



Safeguarding and Child Protection Policy

Independent school standard | KCSIE 2026 compliant

Protecting children from harm, inside and outside school, including online

Policy owner	Designated Safeguarding Lead
DSL	Charlene Conway
Deputy DSLs	Aataliyah Mathews; Alesha Stewart
Proprietor / oversight	SENtre Childcare Ltd / Charnel Conway, Managing Director
Approved	Approved by the SENtre Proprietor Board, effective from 1 September 2026
Effective date	1 September 2026
Next review	September 2027, or earlier following a statutory, local or operational change

Status at date of preparation: KCSIE 2026 came into force on 1 September 2026 and is the current statutory guidance. This policy has been adopted on that basis and supersedes any version prepared under KCSIE 2025.

Document control and required reading

Version	Effective	Owner	Change
1.0	29 January 2026	SENtre	Original short policy
2.0	1 September 2026	DSL / proprietor	Full rewrite against KCSIE 2026 and school-level statutory expectations

This policy must be read with SENtre's staff code of conduct, behaviour policy, attendance policy, online safety and acceptable-use arrangements, complaints procedure, whistleblowing procedure, safer recruitment procedure, managing allegations/low-level concerns procedure, health and safety policy, restrictive intervention policy, SEND policy and emergency plans. Where another policy conflicts, the safeguarding interpretation that best protects the child takes priority and the conflict must be escalated to the DSL and proprietor.

All staff, including staff who do not work directly with children, governors/proprietor representatives, contractors and volunteers must receive this policy at induction. All staff must read KCSIE 2026 Part one in full. The DfE Part one overview is a quick reference only and does not replace Part one.

1. Purpose, scope and principles

This policy applies to every child under 18 who attends, is placed at, visits or is supported by SENtre; all staff, leaders, teachers, tutors, therapists, supply staff, trainee teachers, agency workers, volunteers, contractors, visitors and proprietor representatives; all school premises, transport arranged by SENtre, educational visits, off-site or alternative provision, work experience, remote education and online contact connected with SENtre.

Safeguarding and promoting welfare means providing help and support as soon as problems emerge; protecting children from maltreatment within or outside the home, including online; preventing impairment of mental or physical health or development; ensuring safe and effective care; and taking action so children have the best outcomes.

- The child's welfare is paramount and decisions are child-centred, anti-discriminatory and trauma-informed.
- Safeguarding is everyone's responsibility. A concern need not be proved before it is recorded and shared.
- Children may not recognise abuse, may communicate non-verbally, may minimise or retract, or may be unable or afraid to tell. Staff act on signs, behaviour and professional curiosity.
- Safeguarding issues rarely stand alone and may overlap. Staff consider the child's family, peers, community, school and online contexts.
- No single practitioner has the full picture. Timely information sharing and challenge are essential; data protection is not a barrier to protecting a child.
- SENtre maintains a culture in which children are heard, staff can report concerns, poor practice is challenged and safeguarding is never treated as an administrative exercise.

2. Legal and statutory framework

The proprietor will have regard to KCSIE 2026 and ensure arrangements meet the Education (Independent School Standards) Regulations 2014, in particular Standard 7 (welfare arrangements and regard to Secretary of State guidance), Standards 18–20 (suitability of staff, supply staff and proprietors) and Standard 21 (the single central record). This policy also reflects, as applicable:

- Children Acts 1989 and 2004; Education Act 2002; Education and Skills Act 2008; Equality Act 2010 and Public Sector Equality Duty principles; Human Rights Act 1998.
- Working Together to Safeguard Children 2026 and local Birmingham Safeguarding Children Partnership arrangements and threshold guidance.
- Counter-Terrorism and Security Act 2015 and Prevent duty guidance; Female Genital Mutilation Act 2003 and the mandatory reporting duty for teachers.

- Data Protection Act 2018, UK GDPR and Data (Use and Access) Act 2025; Information Sharing advice for safeguarding practitioners.
- Crime and Policing Act 2026 changes to regulated activity, including removal of the former supervision exemption from 1 September 2026.
- Working Together to Improve School Attendance; Children Missing Education guidance; statutory RSHE guidance; SEND Code of Practice; guidance on restrictive interventions and reasonable force.
- Protection of Freedoms Act 2012; Rehabilitation of Offenders Act 1974 exceptions; Safeguarding Vulnerable Groups Act 2006; Teachers' Disciplinary Regulations; Disqualification under the Childcare Act requirements where applicable.

3. Governance, leadership and accountability

3.1 Proprietor and senior leadership

The proprietor retains strategic responsibility and must not delegate accountability. The proprietor will approve this policy annually; ensure it is available publicly; appoint a senior-leader DSL; ensure the proprietor is not the DSL; scrutinise safeguarding data without identifying children unnecessarily; assure DSL capacity, training and cover; ensure safer recruitment and a compliant single central record; commission an annual safeguarding review; and ensure deficiencies are remedied without delay.

