



Horizons Therapeutic Education Trust

Safeguarding and Child Protection Policy

September 2026 | KCSIE 2026 and Young Adult Safeguarding Update verified
15 September 2026

Date adopted	18 June 2024 Substantive Revision for September 2026
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Document Version

Document Version	Document Author / Owner	Role
2.3	Designated Safeguarding Lead / Chief Executive Officer	Policy owner and governance sponsor

Document Governance

Last Review Date	15 September 2026. Targeted safeguarding review completed to integrate arrangements for pupils aged 18 and over and to verify the interface between KCSIE 2026, the Care Act 2014, Mental Capacity Act 2005 and current Somerset adult safeguarding pathways.
Next Review Date and Frequency of Reviews	September 2027. Annually and sooner following any statutory or local safeguarding change, significant safeguarding learning, serious incident, external review finding or material change to HTET provision.
Amendments Made	September 2026 substantive update; 1 September 2026 final KCSIE verification; 15 September 2026 targeted young-adult safeguarding update. Added explicit age-18 legal transition, adult safeguarding / Care Act pathway, Mental Capacity Act principles, consent and parent/carer status at 18, mixed-age peer harm, staff concerns involving adult pupils, Somerset Adult Social Care referral route, transition working and Board assurance.
Circulation	Public policy. Available to all HTET staff, Trustees, volunteers, relevant CAMHS/NHS and commissioned/partner staff, parents/carers and young people in accessible form, and published on the HTET website. Safeguarding case information remains confidential and access controlled.
Information Classification	Quality assured against Keeping Children Safe in Education 2026 (in force 1 September 2026), Care Act 2014 and Care and Support statutory guidance, Mental Capacity Act 2005, current Somerset adult safeguarding referral information and the DfE information-sharing framework. Targeted verification completed 15 September 2026.
Compliance status	KCSIE 2026 VERIFIED 1 SEPTEMBER 2026; YOUNG ADULT SAFEGUARDING UPDATE VERIFIED 15 SEPTEMBER 2026. HTET will keep child and adult safeguarding routes distinct while maintaining one coherent safeguarding culture and will assess subsequent statutory/local changes without delay.
Board approval / minute reference	Approved by the Board of Trustees on 21 st September 2026, Minute Reference 13.2.b.

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SEPTEMBER 2026 COMPLIANCE UPDATE - BOARD ASSURANCE

This substantive revision aligns HTET policy with the final September 2026 edition of Keeping Children Safe in Education (KCSIE 2026), published by the Department for Education and in force from 1 September 2026 and with the Trust's 2026/27 safeguarding improvement controls. Green-highlighted headings identify new or substantially expanded September 2026 requirements so Trustees, staff and external reviewers can locate and scrutinise the changes quickly.

Targeted 15 September 2026 update: HTET has now added an explicit safeguarding framework for pupils aged 18 and over. KCSIE applies to children under 18; adult pupils are safeguarded through the Care Act / adult safeguarding framework, Mental Capacity Act principles and other relevant law, while HTET retains the same high safeguarding culture, professional boundaries, recording, escalation and Board oversight. The policy also sets out mixed-age peer-harm and staff-suitability interfaces so that legal routes are not conflated at the 18th birthday.

Final-version verification: the DfE's September 2026 KCSIE is now the operative statutory guidance and replaces KCSIE 2025. HTET completed a final-release verification on 1 September 2026. The substantive controls already built into this policy remain aligned; this final check also confirms the live temporary-accommodation notification duty, the final regulated-activity/volunteer requirements, the updated Operation Encompass position, and the final KCSIE information-sharing and safer-recruitment wording. Policy wording alone is not evidence of compliance: implementation will be tested through staff knowledge, CPOMS/case sampling, SCR and safer-recruitment assurance, alternative/commissioned provision checks, filtering and monitoring review, incident learning, pupil voice and Board/external quality assurance.

Priority 2026 changes visible in this document include Family Help; safeguarding in sport and school premises; violence against women and girls, misogyny/misandry and child-to-parent/caregiver abuse; Part One for all staff and Annex A for leaders/direct-contact staff; AI/deepfakes; mobile-phone expectations; annual filtering/monitoring review; serious violence and weapons; mental health, self-harm and suicide safeguarding; gender-questioning/social-transition requests; Operation Encompass; temporary accommodation; strengthened SEND/medical vulnerability; alternative/off-site/live-online provision; restrictive interventions; trainee teachers; information sharing; CPOMS; and regulated activity/volunteers.

RATIONALE

Horizons Therapeutic Education Trust (HTET) is an Alternative Provision Free School delivering therapeutic education within a multidisciplinary partnership with Somerset NHS Foundation Trust/CAMHS, care, social care, families, commissioners and other providers. HTET retains its own statutory education and safeguarding responsibilities at all times. Clinical accountability remains with the appropriately registered practitioner and NHS service within their remit. Multi-disciplinary discussion, therapeutic formulation or partnership governance must never replace, delay or dilute an immediate child-protection referral, police response, emergency medical action or other statutory safeguarding decision.

SAFEGUARDING POLICY STATEMENT

Safeguarding is the action HTET takes to promote the welfare of children, provide help and support as soon as problems emerge, and protect children from maltreatment and harm within or outside the home, including online. Child protection is part of safeguarding and refers to action taken where a child is suffering or is likely to suffer significant harm. HTET is committed to a child-centred, trauma-informed and professionally curious safeguarding culture in which the welfare and best interests of the child are paramount.

The actions that we take to prevent harm; to promote wellbeing; to create safe environments; to educate on rights, respect and responsibilities; to respond to specific issues and vulnerabilities all form part of the safeguarding responsibilities of our service.

CORE SAFEGUARDING PRINCIPLES AND VALUES

-  Safeguarding is everyone's responsibility
-  The welfare of the young person is paramount
-  All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a young person is at risk of harm
-  The policy will be reviewed at least annually unless an incident or new legislation or guidance suggest the need for an interim review
-  Young people and staff involved in child protection issues will receive appropriate support

-  All young people are able to talk to any member of staff about situations or to share concerns which are causing them worries
-  Staff will listen to the young person, take their worries seriously and share the information with the appropriate staff member.

NEW - SEPTEMBER 2026: HTET safeguarding culture and the HTET Way

HTET safeguarding is relational but never informal. Our therapeutic ethos, shared formulation and trusted relationships help us recognise risk earlier and respond more effectively; they do not reduce statutory thresholds or replace professional challenge.

Every young person should feel safe, belong, learn and believe in a future beyond their current circumstances. Staff will combine compassion with high expectations, listen to the child, understand barriers and strengths, and remain alert to the possibility that behaviour, absence, dysregulation, withdrawal or disengagement may communicate unmet need or harm.

POLICY AIMS

-  To provide all staff with the necessary training to promote and safeguard the wellbeing of children and ensure they meet their statutory responsibilities
-  To ensure consistent good practice across the service
-  To demonstrate our commitment to protecting children and young people
-  To provide staff with guidance on how and when to share safeguarding concerns with other agencies.
-  To ensure policy, training, records, safer recruitment, digital safeguards, commissioned provision and sampled practice are aligned and evidenced; no safeguarding action is treated as complete solely because a policy has been written.
-  To ensure safeguarding responsibilities are explicit across HTET education, CAMHS/NHS, care, off-site, commissioned and live-online arrangements, with a named accountable route for every young person.

USEFUL CONTACTS

Somerset Council:

-  Somerset Children's Social Care: 0300 123 2224 | childrens@somerset.gov.uk (current Somerset Council reporting route).
-  Emergency Duty Team (outside office hours): 01278 454070. If a child is in immediate danger, call 999.
-  **Somerset Adult Safeguarding (for pupils aged 18 and over):** Adult Social Care 0300 123 2224 | adults@somerset.gov.uk. Adults and Mental Health out of hours: 0300 123 23 27. Police non-emergency: 101. Immediate danger: 999.

Prevent:

-  Police Prevent team: 01278 647466, Monday to Friday 8am-4pm | PreventSW@avonandsomerset.police.uk. Outside these hours call 101. Immediate danger: 999.
-  Police non-emergency advice: 101. Immediate danger: 999.
-  Prevent concerns remain safeguarding concerns. Staff should report them to the DSL without delay and follow the current Somerset Prevent referral route; a referral to Channel may be considered where appropriate.
-  DfE counter-extremism helpline for education professionals: 020 7340 7264 | counter.extremism@education.gov.uk. This is an advice route and does not replace immediate safeguarding, police or Children's Social Care action.

Local Authority Designated Officer (LADO):

The Somerset LADO service manages allegations about people who work or volunteer with children. Where an allegation may meet the harm threshold, the HTET case manager will consult the LADO at the earliest opportunity and without delay, using Somerset Council's current Allegations Reporting Form / Somerset Direct route (0300 123 2224). Immediate risk to a child is referred without delay to Children's Social Care and/or police as appropriate. This route was rechecked against current Somerset Council information on 1 September 2026 and will be checked whenever this policy is reviewed or local arrangements change.

Key safeguarding personnel:

Designated Safeguarding Lead (DSL)

Ben Howarth Email: Ben Howarth@horizonstet.co.uk

Senior Deputy DSL

Martin Durman Email: Martin.durman@horizonstet.co.uk

Safeguarding Trustee

Claire Hudson

Email: Claire.Hudson@horizonstet.co.uk

Current DSL/senior deputy and Safeguarding Trustee details must be checked at least termly and updated immediately following any change. The daily Deputy DSL availability/cover rota is maintained operationally and displayed to staff.

This policy is based on the following legislation and statutory guidance:

-  [Keeping Children Safe in Education \(GOV.UK\)](#)
-  [Working Together to Safeguard Children \(GOV.UK\)](#)
-  [The Education Act Section 175 \(GOV.UK\)](#)
-  [What to do if you are worried a child is being abused \(GOV.UK\)](#)
-  [The Safeguarding Vulnerable Groups Act \(GOV.UK\)](#)
-  [The Teacher Standards \(GOV.UK\)](#)
-  [The Children Act amendment \(GOV.UK\)](#)
-  [The Serious Crime Act \(GOV.UK\)](#) section 5B which places a statutory duty on teachers to report to the police where they discover that Female Genital Mutilation (FGM) appears to have been carried out on a girl under 18
-  [Statutory guidance on Female Genital Mutilation \(FGM\) \(GOV.UK\)](#)
-  [The Rehabilitation of Offenders Act \(GOV.UK\)](#), which outlines when people with criminal convictions can work with children
-  [Prevent Duty Guidance \(GOV.UK\)](#)
-  [The Childcare Act \(GOV.UK\)](#) which set out who is disqualified from working with children
-  [The School Staffing \(England\) Regulations \(GOV.UK\)](#)
-  [The Human Rights Act \(Equalityhumanrights.com\)](#)
-  [Review on Sexual Abuse in Schools and Colleges \(GOV.UK\)](#)
-  [Domestic Abuse Act \(GOV.UK\)](#)

NEW SEPTEMBER 2026: Statutory framework and 1 September 2026 verification

This policy must be read and implemented alongside Keeping Children Safe in Education 2026 (KCSIE 2026), Working Together to Safeguard Children 2026, local Somerset Safeguarding Children Partnership procedures and the legislation/guidance listed below. Where there is any inconsistency, current law and statutory guidance take precedence and the policy will be amended without delay.

The Department for Education published the final September 2026 edition of KCSIE on 1 September 2026 and it is now in force, replacing KCSIE 2025. HTET completed a documented final-version verification on 1 September 2026 and has incorporated the applicable final-release clarifications into this policy. The outcome, any subsequent change required, owner and completion date will be retained in the Trust KCSIE compliance matrix. Where this policy and current law or statutory guidance differ, current law and statutory guidance take precedence and the policy will be amended without delay.

- Keeping Children Safe in Education 2026, including Part One for all staff, Parts Two to Five as applicable and the relevant annexes.
- Working Together to Safeguard Children 2026 and current Somerset multi-agency safeguarding arrangements and thresholds.
- Restrictive interventions, including use of reasonable force, in schools (DfE, effective 1 April 2026), including statutory guidance on recording/reporting significant use of force and the legal recording/reporting duties for seclusion and restraint.

- DfE filtering and monitoring core standard, updated 25 August 2026, including generative-AI product safety references, dynamic/personalised content risk and an annual documented effectiveness review.
- Data Protection Act 2018, UK GDPR and the Data (Use and Access) Act 2025.
- Prevent duty guidance, current local Channel/Prevent procedures, the Domestic Abuse Act 2021, Operation Encompass requirements, the Serious Crime Act 2015 FGM reporting duty, and other safeguarding legislation referenced in this policy.
- Crime and Policing Act 2026 changes relevant to regulated activity and volunteers, including removal of the previous supervision exemption from 1 September 2026.

DEFINITIONS AND TERMINOLOGY

Safeguarding

Safeguarding is broader than child protection. It includes providing help and support as soon as problems emerge; protecting children from maltreatment whether within or outside the home, including online; preventing impairment of mental and physical health or development; ensuring children grow up with safe and effective care; and taking action to enable all children to have the best outcomes.

-  Protecting children from maltreatment
-  Preventing impairment of children's health and 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, ([Working Together to Safeguard Children \(GOV.UK\)](#)).

Child protection

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

Staff

Refers to all those working for or on behalf of the service, full time or part time, temporary or permanent, in either a paid or voluntary capacity.

Abuse

Is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm. Appendix A explains the different types of abuse.

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.

Sharing nudes and semi-nudes, including AI-generated or digitally altered imagery

Means the making, requesting, sending, receiving or sharing of nude or semi-nude images, videos or livestreams by or involving children. This includes consensual and non-consensual sharing, digitally altered imagery, AI-generated material, deepfakes and deep nudes. Every incident requires a safeguarding response.

Children and young people

Includes everyone under the age of 18: The terms child, children and young person or people, are used throughout the policy and are interchangeable. **Young adult pupil:** for this policy, a pupil is a young adult from their 18th birthday. They remain an HTET pupil for education purposes where enrolled, but they are no longer a child in law. Child-specific statutory safeguarding routes must therefore be distinguished from adult safeguarding arrangements.

NEW - SEPTEMBER 2026: Family Help and thresholds

HTET will identify children and families who may benefit from support as soon as problems emerge. Staff will understand the continuum from universal services and community-based Early Help through the targeted early help level of Family Help, statutory section 17 Child in Need support and section 47 child-protection enquiries. Staff will know the current Somerset criteria, thresholds and referral processes, including when a coordinated Family Help assessment is appropriate. HTET may contribute to assessment and planning and, where agreed and competent to do so, may act as lead practitioner; qualified non-social-worker practitioners may continue to lead work with families up to and including section 17 where the local arrangement permits.

A safeguarding referral does not require parental consent where information sharing or referral is necessary and proportionate to safeguard a child. Parents/carers will normally be involved unless doing so would place the child or another person at increased risk, prejudice an investigation or otherwise be contrary to the child's welfare.

NEW - SEPTEMBER 2026: Safeguarding pupils aged 18 and over

HTET educates a small number of pupils who are aged 18 or over. The transition to adulthood changes the legal safeguarding framework, but it does not reduce HTET's safeguarding culture, professional boundaries, duty of care, reasonable-adjustment responsibilities or expectation that concerns are recognised, recorded and acted on promptly.

KCSIE 2026 applies to safeguarding and promoting the welfare of children and young people under the age of 18. A pupil who has reached their 18th birthday is therefore not a "child" for the purposes of KCSIE child-protection thresholds, even if they remain on roll at HTET. All HTET staff must still read and follow KCSIE 2026 because HTET is a school and staff may work with children; the Trust also applies the same strong safeguarding culture and safer-working standards to adult pupils as a matter of policy.

From age 18, concerns about abuse, neglect or self-neglect are considered through adult safeguarding arrangements. Under section 42 of the Care Act 2014, the local authority must make or cause enquiries where it has reasonable cause to suspect that an adult has needs for care and support, is experiencing or at risk of abuse or neglect, and as a result of those needs is unable to protect themselves from the abuse or neglect or the risk of it. The Care and Support statutory guidance is explicit that where a person is 18 or over but remains in children's or education services, a safeguarding issue is dealt with through adult safeguarding arrangements. The adult does not need to have Care Act eligible needs, or already receive Adult Social Care, for the safeguarding criteria to be considered.

