes in friendship groups or new, unverified associations with older individuals or localized gangs.
  - A significant, unexplained decline in educational performance, motivation, or cognitive engagement.
  - Direct signs of self-harm, severe emotional volatility, or a drastic regression in overall mental well-being (crossing into thresholds of **suicidal ideation**).
  - Observable signs of physical assault, defensive wounds, or unexplained injuries.
  - Access to unexplained cash, luxury items, clothing, or new possessions, indicating they may be targeted by criminal networks for county lines operations.
- **The Weapon Carrying Threshold:** Staff must maintain heightened vigilance regarding localized peer conflict, particularly during high-risk transition points such as immediate post-school dismissal. **Staff must immediately report any concern, rumor, or direct evidence that a child is carrying a weapon, concealing a weapon, or expressing a verbal or digital intent to use a weapon to the DSL.**
- **Statistical Risk Factors:** Risk frameworks indicate that the likelihood of involvement in serious youth violence increases significantly for children who are male; have histories of chronic educational absence, suspension, or permanent exclusion; have experienced historical child maltreatment or neglect; or have minor histories of localized offending such as theft or robbery.

  Staff must trust their professional instincts and report any indicators or risk factors regarding serious violence directly to the DSL. The DSL will immediately activate local multi-agency child protection pathways, engaging law enforcement and the unified ***Family Help framework*** *concurrently.*

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CHECKING THE IDENTITY AND SUITABILITY OF VISITORS

Pre-Arranged Entry and Device Security: Due to the specialist nature of our clinical and hospital provision, all visits to the school must be pre-arranged. Upon arrival, visitors must verify their identity to the complete satisfaction of reception staff. In alignment with the statutory mandate to maintain a **mobile phone-free environment during the school day**, all visitors are required to surrender their personal electronic belongings—explicitly including mobile phones, smartwatches, and recording devices—to be stored securely for the duration of their visit.

Visitor Logging and Cross-Referencing: Visitors must sign the main visitors' log and wear a prominently displayed visitor's badge at all times. They must adhere strictly to all further requirements and local protocols set out in the overarching *Visits to Individuals (Including Children and Solicitors) Policy*.

Professional Vetting Protocols: Visitors entering the school for a professional purpose (such as educational psychologists, Local Authority officers, school improvement partners, or external clinical therapists) must satisfy the following safer recruitment parameters before child contact is permitted:

- They must present their original physical Enhanced DBS certificate alongside a current government-issued photo ID; or
- The supplying organisation (e.g., the Local Authority, Integrated Care Board, or external psychology service) must provide official, prior written confirmation that the appropriate level of DBS and barred list checking has been successfully executed.
- *Data Protection Mandate: In strict compliance with data protection laws, the school will visually verify the professional's DBS certificate but* ***will not take copies or store images of the certificate on file****. The verification details, check date, and sending organisation's confirmation will be recorded directly onto the Single Central Record (SCR).*

  Visiting Speakers and Community Premise Users: All other visitors, including visiting speakers or contractors, must be accompanied by a vetted member of staff under continuous, line-of-sight supervision at all times.
- **Extremism and Misogyny Screening:** In accordance with the *Prevent* duty, the school will never invite any speaker known to disseminate extremist views, hate speech, or radical ideology. Proactive vetting checks—including a review of public digital footprints—will be conducted prior to the event to ensure that any individual or organisation utilizing school facilities is not seeking to undermine an **inclusive, anti-racist culture**, promote **misogyny**, or radicalise children or staff.

MISSING STUDENTS AND ABSENCE ESCALATION

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Daily Risk Assessment (DRA) Verification: Because all students on our school roll are resident within the adjoined hospital service, the physical whereabouts and clinical safety profile of every child will be established prior to the commencement of the school day at the mandatory morning Hospital Daily Risk Assessment (DRA) meetings.

Multi-Disciplinary Team (MDT) Safeguarding Response: In keeping with the school staff's statutory role as active members of the Multi-Disciplinary Team (MDT), the education team will work in immediate coordination with clinical staff to implement wider hospital safety protocols in the event a child goes missing or is unaccounted for. These emergency procedures are detailed comprehensively within the clinical *Absent Without Leave (AWOL) and Missing Policy*.

Statutory Escalation Pathways: If a child goes missing from the service, the DSL or Head Teacher will immediately verify that the hospital management has notified the police and local authority children's services. If the child is deemed to be at risk of extra-familial harms—such as Child Criminal Exploitation (CCE), county lines recruitment, serious youth violence, or sexual exploitation—the DSL will coordinate with the MDT to trigger local safeguarding partnership procedures under the unified **Family Help framework**, ensuring the child's context and vulnerabilities are communicated to the **2 local safeguarding partners** immediately.

APPENDIX 5: RESTRICTIVE INTERVENTIONS – RECORDING AND REPORTING PROTOCOLS FOR THE DSL / DEPUTY DSL

This protocol must be initiated immediately by the DSL or Deputy DSL following any incident involving physical intervention, restraint, or seclusion within the school premises or during off-site educational activities

1. Statutory Parental Notification Duty

In accordance with the statutory guidance *Restrictive Interventions, Including Use of Reasonable Force, in Schools (2026)* and the *Schools (Recording and Reporting of Seclusion and Restraint) Regulations 2025*, the school is bound by a strict legal duty to report every incident of significant force, restraint, or seclusion in writing to parents or carers

- **Timeline:** This written notification must be completed and transmitted **on the same day that the incident occurred**
- **Scope:** This duty applies universally to all school-based incidents, **regardless of whether the intervention was executed by school staff, hospital clinical staff, or external agency practitioners**

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- **Safeguarding Exception:** The only exception to this same-day parental notification rule is if the DSL determines, and explicitly documents in writing, that informing the parents would pose an immediate, severe safeguarding threat to the physical or emotional safety of the child.