The proprietor will ensure safeguarding is embedded in curriculum, premises, staffing, sport, online systems, contractors, lettings and off-site arrangements. Where the premises are hired or let, written arrangements must require the provider to follow safeguarding requirements and allow SENtre to terminate use where they do not.

3.2 Designated Safeguarding Lead and deputies

Charlene Conway is the DSL and holds lead responsibility for safeguarding and child protection, including online safety and understanding filtering and monitoring. Deputies are trained to the same standard. Lead responsibility remains with the DSL and cannot be delegated, although activities may be delegated.

- The DSL is available during school hours for staff to discuss concerns. Cover is explicitly named each day. When the DSL is absent, a deputy monitors the confidential safeguarding mailbox and urgent contact route; out-of-hours availability is arranged for trips or activities where necessary.
- The DSL manages referrals to children's social care, police, Channel/Prevent, DBS and the Teaching Regulation Agency as applicable; supports children; attends multi-agency meetings; and challenges decisions where response is inadequate.
- The DSL keeps detailed, accurate, secure records of concerns, discussions, decisions and reasons, including why referrals were or were not made; maintains chronology and transfer records; and monitors patterns across attendance, behaviour, restrictive intervention, bullying, online events and child-on-child incidents.
- The DSL works closely with the SENCO/qualified teachers, mental health and attendance leads, social workers, Virtual School Head and local safeguarding partners, while limiting information to those who need it.
- The DSL ensures children know trusted adults and reporting routes, and that communications are accessible for children with limited speech, communication differences or disability.
- The DSL receives formal training at least every two years and updates knowledge at least annually; staff receive safeguarding and online-safety updates at least annually and as needed.

3.3 All staff

Every adult must maintain professional curiosity, follow this policy and the code of conduct, know the identity of the DSL/deputies, know the local early-help and referral process, respond immediately to concerns, record factually, preserve evidence, and never promise confidentiality. Anyone can refer directly to children's social care or police. If a child is in immediate danger, staff call 999 and then inform the DSL.

3.4 The child's voice

SENtre provides multiple communication routes: spoken disclosure, visuals/AAC, gesture, writing, drawing, behaviour, observation and a trusted-adult route. Staff do not assume that inability to speak, inconsistent accounts, distress behaviour or later withdrawal means a concern is untrue. The child is told what will happen next in a form they understand and is updated where safe and appropriate.

4. Recognising abuse, neglect, exploitation and wider safeguarding issues

Staff must consider abuse by adults or children, within or outside the family, in institutions, in the community and online. Abuse can be physical, emotional, sexual or neglect and may include verbal abuse such as criticism, belittling and name-calling. It may be a single event or cumulative pattern.

Area	Indicators and required awareness
Physical abuse	Hitting, shaking, throwing, poisoning, burning, drowning, suffocating, fabricated/induced illness, unexplained or patterned injuries, explanations inconsistent with development.
Emotional abuse	Persistent maltreatment, humiliation, threats, rejection, silencing, criticism, belittling, name-calling, developmentally inappropriate expectations, overprotection, exploitation, seeing/hearing ill-treatment, bullying or cyberbullying.
Sexual abuse	Forcing or enticing a child into penetrative or non-penetrative activity, touching, non-contact activity, grooming, sexual images, watching sexual acts, encouraging sexualised behaviour or exploitation. Most sexual abuse is by someone known to the child.
Neglect	Persistent failure to meet physical or psychological needs: food, clothing, shelter, supervision, medical care, protection, responsiveness, education or emotional care.
Domestic abuse	Physical, sexual, emotional or economic abuse, controlling/coercive behaviour, stalking and violence between people aged 16+ who are personally connected. Children who see, hear or experience its effects are victims in their own right. Operation Encompass notifications are acted on confidentially.
Exploitation / modern slavery	Child sexual exploitation (CSE), child criminal exploitation (CCE), county lines, forced labour, trafficking, debt bondage and financial exploitation. A child may appear to consent, identify with a group or be criminalised for actions under coercion; this does not remove victim status.
Serious violence	Unexplained gifts, increased absence, weapon interest/possession, groups/gangs, assault, threats, deterioration, self-harm, substance misuse, offending, exploitation, or risks linked to home, peers or community.
Mental health	Mental health problems can be an indicator or consequence of abuse, neglect or exploitation. Staff observe and report; they do not diagnose. Immediate risk of suicide or serious self-harm is an emergency.
Other specific harms	FGM, forced marriage, honour-based abuse, breast ironing, faith abuse, witchcraft/spirit possession, radicalisation, cybercrime, homelessness, private fostering, child abduction/community safety, substance misuse, fabricated/induced illness, young caring, temporary accommodation and parental imprisonment.

4.1 Child-to-parent or caregiver abuse

A child's harmful or abusive behaviour towards a parent or caregiver may include physical, sexual, emotional or economic abuse and coercive control. Staff must not dismiss it as a parenting issue. The child and family may both need safeguarding assessment and support.