Having SEND, an EHCP, a mental-health need or remaining in specialist education does not automatically mean that an adult lacks capacity or meets the Care Act safeguarding criteria. Equally, the absence of an EHCP, diagnosis or Adult Social Care involvement must never prevent a concern being raised. Staff report the concern; the DSL and Adult Social Care determine the appropriate safeguarding response and threshold.

Mental capacity and voice. The Mental Capacity Act 2005 applies from age 16. Capacity must be presumed unless established otherwise and is decision-specific and time-specific. A person must not be treated as lacking capacity merely because they make an unwise decision. Where an adult lacks capacity for a particular decision, action must follow the Mental Capacity Act principles, including best interests and the least restrictive option. The young adult's wishes, feelings, communication needs and preferred outcomes remain central, with reasonable adjustments and advocacy considered where required.

Parents, carers and consent at 18. Parental responsibility ends when a young person reaches 18. Parents or carers do not automatically have authority to make decisions for, or receive confidential information about, an adult pupil. HTET will normally involve the young adult in deciding what is shared and with whom and will involve parents/carers where the young adult agrees or where another lawful basis or formal authority applies. Safeguarding information may be shared without consent where this is lawful, necessary and proportionate - for example to protect the adult or another person from serious harm, where coercion or exploitation is suspected, where a crime or statutory duty requires action, or where capacity is impaired. The decision and rationale for sharing or not sharing must be recorded.

Reporting and referral. Staff must report any concern about a pupil aged 18 or over to the DSL/deputy immediately and record it on CPOMS as soon as practicable. The DSL will consider immediate safety, medical or mental-health response, capacity, the adult's wishes, risks to others, Care Act criteria, police involvement and any existing Adult Social Care, transition, Leaving Care, NHS/CAMHS or other professional network. A concern does not need to be proved before advice or referral is sought.

- Where the adult may meet the Care Act safeguarding criteria, raise the concern with Somerset Adult Social Care without delay: 0300 123 2224 | adults@somerset.gov.uk. Out of hours: 0300 123 23 27. If there is immediate danger or a serious crime/emergency, call 999. Police non-emergency: 101.
- Where there is acute self-harm, suicide, serious injury or mental-health risk, urgent medical/emergency action must not wait for a safeguarding meeting or internal discussion. Follow the young adult's current clinical/crisis plan where applicable and use 999/A&E for immediate danger or the current NHS 111 mental-health route for urgent non-emergency help.

Mixed-age and peer harm. The legal route depends on the age and circumstances of each person involved. If a pupil aged 18 or over is alleged to have harmed a child under 18, the child must receive the full KCSIE child-safeguarding response while the adult pupil is managed through adult safeguarding, police, behaviour/disciplinary and support routes as appropriate. If a child under 18 is alleged to have harmed an adult pupil, the child's safeguarding needs and behaviour are considered under KCSIE and the adult pupil receives the appropriate adult safeguarding/welfare response. Harm between two pupils aged 18 or over is not "child-on-child abuse" in law, but it remains a safeguarding matter and may require Adult Social Care, police, health and/or internal action.

Concerns about staff or other adults. If alleged behaviour towards an adult pupil may constitute abuse, a crime, a professional-boundary breach or misconduct, HTET will protect the pupil and consider Adult Social Care, police, employer/HR and professional-regulatory routes as appropriate. The Head of Provision/case manager must also consider KCSIE Part Four where the behaviour may indicate that the adult is unsuitable to work with children (including transferable risk), even though the immediate pupil concerned is aged 18 or over, and will seek LADO advice where the KCSIE threshold may be engaged.

Transitions and continuity. HTET will plan proactively before a pupil's 18th birthday where safeguarding, care and support, mental health, SEND, Leaving Care or other vulnerabilities are known. The DSL will ensure that the safeguarding plan identifies the post-18 referral route, who can lawfully receive information, any capacity/communication adjustments, emergency contacts, professional network, and how the young adult's voice will shape the plan. Reaching 18 must never create a gap in safeguarding oversight.

Recording and assurance. CPOMS remains HTET's authoritative safeguarding chronology for adult pupils. Records must distinguish child-protection action from adult safeguarding action, capture the adult's wishes and capacity considerations where relevant, record referrals and information-sharing decisions, and identify owner, next action and review date. The DSL will maintain oversight of adult safeguarding cases and report proportionate themes, timeliness, referrals, outcomes and transition risks to senior leaders and the Board separately enough to avoid conflating child and adult statutory frameworks.

EQUALITY STATEMENT

Some young people may be disproportionately vulnerable to an increased risk of abuse, both online and offline and additional barriers can exist for them with respect to recognising or disclosing it.

We are committed to anti-discriminatory and anti-racist practice and recognise young people's diverse circumstances. Leaders and staff will challenge racism, discrimination, harassment, misogyny and other prejudice, identify disproportionate impact and make reasonable adjustments so that all young people receive effective protection and can be heard.

We give special consideration to young people who:

-  Have Special Educational Needs and Disabilities (SEND) or certain health conditions
-  Are young carers
-  May experience racism, discrimination, harassment or prejudice connected with race, ethnicity, religion or belief, sex, sexual orientation, disability or another protected characteristic, or because they are perceived to belong to a particular group.
-  Have English as an additional language
-  Are known to be living in difficult situations, for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
-  Are at risk of Female Genital Mutilation (FGM), sexual exploitation, forced marriage, or radicalisation
-  Are vulnerable to being bullied or engaging in bullying

-  Are asylum seekers
-  Are at risk due to either their own or a family member's mental health needs
-  Are looked after or previously looked after
-  Are missing from education.

All staff

-  Attend training to be aware of and alert to the signs of different types of abuse and neglect, as well as specific safeguarding issues, such as Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and radicalisation
-  Maintain an attitude of "it could happen here" with regards to safeguarding
-  Be aware that while a young person may not feel ready or be able to tell someone they are being abused, exploited or neglected, it should not stop staff from having a professional curiosity and speaking to the Designated Safeguarding Lead (DSL) if they have concerns
-  Read and understand Part One of the Department for Education's Keeping Children Safe in Education 2026 in full at induction and at least annually. The Part One overview is a complementary quick reference and does not replace Part One. KCSIE states that school leaders and staff who work directly with children should read Annex A, 'Further information'. HTET therefore requires those staff to read Annex A in addition to Part One. Other parts and annexes will be read where required for the individual's role. HTET will confirm understanding through training and knowledge checks.
-  Establish and maintain an environment where young people feel secure, are encouraged to talk and are listened to.
-  Be aware of the service systems which support safeguarding, including this policy
-  Have an awareness of the role and identity of the Designated Safeguarding Lead (DSL) and Senior Deputy DSL, this Safeguarding and Child Protection Policy, the Behaviour Policy, the Staff Code of Conduct / Professional Boundaries requirements, and the safeguarding response to children who are absent from education or missing from the provision.
and the Professional Boundaries Policy and procedures relating to the safeguarding response for young people who go missing from education
-  Know how to proceed if they identify a safeguarding concern or a young person tells them they are being abused or neglected or recount a specific issue such as Female Genital Mutilation (FGM) and know how to maintain an appropriate level of confidentiality but never promising to "keep a secret", while liaising with relevant professionals
-  Record their concerns if they are worried that a young person is being abused and report these to the Designated Safeguarding Lead (DSL) immediately that day. If the DSL is not contactable immediately, the Senior Deputy DSL should be informed
-  Understand their right to make a referral to the Somerset Local Authority or police directly
-  Follow the allegations procedures if the disclosure is an allegation against a member of staff
-  Assist the Senior Leadership Team and Trustees in fulfilling their safeguarding responsibilities set out in legislation and statutory guidance.

NEW - SEPTEMBER 2026: All-staff KCSIE 2026 expectations

All HTET staff, including staff who do not work directly with children, must read Part One of KCSIE 2026 in full. The former condensed Annex A has been withdrawn; the previous Annex B is now Annex A, 'Further information'. KCSIE states that school leaders and staff who work directly with children should read Annex A; HTET adopts this as a Trust requirement. Leaders will identify any further parts or annexes required for particular roles.

Induction will include this policy, the Staff Code of Conduct, Behaviour Policy, safeguarding response to children absent from education, the identity and role of the DSL/deputies, online safety and filtering/monitoring responsibilities, and the reporting/recording route. Annual training is supplemented by regular updates and scenario/recall checks; a signature alone is not evidence of competence.

- Act immediately on any concern, disclosure, indicator or professional unease; maintain an "it could happen here" mindset and professional curiosity.

- Recognise abuse, neglect and exploitation, including child-on-child abuse, serious violence/weapons, modern slavery, criminal/sexual/financial exploitation, mental health-related safeguarding risk and online/AI-enabled harm.
- Treat repeated or prolonged absence, repeated classroom removal, suspensions, part-time timetables, alternative/off-site provision and disrupted engagement as potential safeguarding indicators, not solely attendance or behaviour matters.
- Challenge racism, discrimination, misogyny, misandry, sexualised or derogatory language and other harmful behaviour, and record/escalate safeguarding concerns.
- Know that any staff member may refer directly to children's social care or police if necessary; they must tell the DSL as soon as practicable afterwards.
- Understand the age-18 safeguarding transition: KCSIE child-protection routes apply to under-18s, while concerns about pupils aged 18 or over must be considered through HTET's adult safeguarding pathway, without reducing professional curiosity, recording, escalation or support.

ROLES AND RESPONSIBILITIES

NEW - SEPTEMBER 2026: Board of Trustees / proprietor safeguarding responsibilities

For HTET, the Academy Trust is the proprietor. The Board retains strategic accountability for safeguarding and must ensure that policies, procedures, safer recruitment, staff training, online safety, alternative provision, information sharing and the DSL function are effective in practice. Operational safeguarding may be delegated, but accountability cannot be delegated.

Trustees will receive sufficient safeguarding and child-protection training to provide strategic challenge and will ensure that a named Responsible Safeguarding Trustee supports, but does not replace, collective Board accountability.

- Approve and review this policy at least annually and sooner when required; assure it reflects KCSIE, Working Together and local arrangements.
- Assure DSL/deputy capacity, training, protected time, resources, supervision/support and robust cover, including confidential routes for staff to contact the safeguarding team.
- Assure the Single Central Record and safer recruitment, including Section 128 checks where applicable and clear treatment of NHS, contractor, agency, volunteer and trainee-teacher roles.
- Assure commissioned, alternative, off-site and live-online provision through due diligence, safeguarding information sharing, attendance/engagement reporting, quality visits and clear escalation/cessation criteria. HTET does not outsource safeguarding accountability for pupils it commissions.
- Ensure an annual documented filtering and monitoring review is completed by the responsible senior leader, DSL and IT support with the Responsible Safeguarding Trustee involved, and that the review considers AI-generated, dynamic and personalised content, all school-managed devices and all relevant sites/locations.
- Receive proportionate termly assurance on open/high-risk/aged safeguarding cases, referrals and outcomes, child-on-child harm, attendance/missing education, restrictive interventions/seclusion/searches, online safeguarding, staff allegations/low-level concerns, SCR/training, commissioned provision and actions from external review. Identifiable case detail is shared only where necessary.

Designated Safeguarding Lead (DSL):

-  Hold the lead responsibility for safeguarding and child protection (including online safety) in the day programme. This responsibility is not able to be delegated
-  Have an "it could happen here" approach to safeguarding
-  Ensure the Safeguarding and Child Protection Policy is known, understood and used appropriately by all staff and reviewed annually

- 🚩 Liaise with the Senior Leadership Team to inform them of issues, especially ongoing enquiries under Section 47 of The Children Act 1989 and police investigations. This should include being aware of the requirement for children to have an Appropriate Adult. Further information can be found in the statutory guidance [Police and Criminal Evidence \(GOV.UK\)](#) (PACE) Act Code C 2019
- 🚩 Provide advice and support to staff on child welfare and child protection matters
- 🚩 Encourage a culture of listening to young people
- 🚩 Take part in strategy discussions and inter-agency meetings and, or support other staff to do so
- 🚩 Contribute to the assessment of young people and take into account the wishes and feelings of any young person when determining a course of action to take where there is a safeguarding concern
- 🚩 Refer suspected cases, as appropriate, to the relevant body ([children's social care](#), [Channel programme \(GOV.UK\)](#) [Disclosure and Barring Service \(GOV.UK\)](#), and, or police), and support staff who make such referrals directly
- 🚩 Keep secure plans, records and reports
- 🚩 Ensure staff are aware of any general safeguarding updates
- 🚩 Lead on the undertaking of all safeguarding evaluation and audit reports
- 🚩 Takes responsibility for understanding the filtering and monitoring systems and processes in place
- 🚩 Undergo training and receive regular updates to maintain the knowledge and skills to carry out the role, including Prevent Awareness training
- 🚩 Liaise with the local authority and work in partnership with other agencies in line with [Working Together to Safeguard Children \(GOV.UK\)](#)
- 🚩 Manage and submit a referral to Somerset Council for a young person if there are concerns about suspected harm or abuse, to the Local Authority [Report a Concern - Somerset Safeguarding Children Partnership](#)
- 🚩 Report concerns that a young person may be at risk of radicalisation or involvement in terrorism
- 🚩 Refer cases where a crime may have been committed to the Police as required
- 🚩 Follow Department for Education (DfE) and [Keeping Children Safe in Education \(GOV.UK\)](#) (KCSIE) guidance on child-on-child abuse when a concern is raised that there is an allegation of a young person abusing another young person within the day programme
- 🚩 Be available in day programme hours for staff to discuss any safeguarding concerns. Appropriate and adequate cover arrangements must be arranged by the Designated Safeguarding Lead (DSL) when they are on leave
- 🚩 Act as a source of support and expertise in carrying out safeguarding duties
- 🚩 Have a secure working knowledge of Somerset Safeguarding Children's Partnership (SSCP) procedures and understand the assessment process for providing early help assessment and statutory intervention, including the local authority levels of need criteria and referral arrangements
- 🚩 Have a clear understanding of access and referral to the local early help assessment offer and be able to support and advise members of staff where early help assessment and intervention is appropriate
- 🚩 Be alert to the specific needs of children in need, those with Special Educational Needs and Disabilities (SEND) and young carers
- 🚩 Understand the risks associated with online activity and be confident that they have the up-to-date knowledge and capability to keep children safe whilst they are online in the day programme; in particular understand the additional risks that young people with Special Educational Needs and Disabilities (SEND) face online and the associated and appropriate support they require
- 🚩 Keep detailed, accurate records (either written or using appropriate secure online software), that include all concerns about a child even if there is no need to make an immediate referral and record the rationale for decisions made and action taken
- 🚩 Ensure that when a young person moves into a new substantive education placement, their child protection information is passed to the new education placement as soon as possible, and within statutory timescales and that confirmation of receipt is received. Please see section on Record Keeping for further information
- 🚩 Ensure that all appropriate staff members have a working knowledge and understanding of their role in case conferences, core groups and other multi-agency planning meetings, to ensure that they attend and are able to effectively contribute when required to do so; where a report is required, this should be shared with the parents prior to the meeting

-  Ensure that the case holding Social Worker is informed of any young person currently with a child protection plan who is absent without explanation
-  Organise child protection and safeguarding induction, regularly updated training and a minimum of annual updates (including online safety) for all staff, keeping a record of attendance and address any absences
-  Ensure that, in collaboration with the Senior Leadership Team of our service, the Safeguarding and Child Protection Policy is reviewed annually, and the procedures and implementation are updated and reviewed regularly
-  Ensure that the Safeguarding and Child Protection Policy is available publicly and that parents and carers are aware that referrals about suspected harm and abuse will be made and the role of the service in this
-  Ensure that the names of the Designated Safeguarding and Child Protection Lead and deputy, are clearly advertised
-  Meet all other responsibilities as set out for Designated Safeguarding Lead (DSL) in [Keeping Children Safe in Education \(GOV.UK\)](#).

NEW - SEPTEMBER 2026: HTET DSL operating standard

The DSL remains the lead professional for safeguarding and child protection within HTET. The Senior Deputy DSL may undertake delegated activities, but the ultimate lead responsibility cannot be delegated. The DSL will maintain sufficient overview across education, CAMHS/NHS, care, social care, commissioned provision and online/off-site delivery to ensure that risk, information and action are coherent around each child.

HTET will maintain robust DSL cover during operating hours. Cover arrangements will include named trained deputies, an up-to-date rota and a confidential communication route accessible to the safeguarding team. In an emergency, staff act to protect the child and contact children's social care/police without waiting for a particular individual to become available.