2. Multi-Agency and Technical Logging Channels

Every incident must be logged concurrently across the following three independent verification paths by the end of the working day

- **The School Safeguarding Tracker:** A comprehensive, secure entry must be logged within the central electronic safeguarding system, detailing the exact metrics required by the Department for Education's 2026 Restrictive Interventions framework
- **Clinical Unit Routines (Datix):** Because the school operates within an adjoined hospital setting, the incident must be logged via the standard Cygnet hospital incident management software (Datix) to ensure clinical oversight
- **Parental Communication Archive:** A full copy of the written parent notification must be appended to the child's confidential safeguarding file

3. Secure Transmission Protocols

To comply with the **Data (Use and Access) Act 2025** and Cygnet Information Governance policies, communication must follow strict security tiers

- **Email Transmission:** The written report must be transmitted via a secure, encrypted email from the DSL or Deputy DSL's official Cygnet email account, utilizing a mandatory "read receipt" function to track delivery and opening. If the notification remains unread after 48 hours, the DSL or Head Teacher must make a follow-up telephone call to verify receipt.
- **SMS/Text Limitations:** If no parental email address is available, **staff must not send the full, sensitive details of a physical restraint via standard SMS text message**, as this constitutes an immediate data security breach. Instead, a text message may be sent from the Head Teacher's official work phone containing *only* a secure link to a password-protected portal, or a brief notification alerting the parent that an urgent safeguarding letter has been dispatched via recorded postal mail.
- **Care Status and Parental Responsibility (PR):**
  - Where the young person is subject to a Full Care Order (Section 31, Children Act 1989) and the Local Authority holds sole Parental Responsibility, this written notification must be transmitted directly to the named Social Worker.
  - In cases of Voluntary Accommodation (Section 20) or where Shared PR exists between the birth parents and the Local Authority, both parties must be **formally notified in writing concurrently**.

4. Statutory Minimum Information Sharing Template

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The written notice sent to parents/carers must incorporate the following statutory metrics:

- **The Date, Time, and Specific Location** within the school/unit where the intervention occurred.
- **The Explicit Justification for Force:** The immediate risk factors that made the intervention lawful and necessary (e.g., preventing immediate injury to the child or others, preventing a crime, or preventing severe property damage).
- **Pre-Intervention De-escalation:** A summary of the positive, trauma-informed de-escalation techniques deployed by staff *before* physical force was used as a last resort.
- **Technique and Duration Details:** The exact type of restrictive intervention or physical hold utilized, and the precise duration of the hold or seclusion.
- **Medical Review Findings:** Confirmation of the physical well-being of the child, including the results of the post-incident medical assessment and details of any injuries sustained or treatments administered.
- **The Voice of the Child:** A summary of the mandatory post-incident debriefing, documenting the young person's views, feelings, and personal reflection on the incident.

5. Core Statutory Definitions

For the purposes of legal clarity, multi-agency documentation, and LADO tribunal reviews, the school operates under the following precise statutory definitions:

- **Restrictive Intervention:** An umbrella term describing both physical and non-physical actions deployed to prevent, restrict, or subdue the movement of a pupil's body or part of their body.
- **Reasonable Force:** The statutory terminology encompassing physical restrictive interventions. Staff possess the legal power to use reasonable force strictly when the application uses no more force than is necessary for the absolute minimum amount of time required to eliminate an active hazard.
- **Significant Incident:** Any intervention where the use of physical force goes beyond routine, appropriate physical guidance or clinical contact. This includes any instance where physical force is used to implement or enforce a non-physical intervention.
- **Seclusion:** A non-disciplinary safeguarding intervention involving the compulsory confinement of a pupil alone in a room or space away from peers, where they are prevented from leaving either by physical obstruction, locking mechanisms, or being led to believe they will face severe sanctions if they attempt to exit.

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- **Restraint**: A non-disciplinary intervention that actively immobilises a pupil or drastically limits their freedom of movement. This includes direct physical holds (e.g., wrapping or securing arms) as well as non-physical acts that restrict movement (e.g., removing a pupil's mobility aids or mechanical supports).

Written Reporting Template:

Dear parent/carer of <student name>
I am writing under the schools statutory reporting duty to inform you of an incident during which this student was involved in an incident of physical intervention or restraint as follows:

Date, time and location of the incident
Approximate duration of the physical intervention
Why the intervention was felt to be necessary on this occasion
The type and degree of force that was applied
Details of any physical injuries sustained if applicable.

I would be grateful if you would contact me to have a follow up discussion, so that we can understand any triggers or context, and explore any next steps to support your child.

<name>
Designated Safeguarding Lead /Deputy Designated Safeguarding Lead
<school name>
<date>

Please ensure that you activate the 'delivered' and 'read receipt' functions before sending the email.

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