5. Children with SEND, communication needs and medical conditions

SENtre recognises that children with SEND or medical conditions can face additional safeguarding barriers and may be disproportionately affected by bullying, restrictive intervention, isolation and child-on-child abuse. Additional barriers include:

- assumptions that indicators of abuse relate to disability, autism or behaviour; communication barriers and lack of accessible reporting routes;
- greater dependency on adults for intimate/personal care; limited understanding of boundaries; multiple carers or settings; reduced opportunity to develop trusted relationships;
- being more prone to peer-group isolation; bullying having a disproportionate impact; inability to recognise or describe abuse; and signs being missed because there is no obvious injury;
- masking, distressed behaviour, self-injury, regression, sleep/toileting/eating changes, avoidance, loss of skills, increased sensory distress or reluctance around a person/place being possible indicators rather than “just autism”.

Concerns involving SEND require close liaison between the DSL and SENCO/qualified teacher. Communication assessments, AAC, independent advocacy, familiar trusted adults and reasonable adjustments are used. Staff record the child's presentation and words/signs exactly, without interpreting away the concern. Parents are involved unless doing so may increase risk or prejudice an investigation.

A medical condition must never obscure a safeguarding concern. Individual healthcare plans must identify relevant risks and emergency responses. Unexplained missed treatment, medication misuse, fabricated/induced illness or failure to meet health needs is reported to the DSL.

6. Early help, Family Help and statutory referrals

SENtre distinguishes universal services and community-based early help from targeted early help delivered through Family Help. Staff identify emerging needs early. Children who may benefit include those with SEND, young carers, mental health needs, persistent absence, family conflict, housing instability, parental substance misuse/mental illness, domestic abuse, exploitation, radicalisation risk, parental imprisonment, or multiple cumulative disadvantages.

The DSL decides, with the family where safe, whether school support, community early help or a Family Help referral is appropriate. Consent is normally sought for early help, but lack of consent does not prevent a child protection referral or necessary information sharing. The lead practitioner may be from a non-social-work service where consistent with local protocols.

Where there is reasonable cause to suspect significant harm, a referral to Birmingham Children's Trust is made immediately. If a child is in immediate danger or a crime may be in progress, call 999. The referrer records the referral, evidence, time, advice, decision and follow-up. If no response is received within local timescales, the DSL follows up and escalates. Any staff member may refer directly and must tell the DSL as soon as practicable.

7. Responding to a concern or disclosure

1. **Ensure immediate safety.** Do not confront the alleged perpetrator. Obtain emergency medical/police help where needed and preserve evidence.
2. **Listen and observe.** Stay calm; take the child seriously; allow their pace and communication method; do not show shock or disbelief.
3. **Use only open prompts.** “Tell me what happened” or “Explain that to me.” Do not investigate, repeatedly question, ask why, or introduce names/details.
4. **Reassure accurately.** Say they did the right thing and are not to blame. Never promise secrecy; explain that information will be shared only with people who need to help.
5. **Record immediately.** Date, time, place, people present, exact words/communication, demeanour, visible injury, actions and questions. Separate fact, observation, professional opinion and third-party information. Sign and submit through the safeguarding system.
6. **Report without delay.** Speak to the DSL/deputy the same working session. Do not wait until the end of the day. If unavailable and delay risks harm, contact children's social care/police directly.

- 7. Continue support and confidentiality.** Follow the DSL plan, avoid repeated accounts, maintain normality where safe and report further information.

A child may withdraw or change an account because of fear, pressure, communication difficulty or loyalty. The original report remains recorded and assessed. Staff must never mediate an allegation of abuse, require an apology, or use restorative practice where this may minimise harm or place a child at risk.

8. Recording, confidentiality, information sharing and transfer

Safeguarding records are separate from the main pupil file, access-controlled, chronologically organised and retained in accordance with SENtre's retention schedule and national guidance. Each record states the concern, context, child's voice, analysis, action, decision, rationale, outcome and review date. Body maps record observations but are not used to diagnose or investigate.

- The DSL shares information lawfully, fairly, securely and proportionately under data protection laws. The lawful basis and safeguarding purpose are recorded. Consent is not required where sharing is necessary to protect a child.
- Before sharing, staff consider necessity, relevance, adequacy, accuracy, timeliness and security; they also assess the risk of sharing versus not sharing. Only the minimum necessary information is shared unless fuller context is required to protect the child.
- Parents are normally informed unless this may increase risk, impede a police/social care investigation, lead to evidence being destroyed, or place another person at risk. The reason is recorded.
- When a child transfers, the DSL sends the child protection file securely and separately from the main file as soon as possible, obtains confirmation of receipt, retains a transfer record, and where appropriate speaks to the receiving DSL in advance. Relevant safeguarding information is shared before transfer when needed for immediate safety.
- The DSL ensures those who need to know, including the SENCO and relevant teacher, receive enough information to safeguard and support the child without unnecessary disclosure.