- Maintain a live safeguarding caseload with priority/risk, owner, next action, review date, escalation route and clear closure rationale; review high-risk and ageing cases at least weekly.
- Quality assure CPOMS records for timeliness, factual/objective language, the child's words/voice, chronology, risk, decision rationale, referrals, information sharing, outcomes and follow-up.
- Ensure child-protection records transfer securely to a new school/college as soon as possible and within five days for an in-year transfer or within the first five days of a new term, with receipt confirmed. Where risk is significant or complex, speak directly to the receiving DSL and distinguish current concerns from historical information.
- Lead safeguarding input to mental health support, recognising that self-harm, suicidal ideation or other mental health concerns can constitute safeguarding concerns. Clinical or MDT discussion must never delay urgent safeguarding or emergency action.
- Work with the CEO, Responsible Safeguarding Trustee and external safeguarding reviewer to test implementation and impact rather than relying on policy existence or training completion alone.
- Maintain oversight of safeguarding for pupils aged 18 and over, including the Care Act adult safeguarding pathway, Mental Capacity Act considerations, transition planning, Adult Social Care/police/health liaison, and clear separation of child and adult statutory routes in CPOMS and governance assurance.

Senior Deputy DSL:

In addition to the role and responsibilities of all staff the Senior Deputy DSL will:

-  Be trained to the same required standard as the DSL, with the role explicit in the job description, sufficient time and support, Prevent training, formal DSL training refreshed at least every two years and safeguarding knowledge refreshed at least annually.
-  Provide support and capacity to the Designated Safeguarding Lead (DSL) in carrying out delegated activities from the DSL, however, the lead responsibility of the DSL cannot be delegated

- 🚩 In the absence of the DSL, carry out the activities necessary to ensure the ongoing safety and protection of the young people in the service. In the event of the long-term absence of the DSL the deputy will assume all of the functions above.

NEW - SEPTEMBER 2026: TEP Deputy DSL network and safeguarding portfolios

HTET intends to develop Therapeutic Education Practitioners (TEPs) as Deputy DSLs to strengthen capacity and specialist knowledge. No TEP will undertake independent Deputy DSL duties until the required training and competence checks are complete and the role, supervision, availability and escalation expectations are explicit. The DSL retains ultimate lead responsibility.

Trained TEP Deputy DSLs may lead defined safeguarding portfolios such as child criminal exploitation/county lines, child-on-child abuse and sexual violence/harassment, CSE, online safety/filtering, Prevent, missing education/attendance, domestic abuse, self-harm/mental health, FGM/forced marriage and allegations/low-level concerns. Portfolio ownership deepens expertise but never fragments collective responsibility.

Designated Safeguarding Lead (DSL) making a referral:

Parents/carers should normally be informed and involved in safeguarding support and referrals where it is safe and appropriate to do so. Consent is not required to share information or make a safeguarding referral where this is necessary and proportionate to protect a child. The DSL will not inform or seek consent where doing so may increase risk, prejudice a police/social care investigation or otherwise be contrary to the child's welfare, and will seek children's social care/police advice where appropriate.

If there are grounds to suspect a young person is suffering, or is likely to suffer, significant harm or abuse the DSL must notify the local authority children's social care, local authority safeguarding partner or the police.

If the DSL is unsure about whether a referral is necessary, they may phone first to discuss concerns. Where there are doubts or reservations about involving the young person's family, the DSL should clarify with the Local Authority (LA) safeguarding partner or the police whether parents should be told about the referral and if so, when and by whom.

When a young person is in urgent need of medical attention, and there is suspicion of abuse, the DSL will seek advice from the safeguarding partner about what action should be taken about informing parents, remembering that parents would normally be informed that a young person requires urgent hospital attention, and a staff member will seek urgent medical advice from 111 or call an ambulance in an emergency.

Senior Leadership Team:

The Senior Leadership Team has a duty to ensure that the service meets its statutory responsibilities and ensures that the young people attending the service are safe. All members are expected to receive appropriate safeguarding and Child Protection training to equip them with the knowledge to provide strategic challenge to test and assure themselves that the policies and procedures in place are effective.

The Senior Leadership Team members should be aware of their obligations under [The Human Rights Act \(GOV.UK\)](#), [The Equality Act \(GOV.UK\)](#) and local multi agency safeguarding arrangements. The Senior Leadership Team, alongside the Trustees, ensures that the service in exercising safeguarding, behaviour, reasonable-force, premises, recruitment and provision decisions, HTET will have due regard to the Public Sector Equality Duty and will consider reasonable adjustments and any disproportionate impact on protected groups.

- 🚩 Has a whole service approach to safeguarding by ensuring that safeguarding and child protection are at the forefront of, and underpin, all relevant aspects of process and policy development
- 🚩 Appoints a Designated Safeguarding Lead (DSL), a Senior Deputy DSL and appropriately trained Deputy DSLs across the day programme sites
- 🚩 Ensures that safeguarding responsibilities are identified explicitly in the job descriptions of every member of staff and volunteers and that all staff understand the expectations, roles and responsibilities around filtering and monitoring as part of their safeguarding training

- ✚ Ensures that a DSL is always available during day programme hours for staff to discuss any safeguarding concerns. They will generally be expected to be available in person but in exceptional circumstances, availability will be via telephone or other communication media
- ✚ Has a Safeguarding and Child Protection Policy that is consistent with statutory requirements, reviewed annually and made available publicly on our website
- ✚ Has procedures for dealing with allegations of abuse made against members of staff and volunteers, including allegations made against a member of the Senior Leadership Team
- ✚ Follows safer recruitment procedures that include statutory checks on the suitability of staff to work with children and disqualification from providing childcare regulations
- ✚ Ensures all staff, including Senior Leaders and volunteers receive appropriate and regularly updated safeguarding and child protection training and updates as required (at least annually) to provide them with the relevant skills and knowledge to safeguard children effectively in line with any requirements of government guidance
- ✚ Ensures that all staff, including temporary staff and volunteers, are provided with copies of, or access to, the Safeguarding and Child Protection Policy and Staff Code of Conduct before they start work
- ✚ Ensures that staff educate young people about safeguarding and how to keep themselves safe at all times, including when online, as part of their day programme curriculum
- ✚ Appoints a link member to monitor the effectiveness of this policy in conjunction with the full Board of Trustees. This is always a different person from the DSL
- ✚ Ensures the chair of trustees acts as the 'case manager' if an allegation of abuse is made against a member of the Senior Leadership Team where appropriate
- ✚ Ensures Trustees and senior leaders read the relevant parts of KCSIE 2026 for their role and undertake appropriate safeguarding training, including governance of online safety, filtering and monitoring.
- ✚ Reviews the [Department for Education's \(GOV.UK\)](https://www.gov.uk/government/department/department-for-education) filtering and monitoring standards to ensure these are met.

The Senior Leadership Team is responsible for the implementation of this policy, including:

- ✚ Ensuring that the policies and procedures adopted are understood and followed by all staff
- ✚ Communicating this policy to parents and carers when a young person joins the day programme and via the website
- ✚ Ensuring that the Designated Safeguarding Lead (DSL) has appropriate time, funding, training and resources, and that there is always adequate cover if a DSL is absent
- ✚ Ensuring that all staff undertake appropriate and up to date safeguarding and child protection training
- ✚ Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate
- ✚ Making decisions regarding low level concerns in collaboration with the DSL.

NEW - SEPTEMBER 2026: Integrated therapeutic, CAMHS/NHS and MDT safeguarding interface

HTET's therapeutic education model brings together education, CAMHS/NHS colleagues, care, social care, SaLT, OT, psychological/psychotherapeutic input, families/carers and commissioners around the young person. Shared formulation, risk-and-needs assessment and therapeutic planning support safeguarding by helping staff understand behaviour and vulnerability in context.

HTET safeguarding accountability remains explicit. Education leaders are accountable for school safeguarding, reasonable adjustments and implementation of agreed strategies in education. Clinical accountability remains with the appropriately registered practitioner/NHS service within their commissioned remit. The MDT does not replace the DSL, children's social care, police, emergency services or statutory decision-making.

Where there is an acute concern - including immediate self-harm/suicide risk, serious injury, acute psychosis or other emergency - staff will follow safeguarding and emergency routes immediately. Call 999 or attend A&E for immediate danger. For urgent mental health help that is not an emergency, use the current NHS 111 mental health route and the young person's CAMHS/crisis plan as applicable.

- Consent and information-sharing arrangements will be explicit, but safeguarding information will be shared without consent where lawful, necessary and proportionate to protect a child.
- Every child should have clear education and where applicable, clinical/CAMHS key people; recommendations from formulation, SaLT, OT, therapy or CAMHS will be translated into the child's daily education/support plan and reviewed for impact.
- Weekly operational/risk review and scheduled multidisciplinary review will triangulate safeguarding, attendance, behaviour, learning, therapeutic information, family/care context, actions, owners, review dates and escalation.

Volunteers:

Volunteers will undergo the checks required by KCSIE 2026 and the Safeguarding Vulnerable Groups framework according to the activity they undertake. From 1 September 2026, HTET will not rely on the previous supervision exemption when deciding whether otherwise qualifying volunteer activity is regulated activity. A volunteer will not be permitted unsupervised access to children or to undertake regulated activity until the required checks and safeguarding induction are complete. The decision and evidence will be recorded.

Contractors:

HTET will verify the identity of contractors and obtain the level of DBS/barred-list assurance required by KCSIE for the work to be undertaken and the opportunity for contact with children. Where the contractor is employed by another organisation, HTET will obtain written assurance of the relevant checks and safeguarding arrangements and will record the basis for access. Where an individual is self-employed, HTET will either obtain the required DBS check or inspect the individual's certificate where they have obtained their own check, ensuring that the check is at the level required for the role. Identity will always be checked on arrival. Contractors for whom required checks have not been completed will be supervised or excluded from child-access areas as appropriate to risk and statutory requirements.

Checking the identity and suitability of visitors:

All visitors to our sites are required to verify their identity to the satisfaction of staff and to leave their belongings, including their mobile phone(s), in a safe place during their visit. If the visitor is unknown to the setting, we will check their credentials and reason for visiting before allowing them to enter the setting. Visitors should be ready to produce identification (ID). Visitors who come to the site for a professional purpose, such as Educational Psychologists and School Improvement Partners, will be asked to show photo ID and:

-  For professional visitors, HTET will obtain appropriate identity and safeguarding assurance proportionate to the visit. Where the visitor's employing organisation is responsible for pre-employment checks, written assurance may be accepted in accordance with KCSIE and HTET procedures; HTET will not routinely require an individual to disclose a portable DBS certificate where organisational assurance is sufficient.
-  Visitors who are not appropriately checked for unsupervised access will be supervised. All visitors must follow HTET site-security, safeguarding, mobile-phone and recording requirements and know how to report a concern.

All other visitors, including visiting speakers, will always be accompanied by a member of staff. We will not invite into the day programme any speaker who is known to disseminate extremist views and we will carry out appropriate checks to ensure that any individual or organisation using our facilities is not seeking to disseminate extremist views or radicalise young people or staff. Visitors are expected to sign the visitors' book and wear a visitor's badge. When signing the visitors' book, the signature also confirms that they have read and will adhere to the safeguarding statement in Appendix B. All visitors are given safeguarding information identifying the Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Lead(s) for the site.

Site security:

We aim to provide a secure site at our provision but recognise that the site is only as secure as the people who use it. Therefore, all people on the site must adhere to the rules which govern it. These are:

-  The front doors remain locked for access into the building (accessible by using a keypad by staff) and young people are to be let in and out of the building by staff
-  Doors leading outside the buildings are kept closed to prevent intrusion
-  Visitors and volunteers enter at the reception and must sign in
-  Young people are only allowed to leave the day programme before the end of the day with consent from their parent or carer
-  Empty classrooms have windows closed
-  If a young person absconds or is missing from site, staff follow the procedure set out in Appendix C.

NEW - SEPTEMBER 2026: Safeguarding in sport, PE and use of HTET premises

Safeguarding applies to PE, sport, physical activity, trips and enrichment. HTET will risk assess activities, follow relevant National Governing Body safety requirements, make reasonable adjustments and maintain appropriate supervision. Where a sport needs to be single-sex from a particular age for safety, KCSIE 2026 is explicit that there must be no exceptions. Where there is no safety issue and a child makes a request connected with social transition, HTET will apply the KCSIE social-transition decision-making process, considering the child's best interests, the impact on other children, safety and fairness.

HTET will meet the KCSIE 2026 safeguarding requirements relating to school premises. Children must not use toilets designated for the opposite biological sex. Separate toilets must be available for boys and girls aged 8 and over except where a toilet is an individual lockable room intended for one pupil at a time. A child aged 11 or over at the start of the school year must not be required or permitted to undress in front of a child of the opposite biological sex, and opposite-sex changing rooms must not be used as part of social transition. Safe self-contained alternative facilities or different access times may be provided without compromising single-sex provision, safety, comfort, privacy or dignity. Decisions will be recorded, communicated appropriately and reviewed. Where premises are hired or used by another body, safeguarding requirements will form part of the arrangement and HTET will act on any concern, including LADO/police/Children's Social Care action where required.

CONFIDENTIALITY

Timely information sharing is essential to effective safeguarding. Information will be shared when it is necessary and proportionate to do so and the information is relevant, adequate and accurate.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.

The Data Protection Act 2018, UK GDPR and the Data (Use and Access) Act 2025 do not prevent or limit appropriate information sharing for safeguarding. Staff will share information when it is necessary and proportionate to protect a child, applying the current DfE information-sharing advice and recording significant decisions and rationale.

If staff need to share 'special category personal data', the Data Protection Act (DPA) contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk. Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests. If staff are in any doubt about sharing information, they should speak to the designated safeguarding lead. All staff complete mandatory Information Governance training.

NEW - SEPTEMBER 2026: Information sharing – the 2026 standard

Information sharing is a safeguarding intervention. HTET will comply with UK GDPR, the Data Protection Act 2018 and the Data (Use and Access) Act 2025. Data protection law does not prevent the sharing of information for safeguarding; fears about sharing information must not stand in the way of protecting a child.

Information will be shared in a timely, necessary and proportionate way and on a need-to-know basis. Staff will record what was shared, with whom, why, the decision/rationale and the lawful basis where relevant. A child's and family's wishes will be considered, but consent is not required where safeguarding sharing is necessary and lawful. Staff should seek DSL/data-protection advice where uncertain, but must not delay urgent action.

RECORDING INFORMATION:

Safeguarding information will be held within our electronic recording system. Every member of staff across the service has an obligation to report and record any concerns which they may have.

Staff will record safeguarding concerns directly on CPOMS as soon as practicable and notify the DSL or a trained deputy without delay. Where there is immediate danger or urgent medical/safeguarding risk, protective action, 999, police or children's social care contact takes priority; the record must be completed as soon as it is safe to do so.

All concerns must be recorded because apparently minor information can reveal patterns of harm. CPOMS is the authoritative HTET safeguarding chronology. Records will capture the child, date/time, source of concern, the child's words/voice where relevant, factual observations, immediate action, information shared, referrals, risk, decision rationale, outcome, next action/review date and closure rationale.

-  A unique safeguarding Log Number
-  The name of young person
-  Their date of birth
-  The date of the incident
-  The date the incident was reported to Children's Services
-  The name of the person reporting the disclosure
-  To whom it was reported
-  Details of incident
-  Actions taken
-  Outcomes (completed by the DSL).

CPOMS case configuration, access permissions and any automated reference numbering will be administered securely. Staff will not create parallel informal safeguarding logs unless a current HTET or NHS procedure specifically requires one; any separate clinical or incident record must be cross-referenced lawfully and proportionately.

The Safeguarding Outcome Record and the Safeguarding Log remain open until they are completed.

The DSL or trained deputy will record decisions, rationale, referrals, outcomes and closure directly in CPOMS. Open/high-risk/ageing cases will be reviewed through the safeguarding oversight process, with thematic and quality sampling reported through leadership and governance assurance.

NEW - SEPTEMBER 2026: CPOMS recording, case oversight and closure

Every concern must be recorded as soon as practicable and on the same working day unless an emergency requires immediate protective action first. Records must be factual, objective, concise and sufficiently detailed to explain what happened, what the child said or communicated, what staff observed, the risk considered, the decision made, the action/next step, owner, timescale and outcome.

The DSL/Senior Deputy DSL will maintain a live overview of open safeguarding cases and review high-risk and ageing cases at least weekly. Cases will only be closed where the rationale and outcome are explicit and any ongoing support/monitoring has a named route. CPOMS quality will be dip-sampled during Term 1 and at least termly thereafter, with themes reported through safeguarding assurance.

- Use the child's actual words where significant and distinguish fact, observation, third-party information and professional judgement.
- Record information sharing, referrals, professional consultations, parental/carer involvement or the reason for not involving them, and the response/outcome from other agencies.
- Record attendance, missing episodes, part-time timetables, suspensions, alternative/off-site provision, restrictive interventions and online incidents where they are relevant to safeguarding.
- Do not delete or retrospectively rewrite safeguarding history to make a chronology appear cleaner; correct errors transparently in line with CPOMS and records-retention procedures.

CONTEXTUAL SAFEGUARDING

Contextual safeguarding / extra-familial harm describes safeguarding risks that arise beyond the family home, including in peer groups, neighbourhoods, education settings, transport, care environments and online. HTET will consider how relationships, locations, organised networks, discrimination, exploitation, violence and technology shape a child's risk and will work with partners who can influence those contexts.

The contextual safeguarding approach says that young people's social care practitioners, child protection systems and wider safeguarding partnerships need to engage with individuals and sectors who do have influence over, extra familial contexts and recognise that assessment of and intervention within these spaces are a critical part of safeguarding practices.

Contextual safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse beyond their front doors. This also includes the risk of abuse occurring in or outside of our service. If a member of staff suspects abuse, spots signs or indicators of abuse, or they have a disclosure of abuse made to them they must:

-  Make an initial record of the information related to the concern
-  Report it to the Designated Safeguarding Lead (DSL) immediately. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if the DSL is not immediately available
-  Make an accurate record (which may be used in any subsequent court proceedings) as soon as practicable and on the same working day, unless immediate protective or emergency action must take priority. The record must include, as relevant:
-  Dates and times of their observations
-  Dates and times of any discussions in which they were involved.
-  Any injuries
-  Explanations given by the young person and, or adult
-  Rationale for decision making and action taken
-  Any actual words or phrases used by the child
-  Sign and date the record and submit to CPOMS
-  be prepared to refer directly to Somerset Local Authority (and the police if appropriate), in the absence of the Designated Safeguarding Lead (DSL) or their Deputy, if there is the potential for immediate significant harm.

Key points for staff are:

-  Stay calm. Do not transmit shock, anger or embarrassment
-  Reassure the young person that you believe them, it is not their fault and that they are being taken seriously and will be supported and kept safe
-  Never give the victim the impression that they are creating a problem for you by reporting abuse, sexual violence or sexual harassment. They should never be made to feel ashamed for making a report
-  Do not promise total confidentiality to the young person. Assure them you will try to help but this may involve telling others, who this will be and why. Share any information on a need-to-know basis only

-  Use Tell, Explain, Describe (TED) wherever possible. Avoid the 'why' question. Only ask enough questions to clarify whether there is a child protection concern. Check that you have understood what they are trying to tell you
-  Do not start your own investigation
-  Do not contact home, the Designated Safeguarding Lead (DSL) will manage this
-  Work with the DSL to complete a Safeguarding Outcome Record.

Concerns about a young person, as opposed to believing they are suffering or likely to suffer from harm, or they are in immediate danger

There may be occasions when staff suspect that a young person is at risk. In these circumstances staff will give the young person opportunities to talk and ask if they are ok or if they can help in any way.

Staff should use CPOMS to record early concerns promptly and factually. CPOMS alerts will route to the authorised DSL/safeguarding recipients under the Trust's current configuration; staff must never assume an electronic alert alone has secured action where risk is urgent. If the child reveals harm, staff follow the disclosure/referral procedure immediately. If the DSL is unavailable, contact a trained deputy; if no safeguarding lead can be reached and delay may place a child at risk, staff must seek advice from or refer directly to Children's Social Care and/or police as appropriate.

You can also seek advice at any time from the NSPCC helpline on 0808 800 5000.

Staff making a referral

If it is appropriate to refer the case to local authority children's social care or the police, the Designated Safeguarding Lead (DSL) will make the referral or support the staff member to do so. If a staff member makes a referral directly, they must tell the DSL as soon as possible. The local authority will acknowledge receipt within one working day of a referral. If the young person's situation does not seem to be improving after the referral, the DSL or the staff member who made the referral must follow local escalation procedures to ensure their concerns have been addressed.

Notifying parents / carers

Our focus is the safety and wellbeing of the young person. Therefore, if we feel that notifying parents or carers could increase the risk to the young person or exacerbate the problem, advice will be sought from children's social care and or the police before parents, carers are contacted. Where appropriate, staff will discuss any concerns about a child with the child's parents or carers. The Designated Safeguarding Lead (DSL) may do this or support the staff member to follow this through in the event of a suspicion or disclosure. In the case of allegations of abuse made against other young people, staff will normally notify the parents or carers of all the young people involved.

STAFF CONDUCT

Abuse of position of trust

All staff are aware that inappropriate behaviour towards young people is unacceptable and that their conduct towards young people must be beyond reproach. In addition, staff should understand that, under the [Sexual Offences Act \(GOV.UK\)](#), it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of staff and a young person under 18 may be a criminal offence, even if that young person is over the age of consent.

Online reputation

Online reputation is the opinion others get of a person when they encounter them on-line. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that young people and staff are aware that anything that is posted could influence their future professional reputation and most organisations and work establishments now check digital footprint before considering applications for positions or places on courses.

Mobile phones, cameras and smart devices

Staff can bring their personal phones to work for their own use but will limit such use to non-contact time when young people are not present. Personal phones will remain in bags or cupboards or staff rooms during contact time with young people. Staff will not take pictures or recordings of young people on their personal phones or cameras.

HTET will comply with the Data Protection Act 2018, UK GDPR and the Data (Use and Access) Act 2025 when creating, storing, using or sharing photographs, recordings and other personal data.

Staff and young person online communication

The service provides advice to staff regarding their personal online activity and has strict rules regarding online contact and communication with young people. Staff must only use their work email addresses to communicate with young people, and they should not be in contact with any young people on social media or share their personal telephone numbers.

NEW - SEPTEMBER 2026: Mobile phones, personal devices and generative AI

KCSIE 2026 states that all schools should be mobile-phone-free environments by default. HTET therefore operates a mobile-phone-free learning environment for pupils during the school day. Any exception for medical need, SEND, safeguarding, transport or another justified circumstance will be agreed, documented and risk assessed. Personal devices must never be used by staff to photograph, record or privately communicate with pupils.

Generative AI tools create new safeguarding risks, including sexualised or abusive deepfakes/deep nudes, impersonation, coercion, harmful advice, radicalising material, misinformation, privacy leakage and dynamic/personalised content that may evade traditional filtering. Staff and pupils must use only authorised systems in line with HTET technology/AI requirements, and any safeguarding concern involving AI is reported to the DSL and recorded.

PHYSICAL CONTACT

Appropriate supportive physical contact may form part of relational, sensory-informed or therapeutic practice where it is safe, necessary, proportionate and consistent with the child's needs, consent/capacity, individual plan and professional boundaries. Physical contact must never be used to meet an adult's emotional needs, as punishment, humiliation or coercion. Staff remain alert to trauma history, communication needs, sensory differences and medical risk.

NEW SEPTEMBER 2026: Restrictive intervention, reasonable force, seclusion and restraint

Restrictive physical intervention

HTET follows the DfE guidance Restrictive interventions, including use of reasonable force, in schools, effective from 1 April 2026. The guidance contains statutory guidance under section 93A of the Education and Inspections Act 2006 on recording and reporting significant incidents involving force; separate legal duties apply to recording and reporting seclusion and restraint under the Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025. The remainder of the DfE document is non-statutory guidance which HTET will follow unless there is a sound reason not to do so. Restrictive intervention is never a punishment or routine behaviour-management response. Staff will prioritise prevention, relational and trauma-responsive practice, communication support, reasonable adjustments, de-escalation and environmental/sensory adaptations. Any use of force must be lawful, reasonable, necessary and proportionate to the circumstances, taking particular account of SEND, mental-health and medical vulnerability and using no more force than is necessary for no longer than necessary.

HTET will comply with the statutory recording and reporting framework effective from 1 April 2026. Each significant incident involving use of force must be recorded as soon as practicable, and HTET will endeavour to complete the record on the same day. Every incident of seclusion and restraint that is within the Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025 will also be recorded and reported as required; where the same event is already recorded as a significant use-of-force incident, it will not be duplicated unnecessarily. Records will include the circumstances, antecedents, prevention/de-

escalation attempted, rationale, intervention and duration, injury/medical response, child and staff debrief, parental notification, safeguarding links and learning/action. Relevant NHS incident reporting will also be completed where NHS governance applies, with lawful cross-reference to CPOMS.

Safety limits are explicit: staff must not use any technique that intentionally restricts a child's airway, breathing or circulation, apply pressure to the neck or abdomen, or use a position or hold that creates an avoidable risk of asphyxia. Ground restraint is avoided wherever possible; if an emergency results in a child being on the ground, staff will minimise duration, monitor breathing and distress continuously and reposition/release as soon as it is safe to do so. Any concern about injury or breathing requires immediate medical assessment/emergency response.

Parents/carers will be informed of a significant use-of-force incident and of seclusion/restraint as soon as practicable, and HTET will endeavour to do so on the same day. Where informing a particular parent would be likely to cause serious harm to the child, HTET will inform another parent/carer who can safely be notified; if no parent/carer can safely be informed, the notification route to the local authority in which the pupil ordinarily resides will be used as required. Any exception, rationale and advice obtained will be recorded.

All staff whose role may require physical intervention will receive recognised, role-appropriate training and required refreshers/catch-up. Training status and competence will be monitored. The Head of Provision/DSL will analyse incidents, door-alarm/exit patterns, repeat locations, timing, injuries and individual trends at least monthly, with termly Board assurance and external sampling.

ALLEGATIONS AND CONCERNS ABOUT ADULTS

Any safeguarding concern or allegation about an adult working in or on behalf of HTET - including an employee, supply/agency worker, trainee teacher, volunteer, contractor, visitor or partner professional - must be reported without delay. For KCSIE Part Four purposes, HTET designates the Head of Provision as the headteacher/principal reporting route and case manager. The DSL must also be informed so that the child's safeguarding needs are addressed. If the concern/allegation is about the Head of Provision, it must be reported to the Chair of Trustees. If there is a conflict of interest in reporting internally, staff may report directly to the LADO. Immediate child-protection concerns are referred to Children's Social Care/police without delay. The CEO may support employer, governance and organisational action but does not displace the KCSIE case-manager route.

Staff may also report their concerns directly to children's social care, the [Local Authority Designated Officer](#) (LADO) or the police if they believe direct reporting is necessary to secure action.

Allegations may also relate to adults employed by partner organisations or using HTET premises. HTET will act to safeguard children and will not defer action solely because another organisation is the employer. Where an allegation may meet the harm threshold, the Head of Provision/case manager will consult the Somerset LADO without delay and will involve police and/or Children's Social Care immediately where required.

NEW - SEPTEMBER 2026: Concerns involving a pupil aged 18 or over

KCSIE Part Four is framed around safeguarding children, but a concern arising from an adult pupil may still have direct relevance to a person's suitability to work with children. Where staff, volunteer, contractor or partner conduct towards a pupil aged 18 or over may involve abuse, a criminal offence, serious professional-boundary breach or other misconduct, HTET will first secure the adult pupil's safety and consider Adult Social Care, police, HR/employer and professional-regulatory routes as appropriate. The Head of Provision/case manager will also assess whether the behaviour indicates a transferable risk or possible unsuitability to work with children; where it may, the KCSIE Part Four process and LADO advice will be considered without delay. The rationale and routes followed will be recorded.

Allegations that may meet the harms threshold

This applies to all cases in which it is alleged that a current member of staff or other adult working in or on behalf of HTET, including a supply/agency worker, trainee teacher, volunteer, contractor or relevant partner professional, has:

-  Behaved in a way that has, or may have, harmed a young person, and, or
-  Possibly committed a criminal offence against or related to a young person, and, or

-  Behaved towards a young person or young people in a way that indicates he or she may pose a risk of harm to young people, and, or
-  Behaved or may have behaved in a way that indicates they may not be suitable to work with young people. This includes behaviour taking place both inside and outside of the service.

Any allegation of abuse will be dealt with quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

The case manager will normally be the Head of Provision, as HTET's designated headteacher/principal route for KCSIE Part Four. Where the allegation concerns the Head of Provision, the Chair of Trustees will act as case manager. Where the Chair is conflicted or is the subject of the concern, the matter will be referred directly to the LADO and managed through the Trust's governance arrangements by the Vice-Chair or another unconflicted Trustee, taking LADO advice. The case manager will be identified at the earliest opportunity and the rationale recorded.

Our procedures for dealing with allegations will be applied with common sense and judgement.

Suspension of the accused until the case is resolved

Suspension of the accused will not be the default position and will only be considered in cases where there is reason to suspect that a young person or other young people are at risk of harm, or the case is so serious that there might be grounds for dismissal.

In such cases, we will only suspend an individual if we have considered all other options available and there is no reasonable alternative. Employer policies will be followed.

Based on an assessment of risk, we will consider alternatives such as:

-  Redeployment within the service so that the individual does not have direct contact with the young person or young people concerned
-  Providing an assistant to be present when the individual has contact with young people
-  Redeploying the individual to alternative work in the service so that they do not have unsupervised access to children
-  Moving the young person so that they will not encounter the individual, making it clear that this is not a punishment and ensuring parents and, or carers are consulted
-  Temporarily redeploying the individual to another role or to our other site.

If in doubt, the case manager will seek views from the designated officer at the local authority, as well as the police and children's social care where they have been involved.

Definitions for outcomes of allegation investigations

-  Substantiated: there is sufficient evidence to prove the allegation
-  Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive, or to cause harm to the subject of the allegation
-  False: there is sufficient evidence to disprove the allegation
-  Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence)
-  Unfounded: to reflect cases where there is no evidence or proper basis which supports the allegation being made.

Procedure for dealing with allegations

In the event of an allegation that meets the criteria above, the case manager will take the following steps:

-  Conduct basic enquiries in line with local procedures to establish the facts to help determine whether there is any foundation to the allegation before carrying on with the steps below
-  Discuss the allegation with the designated officer at the local authority. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or children's social care services. (The case manager may, on occasion, consider it necessary to involve the police before consulting the designated officer – for

example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the designated officer as soon as practicably possible after contacting the police)

-  Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the designated officer (and the police or children's social care services, where necessary). Where the police and, or children's social care services are involved, the case manager will only share such information with the individual as has been agreed with those agencies
-  Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with young people in the service is justified or whether alternative arrangements such as those outlined above can be put in place. Advice will be sought from the designated officer, police and, or children's social care services, as appropriate
-  Where the case manager is concerned about the welfare of other young people in the community or the individual's family, they will discuss these concerns with the DSL and make a risk assessment of the situation. If necessary, the Designated Safeguarding Lead (DSL) may make a referral to children's social care
-  If immediate suspension is considered necessary, agree and record the rationale for this with the designated officer. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the individual facing the allegation or concern within one working day, and the individual will be given a named contact at the school and their contact details
-  If it is decided that no further action is to be taken in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the designated officer what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation
-  If it is decided that further action is needed, take steps as agreed with the designated officer to initiate the appropriate action in the service and, or liaise with the police and, or children's social care services as appropriate
Provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and considering what other support is appropriate
-  Inform the parents or carers of the young person or people involved about the allegation as soon as possible if they do not already know (following agreement with children's social care services and, or the police, if applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against teachers (where this applies) while investigations are ongoing. Any parent or carer who wishes to have the confidentiality restrictions removed in respect of a teacher will be advised to seek legal advice
Keep the parents or carers of the child or children involved informed of the progress of the case (only in relation to their child, no information will be shared regarding the staff member)
-  Make a referral to the [Disclosure and Barring Service \(GOV.UK\)](https://www.gov.uk/government/organisations/disclosure-and-barring-service) (DBS) where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a young person, or if the individual otherwise poses a risk of harm to a young person.

If the service is made aware that the secretary of state has made an interim prohibition order in respect of an individual, we will immediately suspend that individual from teaching, pending the findings of the investigation by the Teaching Regulation Agency.

Where the police are involved, wherever possible the service will ask the police at the start of the investigation to obtain consent from the individuals involved to share their statements and evidence for use in our disciplinary process, should this be required at a later point.