9. Child-on-child abuse, harassment and violence

Child-on-child abuse is a safeguarding issue for the child harmed and may also indicate that the child displaying harmful behaviour needs protection and support. It is preventable. It may occur inside or outside school or online, between two children or groups, and may involve serious physical harm, coercion, threats or weapons. SENtre operates a zero-tolerance approach while recognising that proportionate, educational and therapeutic responses may be required.

- bullying, prejudice-based and discriminatory bullying, cyberbullying, racism, faith-based abuse, sexism, misogyny/misandry and harassment;
- physical abuse including hitting, kicking, shaking, biting, hair pulling, threats, initiation/hazing or weapons;
- sexual violence, sexual harassment, harmful sexual behaviour, unwanted touching, sexual comments/jokes, coercion, upskirting and abuse in intimate relationships;
- consensual or non-consensual making or sharing of nudes or semi-nudes, including digitally altered or wholly AI-generated "deepfake/deep nude" images;
- abuse connected with exploitation, gangs, money, food, possessions, disability, communication difference or vulnerability.

Staff never dismiss behaviour as banter, "part of growing up" or "boys being boys". Absence of reports is not evidence that abuse is not happening. Staff challenge inappropriate language and record low-level sexualised, misogynistic or discriminatory behaviour so patterns and escalation can be identified.

9.1 Response and risk assessment

The DSL leads an immediate, written, case-by-case risk and needs assessment covering the victim, alleged perpetrator(s), other children, locations, transport and online contexts. The assessment considers age/development, SEND, power imbalance, coercion, frequency, intent, relationship, weapons, image distribution, ongoing contact and views of the children. It is reviewed whenever circumstances change.

The DSL considers four routes, which may run together: internal safeguarding/behaviour support; universal/community early help; targeted Family Help or children's social care; and police. Sexual violence,

rape, assault by penetration, sexual assault and serious coercive behaviour are not managed solely as behaviour incidents. Where a criminal investigation is underway, SENtre agrees with police/social care what internal action can proceed.

Support is child-centred and avoids victim-blaming. The victim is not made to share classes/rooms or travel with the alleged perpetrator where this creates risk. Any separation is proportionate and does not unfairly burden the victim. The alleged perpetrator is also safeguarded, educated and supported, without compromising the victim's safety. Parents are informed unless unsafe or contrary to agency advice.

9.2 Nudes and semi-nudes

Every incident involving making or sharing a nude or semi-nude image receives a safeguarding response, whether said to be consensual or not and whether real, altered or AI-generated. Staff do not view, copy, print, forward, save, screenshot or ask a child to send the image. Devices are not searched beyond lawful school powers and DSL guidance. The DSL follows current UKCIS guidance, considers police/social care referral and records decisions. Taking or sharing sexual images of a person under 18 may be a criminal offence; the response remains child-centred and avoids unnecessary criminalisation.

10. Online safety, generative AI, mobile phones, filtering and monitoring

Online safety is integral to safeguarding, curriculum, staff training, parental engagement, device management and behaviour. SENtre addresses four categories: **content** (harmful or illegal material); **contact** (harmful interaction, grooming or exploitation); **conduct** (the child's behaviour, including bullying and image sharing); and **commerce** (gambling, scams, financial exploitation and inappropriate advertising). Risks include pornography, racism, misogyny, antisemitism, self-harm/suicide content, misinformation, radicalisation, sexual exploitation and generative AI applications that simulate relationships or create harmful content.

- SENtre maintains an online-safety risk assessment reviewed at least annually and after a serious incident or significant system change. The proprietor receives assurance and action tracking.
- Roles are assigned for filtering and monitoring. The responsible SLT member, supported by the DSL and IT support, completes and records at least one effectiveness review each academic year, including checks on all internet-connected devices in all relevant locations.
- Filtering does not unreasonably restrict learning or support and never replaces supervision, education and professional curiosity. Monitoring alerts are triaged promptly, recorded and escalated to the DSL where safeguarding is indicated.
- Staff understand how to report over-blocking, under-blocking, circumvention, unsafe searches, personal hotspot use or technical failure. Remote and school-owned devices are covered by acceptable-use arrangements.
- Generative AI use is risk assessed. No child-identifiable, confidential or safeguarding information is entered into public AI systems. Age restrictions, privacy, hallucination, bias, grooming-like interaction, harmful content and image-generation risks are taught and supervised.
- The mobile-phone policy sets clear rules for pupils, staff and visitors, including storage, photography/recording, personal devices and exceptions for medical, accessibility or safeguarding reasons.

Children receive developmentally appropriate, accessible teaching through RSHE/PSHE and the wider curriculum on consent, healthy relationships, boundaries, reporting, online harms, image sharing, discrimination, misinformation, financial exploitation and how to seek help. Teaching is adapted for SEND and does not rely on a single annual session. External visitors supplement rather than replace planned curriculum and are checked and briefed.