Additional considerations for supply teachers and all contracted staff

If there are concerns or an allegation is made against someone not directly employed by the school, such as a supply teacher or contracted staff member provided by an agency, we will take the actions below in addition to our standard procedures.

-  We will not decide to stop using an individual due to safeguarding concerns without finding out the facts and liaising with our Local Authority Designated Officer (LADO) to determine a suitable outcome

-  The Senior Leadership Team will discuss with the agency whether it is appropriate to suspend the individual, or redeploy them to another part of the service, while the investigation is carried out
-  We will involve the agency fully, but we will take the lead in collecting the necessary information and providing it to the LADO as required
-  We will address issues such as information sharing, to ensure any previous concerns or allegations known to the agency are taken into account (we will do this, for example, as part of the allegations management meeting or by liaising directly with the agency where necessary).

When using an agency, we will inform them of our process for managing allegations, and keep them updated about our policies as necessary, and will invite the agency's Human Resources (HR) manager or equivalent to meetings as appropriate.

Timescales

We will deal with all allegations as quickly and effectively as possible and will endeavour to comply with the following timescales, where reasonably practicable:

-  Any cases where it is clear immediately that the allegation is unsubstantiated or malicious should be resolved within one week
-  If the nature of an allegation does not require formal disciplinary action, appropriate action should be taken within three working days
-  If a disciplinary hearing is required and can be held without further investigation, this should be held within fifteen working days.

However, these are objectives only and where they are not met, we will endeavour to take the required action as soon as possible thereafter.

Specific actions

Action following a criminal investigation or prosecution

The case manager will discuss with the local authority's designated officer whether any further action, including disciplinary action, is appropriate and, if so, how to proceed, taking into account information provided by the police and, or children's social care services.

Conclusion of a case where the allegation is substantiated

If the allegation is substantiated and the individual is dismissed or the service ceases to use their services, or the individual resigns or otherwise ceases to provide their services, we will make a referral to the [Disclosure Barring Service \(GOV.UK\)](#) (DBS) for consideration of whether inclusion on the barred lists is required.

If the individual concerned is a member of teaching staff, we will consider whether to refer the matter to the [Teaching Regulation Agency \(GOV.UK\)](#) to consider prohibiting the individual from teaching.

Individuals returning to work after suspension

If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this. The case manager will also consider how best to manage the individual's contact with the young person or people who made the allegation, if they are still attending the service.

Unsubstantiated, unfounded, false or malicious reports

If a report is:

-  Determined to be unsubstantiated, unfounded, false or malicious, the Designated Safeguarding Lead (DSL) will consider the appropriate next steps. If they consider that the young person who made the allegation is in need of help, or the allegation may have been a cry for help, a referral to children's social care may be appropriate
-  Shown to be deliberately invented, or malicious, the service will consider whether any disciplinary action is appropriate against the individual(s) who made it.

Unsubstantiated, unfounded, false or malicious allegations

If an allegation is:

-  Determined to be unsubstantiated, unfounded, false or malicious, the Local Authority Designated Officer (LADO) and case manager will consider the appropriate next steps. If they consider that the young person who made the allegation is in need of help, or the allegation may have been a cry for help, a referral to children's social care may be appropriate
-  Shown to be deliberately invented, or malicious, the service will consider whether any disciplinary action is appropriate against the individual(s) who made it.

Confidentiality and information sharing

The service will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the Local Authority Designated Officer (LADO), police and children's social care services, as appropriate, to agree:

-  Who needs to know about the allegation and what information can be shared
-  How to manage speculation, leaks and gossip, including how to make parents or carers of a young person or people involved aware of their obligations with respect to confidentiality
-  What, if any, information can be reasonably given to the wider community to reduce speculation
-  How to manage press interest if, and when, it arises.

Record keeping

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case.

The records of any allegation that, following an investigation, is found to be malicious or false will be deleted from the individual's personnel file (unless the individual consents for the records to be retained on the file). For all other allegations (which are not found to be malicious or false), the following information will be kept on the file of the individual concerned:

-  A clear and comprehensive summary of the allegation
-  Details of how the allegation was followed up and resolved
-  Notes of any action taken, decisions reached and the outcome
-  A declaration on whether the information will be referred to in any future reference.

In these cases, the service will provide a copy to the individual, in agreement with children's social care or the police as appropriate. Records of allegations that are not found to be false or malicious will be retained in accordance with KCSIE and HTET records-retention requirements, at least until the individual has reached normal pension age or for 10 years from the date of the allegation if that is longer, unless a longer period is required by law, litigation hold or specific safeguarding-records guidance.

References

When providing employer references, we will:

-  Not refer to any allegation that has been found to be false, unfounded, unsubstantiated or malicious, or any repeated allegations which have all been found to be false, unfounded, unsubstantiated or malicious,
-  Include substantiated allegations, provided that the information is factual and does not include opinions.

Learning lessons

After any cases where the allegations are substantiated, the case manager will review the circumstances of the case with the local authority's designated officer to determine whether there are any improvements that we can make to the service's procedures or practice to help prevent similar events in the future. This will include consideration of (as applicable):

-  Issues arising from the decision to suspend the member of staff
-  The duration of the suspension
-  Whether or not the suspension was justified
-  The use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual.

For all other cases, the case manager will consider the facts and determine whether any improvements can be made.

Non-recent allegations

-  Abuse can be reported, no matter how long ago it happened.
-  We will report any non-recent allegations made by a young person to the Local Authority Designated Officer (LADO) in line with our local authority's procedures for dealing with non-recent allegations.
-  Where an adult makes an allegation to the school that they were abused as a child, we will advise the individual to report the allegation to the police.

Concerns and allegations that do not meet the harm threshold

This applies to all concerns (including allegations) about members of staff, including supply teachers, volunteers and contractors, which do not meet the harm threshold set out above. Concerns may arise through, for example:

-  Suspicion
-  Complaint
-  Disclosure made by a child, parent or other adult within or outside the school
-  Pre-employment vetting checks.

We recognise the importance of responding to and dealing with any concerns in a timely manner to safeguard the welfare of young people.

Definition of 'low level' concerns

The term 'low-level' concern is any concern, no matter how small, that an adult working in or on behalf of the service 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 referral to the designated officer at the local authority.

Examples of such behaviour could include, but are not limited to:

-  Being overly friendly with young people
-  Having favourites
-  Taking photographs of young people on their mobile phone
-  Engaging with a young person on a one-to-one basis in a secluded area or behind a closed door
-  Humiliating young people.

Sharing low level concerns

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

-  Ensuring staff are clear about what appropriate behaviour is, and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others
-  Empowering staff to share any low-level concerns through the confidential HTET route to the DSL and/or Head of Provision, with all concerns reaching the Head of Provision in a timely way
-  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.

Responding to low level concerns

If a low-level concern is raised via a third party, the Head of Provision or a nominated deputy will collect as much evidence as reasonably possible by speaking:

-  Directly to the person who raised the concern, unless it has been raised anonymously
-  To the individual involved and any witnesses

- 🚩 The Head of Provision is the ultimate decision-maker for low-level concerns, in line with KCSIE 2026. The Head of Provision may consult the DSL and HR and will determine whether the matter is a low-level concern, an employment/conduct matter, or may meet the harm threshold and require LADO consultation. The concern, context, evidence considered, decision, rationale and action will be recorded. Where a low-level concern relates to supply staff or contractors, HTET will notify their employer so that patterns can be identified.

Record keeping, low level concerns

All low-level concerns will be recorded in writing. In addition to details of the concern raised, records will include the context in which the concern arose, any action taken and the rationale for decisions and action taken. This will be logged under our CPOMS system. Records will be:

- 🚩 Kept confidential and secure, with access restricted to those who need it, in accordance with the Data Protection Act 2018, UK GDPR, the Data (Use and Access) Act 2025 and HTET retention/information-governance requirements.
- 🚩 Reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. Where a pattern of such behaviour is identified, we will decide on a course of action, either through our disciplinary procedures or, where a pattern of behaviour moves from a concern to meeting the harms threshold as described above, we will refer it to the designated officer at the local authority
- 🚩 Retained at least until the individual leaves our employment
- 🚩 Where a low-level concern relates to a supply teacher or contractor, we will notify the individual's employer, so any potential patterns of inappropriate behaviour can be identified.

Low level concerns and references

We will not include low-level concerns in references unless:

- 🚩 The concern (or group of concerns) has met the threshold for referral to the designated officer at the local authority and is found to be substantiated; and, or
- 🚩 The concern (or group of concerns) relates to issues which would ordinarily be included in a reference, such as misconduct or poor performance.

SPECIFIC SAFEGUARDING ISSUES

Child on child abuse

We recognise that young people can abuse their peers and even if there are no reported cases of child-on-child abuse, such abuse may still be taking place and is simply not being reported. Abuse will never be tolerated or passed off as "banter", "just having a laugh", "part of growing up" or 'boys being boys' as this can lead to a culture of unacceptable behaviours and an unsafe environment for young people.

Child-on-child abuse is abuse or harmful behaviour by one child towards another and can occur inside or outside HTET and online. It includes bullying (including cyberbullying, prejudice-based and discriminatory bullying), abuse in intimate personal relationships between children, physical abuse, serious physical harm or threats involving weapons, sexual violence and sexual harassment, coercive or controlling behaviour, harmful sexual behaviour, causing someone to engage in sexual activity, sharing nudes/semi-nudes including AI-generated/deepfake material, upskirting, initiation/hazing, exploitation and abuse within group or gang contexts.

Children of any sex, sexual orientation or background can experience or perpetrate child-on-child abuse. Staff will be alert to patterns and power imbalances, including sexualised or sexist behaviour, misogyny, misandry, homophobia, racism, ableism and other discriminatory harm. HTET will not normalise or dismiss harmful behaviour as banter, part of growing up or an inevitable feature of adolescence.

Patterns of harm can differ across cohorts, but staff will not rely on sex or gender stereotypes when assessing risk. The DSL will consider the individual child, developmental stage, context, power imbalance, peer group, online behaviour, exploitation indicators, protected characteristics and the child's wishes and needs.

A child being lesbian, gay or bisexual is not in itself a safeguarding risk. However, lesbian, gay and bisexual children, children perceived to be LGB, and children who are questioning their gender may be targeted by peers or adults and may experience bullying, abuse or isolation. Staff will provide a safe and trusted environment, respond to safeguarding concerns without discrimination and follow the current KCSIE requirements for gender-questioning children and any request for social transition.

Staff should recognise that:

-  Risk is individual and contextual. Staff will consider the child's age and development, SEND/communication needs, trauma history, vulnerabilities, peer dynamics, power imbalance, online context and any indication that a child causing harm may also be experiencing abuse or exploitation.
-  Children who have experienced trauma, abuse, violence, disrupted care/education, social isolation or exploitation may require additional safeguarding support; these factors do not determine behaviour and must be assessed without stereotyping.
-  Children with SEND, communication needs, certain medical conditions, or who are LGB or questioning their gender can face additional barriers to recognising, reporting or being believed about abuse. Staff will make reasonable adjustments and ensure access to a trusted adult.

Signs of child-on-child abuse can include:

-  Failing to attend school, disengaging with classes or struggling to complete tasks to the expected standard
-  Physical injuries
-  Having difficulties with mental health and, or emotional wellbeing
-  Becoming withdrawn, shy, experiencing headaches, stomach aches, anxiety, panic attacks, suffering nightmares or lack of sleep or sleeping too much
-  Drugs and, or alcohol use
-  Changes in appearance and or starting to act in a way that is not appropriate for a child's age.

Every child-on-child incident will be screened for safeguarding risk. Behaviour procedures may be used alongside safeguarding action, but must never be used to downgrade, delay or substitute for a safeguarding response where harm, abuse, exploitation, coercion or risk is indicated. This includes where the behaviour:

-  Is serious, and potentially a criminal offence
-  Could put young people at risk
-  Is violent
-  Involves young people being forced to use drugs or alcohol
-  Involves sexual exploitation, sexual abuse, harmful sexual behaviour or sexual harassment, including sexual assault, upskirting, or making/requesting/sharing nudes or semi-nudes, whether consensual, non-consensual, digitally altered or AI-generated.

If a young person makes an allegation of child-on-child abuse:

-  Staff must record the allegation and tell the Designated Safeguarding Lead (DSL), but do not investigate it
-  Reassure the young person that they are being taken seriously and they will be supported and kept safe
-  Explain that the law is in place to protect young people rather than to criminalise them
-  The DSL may contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
-  The DSL may put a risk assessment and support plan into place for all young people involved (including the victim(s), the young person or people against whom the allegation has been made and any others affected) with a named person they can talk to if needed.

Staff will minimise the risk of child-on-child abuse by:

-  Providing a safe space and a supportive environment for young people to speak out or share their concerns knowing that they will be taken seriously, supported and kept safe
-  Challenging any form of derogatory or sexualised language or behaviour, including requesting or sending sexual images
-  Being aware that young people can abuse other young people both inside and outside the school environment

-  Understanding that even if there are no reports in the service of child on child abuse, it does not mean that it is not happening
-  Being vigilant to sexualised, sexist, misogynistic, misandrist, homophobic, racist, ableist, coercive, controlling or group-based behaviour affecting any child, and to patterns that may indicate violence against women and girls or other gender-based harm.
-  Ensuring our day programme curriculum helps to educate young people about appropriate behaviour and consent
-  Ensuring staff are trained to understand that a young person harming a peer could be a sign that they are being abused themselves, and that this would fall under the scope of this policy.

NEW SEPTEMBER 2026: Child-on-child response and harmful sexual behaviour continuum

All child-on-child concerns will receive a safeguarding response proportionate to risk. Behaviour procedures may support the response but will never replace safeguarding assessment. The DSL will consider immediate safety, the wishes and voice of the child who may have been harmed, the needs and risk presented by the child who may have caused harm, other children, power imbalance, context, developmental stage, SEND, criminal thresholds and whether children's social care/police advice or referral is required.

HTET recognises a continuum from developmentally inappropriate or problematic sexual behaviour through harmful sexual behaviour to sexual violence. All incidents involving making, requesting or sharing nudes/semi-nudes require a safeguarding response, including consensual sharing, non-consensual sharing, AI-generated images, deepfakes/deep nudes, livestreams and digitally altered material.

NEW SEPTEMBER 2026: Gender-based harm, violence against women and girls and child-to-parent/caregiver abuse

HTET recognises that safeguarding includes gender-based violence and abuse. Staff will challenge misogyny, misandry, sexual harassment, coercive or controlling behaviour, stalking, sexual violence and other harmful attitudes or conduct, and will remain alert to patterns associated with violence against women and girls while safeguarding every child irrespective of sex or gender.

Children may also cause harm to parents, carers or other family members, sometimes described as child-to-parent or caregiver abuse. Where this occurs, HTET will consider the safety and needs of the child and other family members, the possibility that the child may themselves be experiencing trauma, abuse or exploitation, and whether Family Help, children's social care, police, domestic-abuse or other specialist support is required.

Sexual violence and sexual harassment between children

Child on child abuse can include two specific forms, known as Sexual Violence and Sexual Harassment. Sexual violence includes sexual offences which fall under the [Sexual Offences Act \(GOV.UK\)](#). Sexual harassment refers to 'unwanted conduct of a sexual nature'.

Sexual violence

When referring to sexual violence we are referring to sexual violence offences under the [Sexual Offences Act \(GOV.UK\)](#) as described below:

-  Rape
-  Assault by Penetration
-  Sexual Assault
-  Causing someone to engage in sexual activity without consent.

Young people who have experienced sexual violence display a very wide range of responses to their experience, including in some cases clear signs of trauma, physical and emotional responses, or no overt signs at all. Staff should remain alert to the possible challenges of detecting those signs and show sensitivity to the needs of the young person, for example, about attendance in lessons, irrespective of how overt the young person's distress is.

Sexual harassment

This means 'unwanted conduct of a sexual nature'. It can occur online and offline and both inside and outside of a school or college. When we reference sexual harassment, we do so in the context of child-on-child sexual harassment. Sexual harassment is likely to:

-  violate a child's dignity, and, or make them feel intimidated, degraded or humiliated and, or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

-  sexual comments
-  sexual "jokes" or taunting
-  physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes online sexual harassment
-  consensual and non-consensual sharing of nudes and semi-nude images and, or videos or streams, sharing of unwanted explicit content, Upskirting, sexualised online bullying, unwanted sexual comments and messages, including, on social media and sexual exploitation; coercion and threats.

Sexual violence and sexual harassment can:

-  occur between any two young people
-  occur through a group of young people sexually assaulting or sexually harassing a single young person or group of young people
-  Be perpetrated by a young person of any age against a young person of any age
-  Be perpetrated by a young person of any sexual orientation against a young person of any sexual orientation
-  Be online and offline (physical and, or verbal).

We will follow the guidance in [Keeping Children Safe in Education \(GOV.UK\)](https://www.gov.uk/government/publications/keeping-children-safe-in-education), this can be found in Part 5, which stresses the importance of making it clear that sexual violence and sexual harassment are not acceptable, will never be tolerated and are not an inevitable part of growing up and highlights the risks of tolerating or dismissing any forms of sexual violence or sexual harassment. Important considerations include:

-  The wishes of the victim in how they want to proceed
-  The nature of the alleged incident, including whether a crime may have been committed
-  The ages of those involved and their developmental stages
-  Any power imbalance
-  Whether it is a one off or a sustained pattern of abuse
-  That sexual violence and harassment can occur within intimate personal relationships between children
-  The importance of understanding intra familial harms
-  Any ongoing risks to the victim or other young people
-  Any other related issues including Child Sexual Exploitation (CSE) or Child Criminal Exploitation (CCE).

NEW SEPTEMBER 2026: Gender-questioning children and requests for social transition

HTET will follow the KCSIE 2026 requirements for children who are questioning their gender. Staff will provide a respectful, safe and non-discriminatory environment, listen carefully and respond to any safeguarding concern. A child sharing feelings or questioning their gender is not, by itself, a safeguarding disclosure. If a child confides feelings but does not ask HTET to change how they are treated, there is no reason to break confidence unless a related safeguarding risk arises.

HTET will not initiate social transition. Staff must not adopt changes connected with social transition unless HTET has made a formal decision and parents/carers have been involved in accordance with KCSIE 2026. Any request by a child or parent/carer - including a request concerning name, pronouns, uniform, participation or other treatment - will be referred to the Head of Provision, with DSL involvement, and considered through a documented process. The first consideration is the best interests of the child and other children; the decision may differ from the child's wishes. In the vast majority of cases HTET will work with parents/carers and will consider relevant clinical evidence/advice and non-clinical professional advice, including from the SENCO where relevant. The rare decision not to involve parents/carers must be based on a safeguarding assessment that involvement is likely to increase risk and will be recorded by the DSL.

Supporting any degree of social transition will not include access to toilets, changing rooms or overnight/residential accommodation designated for the opposite biological sex, and single-sex sport safety requirements will be followed. Alternative self-contained facilities may be offered where appropriate. HTET will maintain accurate records of a child's biological sex wherever sex is recorded and ensure relevant staff have the information required to discharge safeguarding duties. Requests, decisions, rationale, communication, review arrangements and any associated safeguarding concerns will be recorded and reviewed.

Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a form of child sexual abuse that occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity.

Whilst age may be the most obvious, the power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and / or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females and young people and adults.

This can involve violent, humiliating and degrading sexual assaults, but does not always involve physical contact and can happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam.

This abuse can be a one off or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and, or enticement-based methods of compliance and may be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual, and it should be noted exploitation can be facilitated and / or take place online.

CSE can affect any child or young person (male or female) under the age of 18, including 16- and 17-year-olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity. Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

Indicators of sexual exploitation can include a young person:

-  Appearing with unexplained gifts or new possessions
-  Associating with other young people involved in exploitation
-  Having older boyfriends or girlfriends
-  Suffering from sexually transmitted infections or becoming pregnant
-  Displaying inappropriate sexualised behaviour
-  Suffering from changes in emotional wellbeing
-  Misusing drugs and, or alcohol
-  Going missing for periods of time, or regularly coming home late
-  Regularly missing school or education, or not taking part in education
-  Young people who suffer from sexually transmitted infections or become pregnant.

If a member of staff suspects Child Sexual Exploitation (CSE), they will discuss this with the Designated Safeguarding Lead (DSL). The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Upskirting

In 2019 [The Voyeurism Offences Act \(GOV.UK\)](#) came into force and made the practice of upskirting illegal. Upskirting is defined as someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks with or without underwear. The intent is to gain sexual gratification or to cause the victim humiliation, distress or alarm. If this is between young people, we will follow the child on child abuse procedure.

There are behaviours that would be considered as sexual harassment which may be precursors to upskirting such as use of reflective mirrors or positioning to enable viewing of underwear, genitals or buttocks.

If technology that is designed for covert placement and could be used for upskirting or indecent images is discovered in the service, it will be confiscated. If the technology is in location and potentially may have captured images, this will be reported to the police and left in situ so that appropriate measures can be taken to gather evidence. If the image is taken on mobile device, it will be confiscated under the same principles.

Technologies

Technological hardware and software are developing continuously and can create both opportunities and safeguarding risks. Most young people use online tools to communicate, find and share information. Technology can also be used to abuse, exploit or coerce children. Staff will additionally remain alert to cyber-dependent offending identified in KCSIE 2026, including unauthorised access or hacking, denial-of-service/'booting' activity, and making, supplying or obtaining malware. Where a child may be at risk of being drawn into low-level cyber-dependent crime, the DSL will consider the national Cyber Choices prevention route alongside the child's wider safeguarding needs. Cyber-enabled concerns such as fraud, online drug supply, sexual abuse/exploitation or bullying will be managed through the relevant safeguarding and police routes.

Online safety and social media

It is essential that young people are safeguarded from potentially harmful and inappropriate online material. With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

-  unwanted contact
-  grooming
-  online bullying, sexual harassment and making/requesting/sharing nudes or semi-nudes, including digitally altered or AI-generated material
-  digital footprint.

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

-  content: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism
-  contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes
-  conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (for example consensual and non-consensual sharing of nudes and semi-nudes and, or pornography, sharing other explicit images and online bullying; and
-  commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

HTET maintains appropriate filtering and monitoring across school-managed networks, devices and relevant locations, including arrangements for school-managed devices used off site. No system is treated as 100% effective: staff supervision, education and reporting remain essential. In line with KCSIE 2026, the responsible senior leader will ensure that an effectiveness review is completed and recorded at least once every academic year, supported by the DSL and IT support. The review will include checks on internet-connected school-managed devices in relevant locations and will consider pupil risk profiles, SEND/EAL, new technology, dynamic/personalised and AI-generated content, serious incidents and identified gaps. The Board/Responsible Safeguarding Trustee will receive assurance on the review and the completion of actions; governance oversight does not displace the operational responsibility of the senior leader, DSL and IT support.

NEW - SEPTEMBER 2026: Generative AI, deepfakes and digital safeguarding

AI-generated safeguarding harm is treated according to the underlying risk and impact, not as a lesser or merely technical issue. A sexualised deepfake of a child, for example, is managed as a safeguarding incident involving nudes/semi-nudes and potential sexual harm even where no original photograph was nude.

HTET will risk assess any generative AI product before use with pupils, consider data protection and privacy, ensure appropriate filtering/monitoring and staff supervision, and teach pupils how to recognise manipulation, impersonation, harmful or unreliable outputs and routes for reporting. Staff must not upload confidential pupil, safeguarding or clinical information into unauthorised AI systems.

Cyberbullying

Central to the service Counter Bullying Policy is the principle that 'bullying is always unacceptable' and that 'all young people have a right not to be bullied'. Cyber-bullying is defined as 'an aggressive, intentional act carried out by a group or individual using electronic forms of contact repeatedly over time against a victim who cannot easily defend himself or herself.'

By cyber-bullying, we mean:

-  bullying by electronic media
-  Bullying by texts or messages or calls on mobile phones
-  The use of mobile phone cameras to cause distress, fear or humiliation
-  Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites
-  Using e-mail to message others
-  Hijacking or cloning e-mail accounts
-  Making threatening, abusive, defamatory or humiliating remarks in on-line forums.

Cyber-bullying may be at a level where it is criminal in character. It is unlawful to disseminate defamatory information in any media including internet sites. Section 127 of the [Communications Act \(GOV.UK\)](#) makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character. [The Protection from Harassment Act \(GOV.UK\)](#) makes it an offence to knowingly pursue any course of conduct amounting to harassment.

If we become aware of any incidents of cyberbullying, we will need to consider each case individually as to any criminal act that may have been committed. The Service will pass on information to the police if we feel that it is appropriate or is required to do so.

So called Honour Based Abuse (HBA)

So called Honour Based Abuse includes all incidents or crimes which have been committed to protect or defend the honour of the community and, or the family, and commonly involve practices such as Female Genital Mutilation, Forced Marriage and breast flattening or ironing. Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators. If staff have a concern that a young person may be at risk of HBA they should alert the Designated Safeguarding Lead (DSL) immediately. All forms of HBA are abuse and will be handled and escalated as such. All staff will be alert to the possibility of a child being at risk of HBA or already having suffered it. If staff have a concern, they will speak to the DSL, who will activate local safeguarding procedures.

Female Genital Mutilation (FGM)

FGM is abuse that encompasses all procedures involved in the partial or total removal of the female external genitalia. It is illegal in the UK, and it is a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Potential signs that a young person may be at risk of FGM include:

-  The girl's family having a history of practising FGM (this is the biggest risk factor to consider)
-  FGM being known to be practised in the girl's community or country of origin
-  A parent or family member expressing concern that FGM may be carried out
-  A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues.

More specific signs to look for include:

-  Having a mother, older sibling or cousin who has undergone FGM
-  Having limited level of integration within UK society
-  Confiding that she is to have a "special procedure" or to attend a special occasion to "become a woman"
-  Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents stating that they or a relative will take the girl out of the country for a prolonged period
-  Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
-  Talking about FGM in conversation, for example, a girl may tell other young people about it (although it is important to take into account the context of the discussion)
-  Being unexpectedly absent from school
-  Having sections missing from her 'red book' (child health record) and, or attending a travel clinic or equivalent for vaccinations, anti-malarial medication.

The above indicators and risk factors are not intended to be exhaustive.

Indicators that FGM has already occurred include:

-  A young person confiding in a professional that FGM has taken place
-  A mother or family member disclosing that FGM has been carried out
-  A family or student already being known to social services in relation to other safeguarding issues
-  Having difficulty walking, sitting or standing, or looking uncomfortable
-  Spending longer than normal in the bathroom or toilet due to difficulties urinating
-  Having frequent urinary, menstrual or stomach problems
-  Avoiding physical exercise
-  Being repeatedly absent from school, or absent for a prolonged period
-  Demonstrating increased emotional and psychological needs, for example: withdrawal or depression, or significant change in behaviour
-  Being reluctant to undergo any medical examinations
-  Asking for help, but not being explicit about the problem
-  Talking about pain or discomfort between her legs.

All staff must report any concern about FGM to the DSL without delay. A separate personal statutory duty applies to teachers: where, in the course of professional duties, a teacher discovers through disclosure by the victim or visual evidence that FGM appears to have been carried out on a girl under 18, the teacher must report this directly to the police in accordance with statutory guidance and should also inform the DSL. Staff must not examine a child to determine whether FGM has occurred.

The DSL will support the wider safeguarding response, including children's social care involvement as appropriate. The teacher's personal police-reporting duty does not transfer to the DSL and must not be delayed while internal advice is sought.

Where FGM is suspected or a child is considered at risk but it is not known to have been carried out, the normal child-protection referral route applies. Staff will report to the DSL immediately and the DSL will consider children's social care and police action in line with statutory and local procedures. Any other member of staff who discovers that an act of FGM appears to have been carried out on a young person under 18 must speak to the DSL and follow our local safeguarding procedures.

Any member of staff who suspects a young person is at risk of FGM or suspects that FGM has been carried out must speak to the DSL and follow the local safeguarding procedures.

Forced Marriage (FM)

Forcing a person into marriage is a crime. It is also illegal to do anything intended to cause a child to marry before their eighteenth birthday, even where violence, threats or another form of coercion are not used. Staff will report any concern immediately to the DSL and follow statutory/local safeguarding procedures, including seeking advice from the Forced Marriage Unit where appropriate. Threats can be physical or emotional and psychological.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the 'one chance' rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them. If a member of staff suspects that a young person is being forced into marriage, they will speak to the young person about their concerns in a secure and private place.

They will then report this to the Designated Safeguarding Lead (DSL). We will also take into account the [Marriage and Civil Partnership Act \(GOV.UK\)](#), which raises the legal age of marriage to 18 in the United Kingdom. The DSL will:

-  Speak to the young person about the concerns in a secure and private place
-  Activate local safeguarding procedures and, where the child may be at risk of harm, make or support an immediate referral to local authority Children's Social Care and/or police as appropriate; the LADO route is for allegations about adults working with children and is not the referral route for a child at risk of forced marriage
-  Seek advice from the [Forced Marriage Unit \(GOV.UK\)](#) on 020 7008 0151.

Breast flattening

Breast flattening, also known as breast ironing, is the pounding and massaging of a pubescent girl's breasts, using hard or heated objects, to try to make them stop developing or disappear. It is typically carried out by the girl's mother, who will say she is trying to prevent the girl from sexual harassment and rape to prevent early pregnancy that would tarnish the family name, or to allow the girl to pursue education, rather than be forced into early marriage.

One chance rule

All staff are aware of the 'one chance rule' in relation to Forced Marriage (FM), Female Genital Mutilation (FGM) and so called Honour Based Abuse (HBA). Staff recognise they may only have 'one chance' to speak to a young person who is a potential victim and have just one chance to save a life. We are aware that if the victim is not offered support following disclosure that the 'One Chance' opportunity may be lost. Therefore, all staff are aware of their responsibilities and obligations when they become aware of potential forced marriage, FGM and HBA cases.

Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a young person into any criminal activity:

-  in exchange for something the victim needs or wants, and
-  for the financial or other advantage of the perpetrator or facilitator and, or
-  through violence or the threat of violence.

Children who are criminally exploited may also be at risk of sexual exploitation, violence, weapon-related harm, debt bondage, trafficking or other abuse. Indicators and experiences vary between children and should be assessed individually. A child cannot consent to exploitation, abuse or trafficking and may be criminalised for activity carried out under coercion. CCE can be facilitated online as well as face to face and may include county lines activity, theft, drug supply, money movement or other offending for individuals, groups or organised networks.

Indicators of CCE/CSE and county lines can overlap. Staff will remain alert to children who:

-  Appear with unexplained gifts, money or new possessions
-  Associate with other children known or suspected to be involved in exploitation
-  Experience changes in emotional wellbeing or a decline in education/engagement
-  Misuse alcohol or other drugs
-  Go missing for periods of time, regularly return late or are found away from home without clear explanation
-  Regularly miss education or stop taking part in education
-  Are involved in serious violence, weapon carrying or threats, or appear fearful of violence or debt
-  Receive requests for drugs via a phone line, move/store drugs or money, or are found in a trap house/cuckooed address or hotel linked to drug activity

-  Owe a debt bond, have bank accounts used to facilitate offending, or are coerced to move money or provide banking/crypto access
-  Show signs of sexual exploitation, including older relationships, sexually transmitted infections, sexual behaviour beyond expected development or pregnancy.

Children who are criminally exploited must have their vulnerabilities recognised and should be treated as victims. A child cannot consent to exploitation, abuse or trafficking. Staff will report concerns to the DSL without delay; the DSL will make or ensure the relevant child-protection referral and, where appropriate, police action. Information or intelligence about suspected CCE/county lines will be passed to the DSL without delay so that safeguarding, police and multi-agency information-sharing/referral routes can be considered and actioned proportionately.

NEW - SEPTEMBER 2026: Child criminal exploitation, county lines, modern slavery and financial exploitation

Child criminal exploitation (CCE) may be committed or facilitated by an individual, group, gang or organised network and may involve violence, coercion, debt, threats, missing episodes, drug supply, theft, weapon carrying, money movement, online offending or other criminal activity. A child may appear to consent, identify with a group or receive something in exchange and can still be a victim of exploitation.

County lines is a form of CCE and may overlap with serious violence, sexual exploitation, modern slavery, trafficking, debt bondage and coercion. Any county lines concern is a safeguarding matter requiring DSL-led assessment and referral/escalation as appropriate; it is not primarily a behaviour matter.

Where a potential victim of modern slavery or trafficking is identified, HTET will ensure the relevant child-protection and modern-slavery referral route is activated, including the National Referral Mechanism through an authorised First Responder where required. Staff will also be alert to financial exploitation, including children being coerced to move money, open/use accounts, receive fraudulent funds, act as money mules, give access to banking/crypto accounts or incur debt for another person.