11. Attendance, children absent from education and missing children

Absence, particularly repeated or prolonged absence, can be a warning sign of abuse, neglect, exploitation, mental ill-health, criminal activity, radicalisation, forced marriage, FGM or unsafe home circumstances. SENtre distinguishes a pupil absent from education from a child missing education but responds early to both.

- First-day contact is made using verified contacts. Unexplained absence is followed up promptly; professional curiosity is applied to explanations and patterns.

- The DSL and attendance lead review repeated, prolonged or concerning absence, including part-time timetables, non-attendance at alternative provision, transport failure and absence linked to restrictive intervention or alleged bullying.
- Known social workers, placing authorities and parents/carers are informed in line with agreed plans. Risk is heightened for children with an EHCP, social worker, looked-after status, exploitation risk or medical needs.
- Where whereabouts or safety cannot be established, SENtre follows local missing child/CME procedures and contacts police or children's social care as risk requires. Birmingham CME service is notified where statutory criteria apply.
- Elective home education requests are considered with safeguarding agencies where concerns exist; removal from roll is never used to resolve safeguarding or attendance concerns improperly.

12. Mental health, self-harm and suicide

Staff report changes such as withdrawal, anxiety, aggression, self-harm, suicidal statements, disordered eating, sleep change, loss of functioning or fixation on death. Staff do not diagnose. The DSL considers whether abuse, exploitation, bullying, neurodivergent distress, trauma, medication, online content or unmet need may contribute.

Where a child expresses suicidal intent, has a plan or means, or has seriously self-harmed, they are not left alone. Emergency services/urgent clinical help and parents are contacted unless parental involvement creates risk. A written safety plan and risk assessment cover supervision, environment, transport, handover and reintegration. Mental health support does not replace a safeguarding referral where abuse or significant harm is suspected.

13. Preventing radicalisation and responding to extremism

SENtre assesses the risk of children being drawn into terrorism and builds resilience through an inclusive curriculum, critical thinking, online safety and British values. Indicators may include concerning ideological material, fixation, isolation, identity need, grievance, dehumanising language, travel plans, sudden secrecy or contact with extremist networks. No single indicator proves radicalisation and staff avoid stereotyping.

Concerns are reported to the DSL, who uses the Birmingham Prevent referral pathway, consults police/Channel as appropriate and shares necessary information. Where there is immediate danger, a suspected offence or risk of travel, police are contacted urgently. Channel is voluntary support; child protection duties continue alongside it.

14. Female genital mutilation, forced marriage and honour-based abuse

All forms of honour-based abuse are safeguarding concerns. A teacher who discovers, in the course of their professional work, that FGM appears to have been carried out on a girl under 18 must personally report this to police under the mandatory reporting duty, normally by calling 101, and inform the DSL. The duty does not apply to suspected future risk or third-party reports, which are referred through normal safeguarding procedures. If a child is at immediate risk, call 999.

Staff never contact family/community members, attempt mediation, use relatives as interpreters or return a child to a situation of risk in suspected forced marriage or honour-based abuse. The DSL contacts children's social care/police and specialist services. A child cannot consent to FGM; a marriage involving a person under 18 is illegal in England and Wales.

15. Safer recruitment and the single central record

SENtre operates a culture of safe recruitment from advertisement through induction and ongoing employment. At least one interviewer has completed safer recruitment training. Recruitment includes role-specific safeguarding information, identity and right-to-work checks, enhanced DBS and children's barred list checks where eligible/required, prohibition checks for teaching work, section 128 checks for management positions in an independent school, overseas checks where appropriate, qualifications, employment history and gap

exploration, two references obtained directly and verified, and online searches on shortlisted candidates as part of due diligence with an opportunity to respond to relevant findings.

From 1 September 2026 the former “supervision exemption” is removed by Crime and Policing Act 2026 changes. A volunteer who teaches, trains, instructs or supervises children on more than three days in a 30-day period or overnight is in regulated activity even if supervised. SENtre determines regulated activity carefully and obtains the correct barred-list check. Existing volunteers whose role becomes regulated activity are reviewed and their barred-list status checked before continuing in that activity.

- No person begins regulated activity until required checks are complete, except only where legally permitted, justified, risk assessed, authorised and closely supervised pending a certificate.
- A DBS certificate is seen within the required validity window used by KCSIE (including the 30-calendar-day clarification where applicable) and discrepancies are risk assessed.
- Supply, trainee, agency and contracted staff remain subject to SENtre’s safeguarding oversight. Written assurance of checks is obtained and identity is verified on arrival. SENtre does not simply defer allegations to the employer.
- Visitors are identified, signed in, given safeguarding information and supervised according to purpose and risk. Contractors without required checks do not have unsupervised access to children.
- The SCR records the checks and dates required for staff, agency/supply staff and relevant proprietor members. It is quality assured routinely and at least termly by a person independent of day-to-day entry.
- Ongoing suitability is monitored. Staff must disclose relevant changes. SENtre makes DBS referrals where the legal duty is met and considers Teaching Regulation Agency referrals where appropriate.