Serious violence

Staff will remain alert to indicators that a child may be at risk from, or involved in, serious violence, including:

-  Increased absence from school
-  Change in friendships or relationships with older individuals or groups
-  Significant decline in performance
-  Signs of self-harm or a significant change in wellbeing
-  Signs of assault or unexplained injuries
-  Unexplained gifts or new possessions.

Risk factors associated with serious violence may include, but do not determine risk:

-  Being male (as one contextual factor only; assessment must remain individual and non-stereotyped)
-  Having experienced suspension, permanent exclusion, time in Alternative Provision or other disruption to education
-  Having experienced child maltreatment
-  Having been involved in offending such as theft or robbery, having used drugs or alcohol in early adolescence, or having previously been a victim or perpetrator of violence.

Any concern about a child carrying, using or expressing an intention to use a weapon, or being at risk of or involved in serious violence, must be reported to the DSL/deputy without delay. The DSL will assess risk to the child and others, consider a safety/support plan and de-escalation of peer conflict, and involve Children's Social Care/police or other partners as required. HTET will also consider when and where risk is heightened, including immediately before/after the school day, travel routes and known local locations, and will work with partners to promote safety.

Sharing of nudes and semi-nudes

For KCSIE 2026, 'making or sharing nudes and semi-nudes' means the creation, sending or posting of nude or semi-nude visual content by young people under 18. Visual content includes photographs, videos and livestreams. Images may be taken by the child, taken or created by another person, digitally altered or wholly generated using AI, including deepfakes or 'deep nudes'. All incidents require a safeguarding response; the response will be proportionate to age, development, circumstances, coercion, exploitation and vulnerability.

HTET will treat the following as within this safeguarding framework:

-  A child creating, sending or posting a nude/semi-nude image of themselves or another child
-  A child receiving, possessing, requesting or redistributing a nude/semi-nude image involving a person under 18
-  Digitally altered or AI-generated nude/semi-nude material depicting or purporting to depict a child, including where the source photograph was not sexual.

Related sexual content or behaviour that falls outside the specific KCSIE definition of nudes/semi-nudes - for example sexual text-only messages, adult pornography or other explicit online content - may still constitute a safeguarding concern and will be assessed under the relevant safeguarding/online-safety procedure. Sexual imagery of children created or shared by adults is child sexual abuse material and will be managed as a child-protection/police matter, not as ordinary peer image-sharing.

Managing incidents of sharing nudes and semi-nudes

When an incident of sharing nudes and semi nudes is brought to a member of staff's attention:

-  The incident should be referred to the Designated Safeguarding Lead (DSL) as soon as possible.
-  The DSL will follow the current UKCIS guidance on sharing nudes and semi-nudes: responding to incidents and safeguarding children and young people, together with KCSIE Part Five and local safeguarding/police procedures.
-  There should be interviews with the young people involved (if appropriate)
-  Parents and carers should be informed at an early stage and involved in the process unless there is good reason to believe this would put the young person at greater risk of harm
-  At any point in the process if there is a concern that a young person has been harmed or is at risk of harm a referral should be made to Children's social care and, or the police immediately.

Staff must not:

-  View, download, copy or forward illegal imagery, or ask a child to send or download it. If imagery is viewed accidentally, staff must report this immediately to the DSL. Where viewing is unavoidable in a rare safeguarding case, the DSL will follow current UKCIS/KCSIE guidance and record the necessity and decision.
-  Delete the imagery or ask the young person to delete it
-  Ask the young person or young people who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility)
-  Share information about the incident with other members of staff, the young person or young people it involves or their, or other, parents and, or carers
-  Say or do anything to blame or shame any child involved. Staff should explain that the concern must be reported and reassure the child that they will be supported.

Initial review meeting

Following a report of an incident, the Designated Safeguarding Lead (DSL) will hold an initial review meeting with appropriate staff. This meeting will consider the initial evidence and aim to determine:

-  Whether there is an immediate risk to the young person or young people
-  If a referral needs to be made to the police and, or children's social care
-  If it is necessary to view the imagery in order to safeguard the young person (in most cases, imagery should not be viewed)
-  What further information is required to decide on the best response?
-  Whether the imagery has been shared widely and via what services and, or platforms (this may be unknown)
-  Whether immediate action should be taken to delete or remove images from devices or online services
-  Any relevant facts about the young person or young people involved which would influence risk assessment

-  If there is a need to contact another school, college, setting or individual
-  Whether to contact parents or carers of the young person or young people involved (in most cases parents should be involved).

The Designated Safeguarding Lead (DSL) will make an immediate referral to police and, or children's social care if:

-  The incident involves an adult
-  There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
-  What the DSL knows about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
-  The imagery involves sexual acts and any young person or young people in the imagery are under 13
-  The DSL has reason to believe a young person is at immediate risk of harm owing to the sharing of the imagery (for example, the young person is presenting as suicidal or self-harming).

If none of the immediate referral criteria apply, the DSL, in consultation with appropriate safeguarding colleagues and with reference to current UKCIS guidance, may decide on a proportionate school-led response without police or Children's Social Care involvement. The decision and rationale will be recorded and kept under review.

Further review by the Designated Safeguarding Lead (DSL)

If at the initial review stage, a decision has been made not to refer to police and, or children's social care, the DSL will conduct a further review. They will hold interviews with the young people involved (if appropriate) to establish the facts and assess the risks. If at any point in the process there is a concern that a young person has been harmed or is at risk of harm, a referral will be made to children's social care and, or the police immediately.

Informing parents

The Designated Safeguarding Lead (DSL) will inform parents at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the student at risk of harm.

Recording incidents

All incidents involving nudes/semi-nudes, including AI-generated or altered material, and the decisions made in responding to them will be recorded on CPOMS and, where relevant to clinical care, the appropriate authorised NHS record. Police or children's social care will be involved where required by risk, criminality or statutory guidance.

CHILDREN WHO ARE ABSENT FROM EDUCATION

Being absent from education for prolonged periods and/or repeatedly can be a warning sign of abuse, neglect, exploitation, serious violence, mental health difficulty, substance misuse, radicalisation, FGM, forced marriage or other safeguarding risk. Staff will also recognise repeated classroom removal, suspension, a reduced/part-time timetable, alternative provision, off-site education or persistent non-engagement as contexts in which safeguarding vulnerability can increase. Attendance response must therefore be child-centred, barrier-led and integrated with safeguarding.

There are many circumstances where a young person may become missing from education, but some young people are particularly at risk. These include young people who:

-  Are at risk of harm or neglect
-  Are at risk of forced marriage or FGM
-  Come from Gypsy, Roma, or Traveller families
-  Come from the families of service personnel
-  Go missing or run away from home or care
-  Are supervised by the youth justice system
-  Cease to attend a school
-  Come from new migrant families.

We will:

-  Follow our procedures for unauthorised absence and for dealing with children who are absent from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent them becoming a child missing education in future
-  Inform the local authority if a young person of statutory school age leaves the day programme without a new school being named
-  Ensure staff are aware of the signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being missing, such as travelling to conflict zones, FGM and forced marriage
-  make an immediate referral to the local authority children's social care team, and the police, if the child is suffering or likely to suffer from harm, or in immediate danger.

NEW - SEPTEMBER 2026: Alternative, off-site, EOTAS and live-online provision

HTET will maintain one live record of every young person receiving education from, through or alongside the Trust and will state clearly who holds safeguarding responsibility at every point, including on-roll, EOTAS, commissioned alternative provision, off-site and live-online arrangements. Where HTET commissions Alternative Provision for a pupil, HTET remains ultimately responsible for the safeguarding and suitability of that placement and for the education and welfare of the pupil.

Before commissioning or using Alternative Provision/external provision, HTET will complete and record due diligence proportionate to risk. For Alternative Provision this will include written confirmation that appropriate safeguarding checks have been carried out on staff and written assurance that the provider will notify HTET of arrangements that may put the child at risk, including staff changes, so HTET can assure itself that checks on new staff are appropriate. HTET will record the exact provider address and any subcontracted or satellite sites, named DSL/contact, attendance/engagement reporting, safeguarding information-sharing, SEND/medical arrangements, site safety, quality assurance and escalation/cessation criteria.

HTET will review Alternative Provision placements frequently enough to assure itself that the child is attending, safe and receiving provision that continues to meet need, and at least half-termly. A safeguarding concern will trigger an immediate placement review, and the placement will be terminated, if necessary, unless or until concerns are satisfactorily addressed. Attendance, engagement and welfare information from commissioned/live-online provision will be reconciled promptly with HTET records. Unexplained absence, loss of contact or safeguarding concerns are escalated immediately through the HTET DSL route and to statutory agencies where required.

Where Nisai Learning contributes live-online curriculum delivery within an HTET learner's programme, HTET remains the accountable education provider and retains safeguarding leadership, attendance oversight, statutory duties, therapeutic/pastoral coordination, family/commissioner relationships and the complete view of risk and progress. Nisai will provide agreed attendance/engagement information and pass safeguarding concerns promptly through named routes. This is an HTET commissioning control additional to the KCSIE Alternative Provision baseline; live-online provision must not become unsupported screen time or an arrangement in which safeguarding accountability is fragmented.

GAMING

Online gaming is an activity in which most children and many adults get involved. Where there is a concern, staff will raise awareness:

-  By talking to parents and carers about the games their children are playing and help them identify whether they are appropriate
-  By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode
-  By talking to parents about setting boundaries and time limits when games are played
-  By highlighting relevant resources.

All the above will be addressed on an individual basis appropriate to the age and needs of any young person.

GROOMING

On-line grooming is the process by which one person with an inappropriate sexual interest in children will approach a child on-line, with the intention of developing a relationship with that child, to be able to meet them in person and intentionally cause harm. Signs of grooming and, or online abuse may include young people:

-  Being very secretive, including about what they are doing online
-  Having older boyfriends or girlfriends
-  Going to unusual places to meet friends
-  Having new items like clothes or mobile phones that they can't or won't explain
-  Having access to drugs and alcohol
-  Going missing from home or school
-  Displaying behavioural changes
-  Having sexual health issues
-  Presenting as suicidal, self-harming, depressed.

Staff will build awareness amongst young people and parents, as appropriate, taking into account the age and needs of individual young people, to emphasise that the young person:

-  Only has friends on-line that they know in real life
-  Is aware that if they communicate with somebody that they have met on-line, that relationship should stay on-line.

Our Service will support parents/carers to:

-  Recognise the signs of grooming
-  Have regular conversations with their children about on-line activity and how to stay safe on-line.

Our Service will raise awareness by:

-  Meeting with parents or carers on an individual basis to discuss specific issues, particularly how individuals can be safeguarded against grooming
-  Including awareness around grooming as part of their curriculum as appropriate to the age and needs of individual young people.

Fabricated or induced illness

There are three main ways that a parent or carer could fabricate or induce illness in a young person. These are not mutually exclusive and include:

-  Fabrication of signs and symptoms. This may include fabrication of past medical history
-  Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids.

This may also include falsification of letters and documents:

Induction of illness by a variety of means.

If staff are concerned that a child may be suffering from fabricated or induced illness, we will refer it to children's social care.

Extremism, radicalisation and terrorism

Extremism is the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs. Radicalisation is the process of a person legitimising support for, or use of, terrorist violence. Terrorism involves the use or threat of action designed to influence government or intimidate the public for a political, religious or ideological cause and which meets the statutory definition. Prevent concerns are safeguarding concerns and will be managed as part of HTET's wider safeguarding approach.

There is no single way of identifying a child who may be susceptible to radicalisation into terrorism. Staff will use professional judgement, remain alert to changes in behaviour and context, and act proportionately. Faith, ethnicity, culture, lawful religious observance or political interest must not be treated as indicators of radicalisation in themselves.

Under section 26 of the Counter-Terrorism and Security Act 2015, HTET must have due regard to the need to prevent people from becoming terrorists or supporting terrorism.

We will:

-  Ensure the DSL/deputies and senior leaders are familiar with current Prevent duty guidance, local Prevent/Channel procedures and proportionate referral decision-making; all relevant staff will receive Prevent awareness appropriate to role.
-  Maintain and review a Prevent risk assessment informed by the local context, safeguarding partners, police/Prevent information, online risk, pupil vulnerability and HTET's provision model, and take proportionate action to reduce identified risk.
-  Maintain suitable filtering and monitoring and teach pupils how to stay safe online, recognise manipulative/extremist content, seek help and use lawful routes for debate and challenge.

Staff may notice changes such as increasing isolation, fixation on violent/extremist narratives, justification of terrorist violence, concerning online contacts/content, threats or preparations for violence, or other behaviour that raises professional concern. Such observations are not a checklist and must be considered in context.

-  Staff must report a Prevent concern to the DSL/deputy without delay and record the factual basis for the concern. The DSL will assess it alongside wider safeguarding information and decide on the appropriate route, which may include local Prevent advice, a Prevent referral, Children's Social Care and/or police.

Prevent and Channel response

-  Channel is a voluntary, confidential multi-agency programme providing early support to people assessed as susceptible to being drawn into terrorism. A Prevent referral is assessed by police and may be progressed to Channel. Consent is required before support through Channel is delivered.
-  If the DSL/senior deputy is unavailable and delay may increase risk, staff must not wait: they should seek advice from or refer directly to Children's Social Care and/or police as appropriate, then inform the safeguarding team as soon as practicable.

The DSL/senior deputy will remain alert to new information while a Prevent referral is being assessed and will share relevant updates with police/partners. HTET may contribute to a Channel panel where requested and will support agreed safeguarding and education actions.

The current Somerset Prevent route is: Avon and Somerset Police Prevent team, 01278 647466 (Monday-Friday 8am-4pm), PreventSW@avonandsomerset.police.uk; outside these hours use 101. Immediate danger or an imminent threat requires 999. The DfE Counter-Extremism helpline may be used for education-sector extremism concerns but does not replace child-protection or police routes.

Domestic abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents.

Domestic abuse has a significant impact on children, as victims in their own right, if they see, hear or experience the effects of abuse. It covers a range of different types of relationships, including ex-partners and family members and captures a range of different abusive behaviours including psychological, physical, sexual, financial, emotional abuse and coercive and controlling behaviour.

Children can be victims of domestic abuse at home. They may see, hear or experience the effects of abuse at home and, or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, development and ability to learn.

Types of domestic abuse include:

-  intimate partner violence
-  abuse by family members
-  teenage relationship abuse
-  child or adolescent to parent violence and abuse.

Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

At our service we will:

-  follow our Safeguarding procedures where there are concerns about the safety or welfare of a young person by informing the Designated Safeguarding Lead (DSL)
-  Where appropriate, refer to children's social care
-  Ensure that both young victims and young perpetrators are offered support
-  Liaise with the police where incidents involving our young people have been reported
-  Advise victims of further support available including the National Domestic Abuse Helpline (0808 2000 247), The National Society for Prevention of Cruelty to Children, domestic-abuse Signs Symptoms Effects, Refuge and Safelives.

NEW - SEPTEMBER 2026: Operation Encompass and domestic abuse notifications

Children can be victims of domestic abuse in their own right, including through seeing, hearing or experiencing its effects and through abuse in their own intimate relationships. KCSIE 2026 reflects the statutory duty placed on police in November 2025 to notify a child's education setting, and where relevant the local authority, where there are reasonable grounds to believe the child may be a victim of domestic abuse. The duty is intended to enable timely, informed support and places no new statutory responsibility on education settings. Information received through Operation Encompass will be treated as safeguarding information, recorded securely, considered alongside the child's voice and circumstances, and used to provide proportionate support and safety planning. An Operation Encompass notification does not replace HTET's duty to make a safeguarding referral where a child may be at risk of significant harm. The DSL will consider whether Family Help, children's social care, police, CAMHS or other support is required.

Young people with a family member in prison

Staff should be aware of any young people whose parent or close family member is in prison. These young people are at risk of poor outcomes including poverty, stigma, isolation and poor mental health.

NEW SEPTEMBER 2026: Mental health, self-harm and suicide as safeguarding concerns

Mental health difficulties can be a safeguarding concern in their own right and can also be an indicator or consequence of abuse, neglect, exploitation, bullying, discrimination or trauma. Staff are not expected to diagnose; they are expected to notice, listen, record, share and act.