16. Concerns or allegations about adults

16.1 Harm threshold

A concern meets the harm threshold where an adult may have harmed a child; may have committed a criminal offence against/related to a child; behaved towards a child in a way indicating they may pose a risk of harm; or behaved or may have behaved in a way indicating they may not be suitable to work with children, including transferable conduct outside school.

Concerns about a staff member, supply worker, trainee teacher, volunteer or contractor are reported immediately to the headteacher/principal or designated case manager. Concerns about that person are reported to the proprietor; concerns about the proprietor are reported directly to the LADO. The case manager contacts the Birmingham LADO promptly and before investigation, informs police/social care where required, protects the child, preserves confidentiality and follows agency advice. The school and third-party employer share responsibility; SENtre remains involved in strategy, evidence and outcome decisions.

Suspension is not automatic. Neutral alternatives are considered with LADO advice. Parents and the person concerned are informed as permitted; support is offered; records and outcomes use KCSIE definitions: substantiated, malicious, false, unsubstantiated or unfounded. Settlement agreements do not prevent required referrals. Resignations do not end the process.

16.2 Low-level concerns

“Low-level” does not mean insignificant. It is any concern that an adult may have acted inconsistently with the staff code of conduct, including inappropriate conduct outside work, but the behaviour does not meet the harm threshold. Examples include over-friendly conduct, favouritism, taking photographs contrary to policy, one-to-one contact in secluded areas, humiliating children, inappropriate language or sharing personal information.

- All low-level concerns, including self-referrals, are reported promptly to the headteacher/case manager (or the proprietor where the concern is about that person). The DSL may receive reports but the headteacher retains oversight.
- The case manager records the concern, context, account, action and rationale; determines whether it meets the harm threshold and consults LADO when in doubt; informs the subject where appropriate; and responds through support, training, supervision, disciplinary or safeguarding action.
- Records are confidential, reviewed for patterns and retained at least until the person leaves employment, subject to the retention policy. Repeated concerns about an individual, team, child, location or practice are analysed and may cumulatively meet the harm threshold.

- Malicious allegations are distinguished from unsubstantiated, unfounded or false reports. A child or adult is not sanctioned merely because an allegation is unproven. Knowingly malicious conduct is handled proportionately.

17. Whistleblowing and complaints

Staff who feel unable to raise a concern internally, believe it is being suppressed, or believe the school response is unsafe must use SENtre's whistleblowing procedure and may contact the local authority, Ofsted, NSPCC Whistleblowing Advice Line, police or children's social care. No person will suffer detriment for raising a genuine safeguarding concern in good faith. Complaints with a safeguarding element are immediately passed to the DSL/case manager and are not delayed by the complaints timetable.

18. Restrictive intervention, reasonable force and intimate care

Restrictive intervention is used only where lawful, necessary, proportionate and in the child's best interests, using the least restrictive response for the shortest time. It is never used as punishment, for compliance alone or because of disability. Plans are individualised and consider communication, trauma, sensory needs, medical risk and known abuse. Staff are trained and post-incident welfare checks, debriefs and parent notification occur.

Every intervention is recorded promptly and reviewed for safeguarding implications. The DSL monitors frequency, duration, injury, room, trigger, staff/child patterns and disproportionality, and considers referral where force may have been inappropriate or harmful. Children are supported to communicate their account accessibly. Intimate care follows a written plan, dignity and privacy principles, appropriate staffing and recording; unexplained changes, distress or boundary concerns are reported.

19. Curriculum, prevention and safe culture

Safeguarding is taught through an evidence-informed, regularly timetabled and developmentally sequenced RSHE/PSHE programme and reinforced across school life. Teaching covers relationships, consent, body autonomy, safe/unsafe touch, trusted adults, bullying, racism, sexism, misogyny/misandry, online risk, image sharing, exploitation, money, drugs, gangs, mental health, road/community safety and reporting. Materials are adapted to cognitive, communication, sensory and SEND needs. Staff model respectful language and intervene early in derogatory or harmful behaviour.

Children have access to trusted adults and accessible complaint/reporting systems. Pupil voice, incident data and curriculum assessment inform review. Parents receive information and practical online-safety support. External speakers are risk assessed, supervised and aligned with curriculum; political impartiality and safeguarding are maintained.

20. Alternative provision, off-site education, transport, visits and sport

Where SENtre commissions or uses another provider, SENtre remains responsible for the child's safeguarding. Before placement it obtains written assurance of safeguarding arrangements, staffing checks, attendance reporting, DSL contacts, online safety, health and safety and incident notification. Suitability is checked in person where appropriate. Attendance and welfare are monitored on every scheduled day, placement quality is reviewed regularly, and concerns trigger immediate review or termination. The child remains on the commissioning school's roll unless lawfully removed.

Educational visits, transport and sport are risk assessed for supervision, changing, photography, one-to-one coaching, physical contact, overnight arrangements, medical needs, communication, missing child, volunteers and online contact. Codes of conduct apply equally to coaches and external providers. No performance or therapeutic objective overrides safeguarding.

21. Premises, security, emergency arrangements and lettings

The proprietor ensures premises comply with school standards and are safe, secure and suitable. Daily checks and formal risk assessments cover access control, visitors, perimeter, blind spots, toilets/changing, harmful substances, medication, fire, first aid, playground/garden, sensory equipment, climbing, pica and absconding risks. Security measures are proportionate and do not create unsafe restraint or impede evacuation.

Emergency plans cover fire, lockdown, missing child, serious violence, suspicious items, severe weather, utilities, cyber incident and business continuity. Staff know roles, communication and reunification arrangements. Hirers receive written safeguarding expectations; allegations arising during a letting are reported to SENtre and relevant agencies.

22. Training, induction and supervision

- All staff receive induction covering this policy, KCSIE Part one, behaviour policy, staff code, child-on-child abuse, adult allegations/low-level concerns, whistleblowing, online safety/filtering and monitoring, attendance, local referral routes, Prevent, SEND communication and emergency procedures.
- The DSL and deputies train to the same standard at least every two years with annual updates; the proprietor and senior leaders receive role-appropriate safeguarding and safer recruitment training.
- Updates are provided at least annually and more often through briefings, emails and staff meetings. Training understanding is checked, not assumed, and adapted for roles and literacy/communication needs.
- Safeguarding supervision is available after complex incidents. Staff are reminded that supervision supports wellbeing but does not replace immediate reporting.

23. Quality assurance, audit and policy review

The DSL reports anonymised themes at least termly to the proprietor: referrals, early help, child-on-child incidents, attendance, online alerts, restrictive interventions, adult concerns, training, file audits, transfer timeliness and overdue actions. The proprietor tests implementation through record sampling, staff/pupil voice, SCR checks, filtering tests and site walks. Serious incidents result in a learning review without waiting for external findings.

This policy is reviewed at least annually and immediately after relevant legislation/guidance, a serious incident, local threshold change, organisational change or identified weakness. Changes are approved, version controlled, communicated and supported by training. The DSL checks the DfE publication on or after 1 September 2026 for any amendment to the “for information” version and records the check.

24. Key contacts and escalation routes

Service	Contact / action
Emergency	999 where a child is in immediate danger, a serious crime is in progress, or urgent police/ambulance response is required.
Police non-emergency	101.
Birmingham Children's Trust CASS	0121 303 1888 during published daytime hours. Emergency out of hours: 0121 675 4806. Use the current online Request for Support route for non-immediate professional referrals.
Birmingham LADO	0121 675 1669 ladoteam@birminghamchildrenstrust.co.uk. Use Birmingham's current LADO referral form and verify contact details at the start of each term.
Birmingham Children Missing Education	cme@birmingham.gov.uk 0121 303 4983.

Service	Contact / action
Birmingham Prevent	prevent@birmingham.gov.uk and current national Prevent referral form. Act Early Support Line: 0800 011 3764. Emergency: 999.
NSPCC	0808 800 5000. Whistleblowing Advice Line: 0800 028 0285.
Ofsted	0300 123 1231; use current notification route where a reportable serious childcare incident applies.
DSL	Charlene Conway. Internal safeguarding reporting route and confidential mailbox details must be displayed on staff safeguarding boards and induction cards.
Deputy DSLs	Aataliyah Mathews; Alesha Stewart.

Contact details are operational controls and must be checked termly. Staff must not delay an urgent referral because an internal contact or form is unavailable.

Appendix A: Immediate action flow

Situation	Immediate action	Then
Immediate danger / serious injury / crime in progress	Call 999; secure safety; preserve evidence.	Inform DSL; record; follow police/social care instructions.
Concern or disclosure about a child	Listen; do not investigate; record exact words/signs.	Report to DSL same session. DSL assesses early help/referral and records rationale.
DSL unavailable and delay risks harm	Contact CASS/police directly.	Inform DSL as soon as safe; record referral and advice.
Allegation meeting harm threshold about adult	Report to case manager/proprietor; no internal investigation.	Case manager contacts LADO promptly and follows advice.
Low-level concern about adult	Report promptly to case manager.	Record, review threshold/patterns, consult LADO if in doubt.
FGM discovered by teacher	Teacher personally reports to police (101; 999 if emergency).	Inform DSL; record; follow safeguarding pathway.
Nude/semi-nude image	Do not view, copy, request or forward.	Secure device only as advised; notify DSL; follow UKCIS pathway.
Suicide/self-harm immediate risk	Do not leave child alone; remove immediate means if safe; seek emergency clinical help.	Inform DSL/parents unless unsafe; safety plan and referral.

Appendix B: KCSIE 2026 implementation and compliance matrix

2026 requirement / change	Policy response	Operational evidence required
All staff read Part one; condensed Annex A removed	Document control; section 22	Signed reading record and understanding check for every staff member, including non-child-facing staff.
Community early help and targeted Family Help terminology	Section 6	Local threshold document, referral pathway, records of consent/decision and review.

2026 requirement / change	Policy response	Operational evidence required
Expanded abuse: modern slavery, CSE/CCE, financial exploitation, child-to-parent abuse, emotional/verbal abuse	Sections 4 and 6	Updated training slides/scenarios and concern form prompts.
Mental health and serious violence expanded	Sections 4 and 12	Risk/safety plan template; staff briefing; agency contacts.
Data (Use and Access) Act 2025 and stronger information sharing/risk assessment	Section 8	Information-sharing decision field; secure transfer receipt log.
Sport and premises safeguarding	Sections 20-21	Site/sport risk assessments, coach checks, premises audit, emergency plans.
Robust DSL cover arrangements	Section 3.2	Daily named cover; confidential shared mailbox access test; trip/out-of-hours plan.
AI risks and updated online risk categories	Section 10	AI acceptable-use rules, curriculum content, DPIA/risk assessment where used.
Mobile phone policy	Section 10	Published phone rules for pupils, staff, visitors; compliance checks.
Filtering/monitoring effectiveness review at least each academic year on all connected devices/locations	Section 10	Named SLT/IT/DSL roles; dated annual test record; action log and proprietor sign-off.
Child-on-child policy: misogyny/misandry, SEND vulnerability, AI-generated nudes	Section 9	Incident taxonomy, risk assessment, victim/alleged-perpetrator support plans, pattern analysis.
Alternative provision strengthened	Section 20	Provider due-diligence file, daily attendance exchange, review notes and escalation clauses.
Young carers, medical conditions and additional SEND barriers	Sections 4-5	Identification route, individual plans and DSL/SENCO liaison evidence.
Regulated activity and removal of supervision exemption	Section 15	Volunteer role audit before 1 September; correct enhanced DBS/barred-list checks; SCR update.
Trainee teachers and shared responsibility for third-party adults	Sections 15-16	Written third-party assurance and allegation protocol.
All image-sharing incidents receive safeguarding response	Section 9.2	UKCIS procedure available; incident record includes real/altered/AI and referral rationale.
Harmful sexual behaviour continuum and Family Help pathway	Sections 9 and 6	Developmentally informed assessment, early intervention and referral records.
Annual policy and implementation review	Section 23	Audit report, minutes/approval, action owners and completion dates.

Appendix C: Adoption checklist - actions required before 1 September 2026

☐ Proprietor approves the policy and records the decision; confirms that Charnel Conway is the named safeguarding oversight person and not the DSL.

- ☐ Confirm current headteacher/principal/case-manager title and insert it into the managing-allegations procedure and staff quick guide.
- ☐ Verify Birmingham LADO number/form and all local contacts; add internal safeguarding mailbox/phone without placing confidential contact routes on the public copy if inappropriate.
- ☐ Obtain signed KCSIE Part one reading and understanding records from every staff member, including non-child-facing staff; brief the Part one overview as supplementary only.
- ☐ Audit every volunteer and supervised worker against the new regulated-activity definition; complete required barred-list/DBS checks and update the SCR.
- ☐ Name the SLT filtering/monitoring lead and IT support; test every connected device in every relevant location; document the annual review and actions.
- ☐ Approve aligned mobile phone, online safety/AI, staff code, low-level concern, attendance/CME, restrictive intervention, intimate care and alternative provision procedures.
- ☐ Train staff on the 2026 changes, SEND communication/disclosure, nudes including AI-generated images, misogyny/misandry, modern slavery, serious violence, Family Help and information sharing.
- ☐ Create/refresh templates: safeguarding concern record, referral/decision record, child-on-child risk assessment, suicide/self-harm safety plan, adult allegation record, low-level concern record, transfer receipt and filtering review.
- ☐ Complete proprietor assurance checks during the first half-term and document remedial actions.

Appendix D: Source and reference list

- Department for Education, Keeping children safe in education 2026 (effective 1 September 2026), including Annex B DSL role and Annex C summary of changes.
- Department for Education, Working Together to Safeguard Children 2026 and Information Sharing advice for safeguarding practitioners.
- Birmingham Children's Trust professional referral and CASS contact information; Birmingham City Council LADO, Prevent and Children Missing Education routes.
- UK Council for Internet Safety, Sharing nudes and semi-nudes: advice for education settings; DfE filtering and monitoring standards; DfE generative AI guidance.
- Independent School Standards, attendance, SEND, RSHE, reasonable force/restrictive intervention and Prevent statutory guidance listed in section 2.

This policy is a governance and operational document. It does not replace professional judgement, local multi-agency procedures or immediate referral where a child may be at risk.