Any concern involving self-harm, suicidal ideation, suicide risk or an acute deterioration in mental state will be reported to the DSL and managed using the child's current risk/crisis plan and appropriate clinical route. Immediate danger requires 999/A&E. Urgent mental health support that is not an emergency should use the current NHS 111 mental health route/CAMHS crisis pathway. Clinical referral or therapeutic discussion does not replace safeguarding action where abuse, neglect or significant harm is suspected.

NEW SEPTEMBER 2026: Additional vulnerability - young carers, medical needs, temporary accommodation and looked-after children

HTET will be alert to safeguarding barriers affecting young carers; pregnant pupils and young parents; children with SEND, communication needs or medical conditions; children in care and previously looked-after children; and children living in temporary, homeless or otherwise unstable accommodation. From 1 September 2026, the Children's Wellbeing and Schools Act introduces a duty on local housing authorities in England to notify relevant educational institutions when a child is placed in temporary accommodation where the required agreement/consent has been given, including by a 16- or 17-year-old living independently where applicable. Staff will not assume that a change in behaviour, attendance, presentation or communication is explained by a diagnosis, disability, caring role, pregnancy/parenthood, care status or housing situation. Reasonable adjustments, trusted-adult access and professional curiosity will be used to reduce barriers to disclosure and support.

The DSL will work with the Designated Teacher, Virtual School Head, social worker, health professionals, carers/homes, local authority and other partners as relevant. On receipt of a temporary-accommodation notification, HTET will record and review the information promptly, consider immediate safeguarding and welfare needs, and coordinate appropriate support for attendance, travel, learning, health, SEND/medical needs and family circumstances. The notification does not replace existing safeguarding duties or a referral to Children's Social Care where a child has been harmed or is at risk of harm.

FURTHER SAFEGUARDING CONCERNS

Appendix D signposts further information and specialist safeguarding guidance on these concerns.

RECORD KEEPING

All safeguarding concerns, discussions, decisions and actions will be recorded on CPOMS, HTET's safeguarding recording system from the September 2026 implementation point. Legacy MyConcern and relevant NHS clinical records will be retained securely and made accessible to authorised staff in accordance with migration, retention and information-governance requirements. If a staff member is in doubt about whether to record something, they should record the concern and discuss it with the DSL.

Confidential information and records are also held securely on CPOMS, our secure Health Records system and are only available to those who have a right or professional need to see them.

Any communication between our staff and social care teams is recorded on the Safeguarding Outcome Record and recorded on the Child Protection area of CPOMS.

If a young person moves to another education provision, the child-protection file will be transferred securely and separately from the main pupil file as soon as possible: within five days for an in-year transfer or within the first five days of the start of a new term. Receipt will be confirmed. Where concerns are significant or complex, the DSL will speak directly to the receiving DSL in advance where possible and provide a clear summary that distinguishes current/live risk from historical information so the receiving setting can prepare appropriate support.

TRAINING

It is important that all staff receive training to enable them to recognise the possible signs of abuse, neglect and exploitation and to know what to do if they have a concern.

Designated Safeguarding Lead (DSL) training

The DSL and deputies will undertake formal child-protection/safeguarding training appropriate to the role, refreshed at least every two years. HTET will use recognised local or equivalent DSL training and will retain evidence of completion.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through meeting other DSLs, or taking time to read and digest safeguarding developments).

They will also undertake Prevent awareness training and training to ensure they understand their role and responsibilities with regards to filtering and monitoring systems and processes.

All staff

All staff, Trustees and relevant volunteers will receive safeguarding and child-protection training at induction and thereafter at least annually, with regular safeguarding updates throughout the year. Relevant CAMHS/NHS and commissioned/partner colleagues working within HTET will receive or evidence school-specific safeguarding induction proportionate to their role. HTET will maintain completion/catch-up records and will test understanding through scenarios, recall and practice sampling rather than relying on attendance or signature alone.

Annual and ongoing training will include KCSIE 2026 Part One, reporting and CPOMS recording, Family Help and local thresholds, child-on-child abuse/harmful sexual behaviour, CSE/CCE/county lines/modern slavery, serious violence and weapons, mental health/self-harm/suicide risk, domestic abuse/Operation Encompass, Prevent, FGM/forced marriage, absence and alternative provision, SEND/medical vulnerability, racism/discrimination, online safety, generative AI/deepfakes, mobile phones, filtering and monitoring responsibilities, information sharing, allegations/low-level concerns and restrictive-intervention expectations as relevant to role.

Workplace culture is developed so staff feel comfortable discussing safeguarding matters in and outside of work, including online.

New staff and induction

At induction, all new staff will receive this policy, the Staff Code of Conduct, Behaviour Policy, the safeguarding response to children absent from education, the identity and role of the DSL/deputies, online-safety/filtering-and-monitoring responsibilities and Part One of KCSIE 2026 in full. School leaders and staff who work directly with children will also be directed to Annex A, 'Further information'. Induction may coincide with annual training but must occur before staff are expected to discharge safeguarding responsibilities without support.

Senior Leadership Team

All Senior Leadership members receive safeguarding training to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

The Chair of Trustees will act as case manager where a safeguarding concern/allegation is about the Head of Provision, in accordance with KCSIE Part Four. Concerns about other adults are normally managed through the Head of Provision as HTET's designated headteacher/principal route.

SAFER RECRUITMENT

HTET will apply KCSIE Part Three to all recruitment and appointment activity. At least one member of every HTET recruitment panel will have completed safer-recruitment training as a Trust standard. Required checks will include, as applicable, identity, right to work, employment history and gaps, references, qualifications, enhanced DBS, children's barred-list information where legally eligible/required, prohibition/restriction checks, Section 128 checks where applicable, overseas information and any role-specific statutory checks. References will be obtained and scrutinised before appointment wherever practicable and discrepancies resolved. Where the DBS Update Service is used, HTET will inspect the original certificate and follow current KCSIE/DBS requirements; applicants may join the Update Service when applying for a DBS check or within 30 calendar days of the certificate issue date.

Where therapeutic/CAMHS/NHS or partner staff are employed by another organisation, that organisation retains its employer responsibilities, but HTET will obtain appropriate written assurance of checks, verify identity and record the basis on which the adult has access to pupils. HTET will not assume that another organisation's employment relationship removes the Trust's school safeguarding assurance duties.

As part of shortlisting, HTET will consider an online search on shortlisted candidates as due diligence in accordance with KCSIE. Searches will be proportionate, limited to publicly available information relevant to suitability to work with children, handled in accordance with data-protection/equality requirements, and candidates will be informed in advance that such searches may be undertaken. Any matter identified will be explored fairly with the candidate where appropriate.

Safer-recruitment competence will be maintained through training, updates and quality assurance. HTET will not rely on a historic training certificate where statutory guidance, local procedures, role requirements or identified practice have materially changed. The Safer Recruitment Policy and SCR procedure set out the detailed operational process.

Our Safer Recruitment Policy sets out the process in full and a copy of this policy is available by request.

NEW SEPTEMBER 2026: Single Central Record, NHS/partner staff and regulated activity

The Single Central Record (SCR) will contain the checks required by KCSIE and will be reconciled with HR/governance records. HTET will classify NHS/CAMHS, contractor, agency, volunteer, trainee-teacher and partner roles accurately rather than assuming another organisation's employment relationship removes HTET's assurance duties. Where another organisation is responsible for checks, HTET will obtain and retain appropriate written confirmation and verify identity on arrival/commencement as required. The SCR must be capable of demonstrating the required checks for HTET separately and clearly to Trustees and inspectors.

From 1 September 2026, HTET will not use the former supervision exemption when deciding whether volunteer activity is regulated activity. Teaching, training, instructing, caring for or supervising children, or other qualifying work in a specified establishment, is regulated activity where the statutory frequency condition is met (including work on more than three days in any 30-day period) or where the relevant overnight condition

applies; specified personal care and healthcare activities can be regulated activity regardless of frequency. Existing volunteers who became regulated activity from 1 September 2026 because of the legislative change must have their children's barred-list status checked. HTET should obtain an enhanced DBS check with children's barred-list information; a standalone barred-list check may be used only in the circumstances permitted by KCSIE, including where regulated activity is to begin before the enhanced certificate is received or where a recent enhanced DBS without barred-list information has been obtained and there has been no break in service. Where EYFS requirements apply, staff or volunteers must not begin work within the EYFS-covered setting until the enhanced DBS certificate including barred-list information has been received. Volunteers not in regulated activity will be subject to a recorded written risk assessment and proportionate checks. Under no circumstances will a volunteer on whom no checks have been obtained be left unsupervised or permitted to undertake regulated activity. HTET will not rely on the withdrawn DfE 'Regulated activity in relation to children: scope' document; current KCSIE Part Three, legislation and DBS guidance will be used.

Where HTET arranges work experience, vocational placements, exchange/homestay arrangements or other activity in which a child is supervised or accommodated by adults outside ordinary HTET staffing, the Trust will apply the relevant KCSIE Part Three checks and safeguarding assurance, including regulated-activity considerations where applicable. The decision, checks, host/provider information, emergency contacts and review arrangements will be recorded before the activity begins.

MONITORING ARRANGEMENTS

This policy will be reviewed at least annually by the DSL, Head of Provision and CEO and approved by the Board of Trustees. It will be reviewed sooner where legislation/guidance changes, local procedures change, a serious incident or case review identifies learning, provision changes materially or external assurance identifies a gap. The policy will be updated immediately where a named contact or reporting route changes.

NEW SEPTEMBER 2026: Board, executive and external safeguarding assurance

HTET will maintain a live KCSIE 2026 compliance matrix covering Parts One to Five and relevant annexes. The matrix will distinguish statutory duties (must), statutory guidance expectations (should) and HTET-enhanced governance controls, so that additional Trust standards are not incorrectly presented as DfE legal requirements. No requirement will be marked complete solely because wording appears in this policy. Evidence will include staff knowledge, CPOMS quality, case chronology/action, SCR and safer recruitment, DSL/deputy competence and cover, commissioned provision, attendance, restrictive-intervention records, digital filtering/monitoring, referrals/outcomes and pupil/family experience where appropriate.

The Responsible Safeguarding Trustee will undertake proportionate termly assurance, including SCR/training sampling, case/record sampling and challenge on open actions. The CEO/DSL/Head of Provision will report exceptions and themes to the Board. Independent safeguarding quality assurance by an appropriately qualified reviewer appointed by the Trust will test implementation and impact. Actions remain open until evidence has been sampled and closure is agreed through the appropriate governance route.

NEW SEPTEMBER 2026: Inspection and evidence readiness

HTET will use the Ofsted State-funded schools inspection toolkit for use from 7 September 2026 as an additional assurance lens. The safeguarding evaluation expects an open and positive culture, effective whole-school safeguarding, multi-agency working, staff knowledge and action, child voice, safer recruitment and SCR compliance, effective online safeguards, appropriate management of allegations, and demonstrable protection for pupils who are absent, off site or attending Alternative Provision. Inspection readiness does not replace statutory compliance; it requires leaders and Trustees to demonstrate that safeguards are understood, applied, reviewed and improved in practice.

Evidence will be proportionate and authentic: staff knowledge; pupil and parent voice; attendance and children-missing-education response; case chronology, referral quality and escalation; SCR/safer recruitment; allegations/low-level concerns; online filtering/monitoring; written safeguarding assurance and review of Alternative Provision; restrictive-intervention records and trend analysis; SEND/medical and allergy-safety arrangements; multi-agency working; and Board/external challenge. Leaders will be able to show not merely that a policy exists, but how implementation changes risk, support and outcomes for pupils.

Safeguarding assurance will identify pupils aged 18 or over as a distinct cohort for threshold and pathway purposes. Termly reporting will confirm, proportionately and without unnecessary identifiable detail, the number/nature of adult safeguarding concerns, Adult Social Care/police referrals, transition risks, timeliness, outcomes and any cross-over with child safeguarding or staff-suitability concerns. This is to test implementation and prevent age-18 transitions from creating gaps in protection.

LINKED POLICIES

This policy links to the following policies and procedures, policies that do not appear on our website are available on request:

-  Counter Bullying Policy
-  Behaviour Policy
-  Complaints Policy
-  Whistleblowing Policy
-  Staffing and Safe Recruitment

NEW SEPTEMBER 2026: Key linked HTET procedures for implementation

This policy is implemented through the current versions of HTET's Staff Code of Conduct/Professional Boundaries; Behaviour; Attendance; Online Safety/Acceptable Use/AI; Mobile Phone; Safer Recruitment and SCR; Allegations and Low-Level Concerns; Whistleblowing; SEND; Supporting Pupils with Medical Conditions and allergy-safety arrangements; Alternative Provision/Commissioning; Restrictive Intervention/Positive Handling; Missing/Absconding; Data Protection/Information Sharing/Records Retention; Equality; Complaints; Health and Safety; First Aid/Medication; and relevant therapeutic/clinical partnership protocols. Where a linked procedure is still being updated for September 2026, the statutory requirements in KCSIE 2026 and this policy apply in the interim.

CONCLUSION

Safeguarding at HTET is everyone's responsibility and is inseparable from the quality of therapeutic education. The Trust will combine strong relationships with timely statutory action, professional curiosity, accurate records, robust safer recruitment, safe digital practice, multi-agency working and transparent Board assurance. Children will be listened to, supported and protected; adults will be expected to act, record and escalate without delay.

Appendix A: TYPES OF ABUSE

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap. Abuse is a form of maltreatment of a child. Somebody may abuse a child by inflicting harm or by failing to prevent harm. Children may be abused within a family or in an institution or community setting by those known to them or by others. Abuse can take place online.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Signs of physical abuse can include:

-  Injuries to parts of the body where accidents are unlikely such as thighs, back, abdomen
-  Respiratory problems from drowning, suffocation or poisoning
-  Untreated or inadequately treated injuries
-  Bruising which looks like hand or finger marks or caused by an implement
-  Cigarette burns, human bites
-  Scarring scolds and burns

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone. Emotional abuse can include verbal abuse, for example persistent criticism, belittling or name-calling, as well as the behaviours described below. Emotional abuse may involve:

-  Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
-  Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
-  Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection

and limitation of exploration and learning, or preventing the child participating in normal social interaction

-  Seeing or hearing the ill-treatment of another
-  Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

-  Physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
-  Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. Signs of sexual abuse displayed by children may include:

-  Pregnancy
-  Sexually transmitted infections, diseases
-  Pain, itching, bleeding, bruising, discharge to the genital area, anus, mouth
-  Urinary infections
-  Difficulty walking or sitting or standing
-  Persistent sore throats
-  Stomach ache.

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 exclusion from home or abandonment)
-  Protect a child from physical and emotional harm or danger
-  Ensure adequate supervision (including the use of inadequate caregivers)
-  Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Signs of possible neglect may include:

-  Being underweight or very small for their age
-  Deterioration in weight
-  Poorly clothed with inadequate protection for the weather
-  Frequent absences from school for no apparent reason
-  Regularly left alone or in charge of younger siblings.

Appendix B: VISITORS SAFEGUARDING INFORMATION

As visitors arrive on site, they sign in to our signing in book and read the following statement;

'Welcome to Horizons Therapeutic Education Trust. Please sign the visitors' book. By signing the visitors book you agree to the following safeguarding statement:

I accept my responsibility to protect and support the wellbeing of young people at HTET. I will report anything that may not protect or support a child immediately to the Designated Safeguarding Lead (DSL), a Deputy DSL or an HTET staff member, who will ensure the concern reaches the safeguarding team. I will use appropriate language and topics, maintain professional boundaries, follow site/device rules and protect confidentiality. I understand that safeguarding information may need to be shared on a need-to-know basis to protect a child. Visitors to the site will also be given a leaflet with information about Safeguarding and who the Designated Safeguarding Lead and Deputies are'.

Appendix C: YOUNG PEOPLE ABSCONDING FROM SITE

If a young person absconds from site, staff will:

-  Alert reception/site lead and the DSL/deputy immediately. A staff member should maintain safe observation where this can be done without increasing risk, while ensuring adequate staffing remains on site and obtaining a work phone/radio where available.
-  Use the child's individual risk assessment and a dynamic assessment of location, traffic/environmental hazards, self-harm/suicide risk, exploitation, violence, medical need, weather, communication needs and any known destination or trigger. Staff must not pursue in a way that increases danger to the child, staff or public.
-  If the child remains safely in sight, staff should keep an appropriate distance, use calm relational communication and encourage a safe return or another agreed safe plan. There is no fixed waiting period before escalation; decisions are based on current risk.
-  A child who refuses to return remains a safeguarding and welfare responsibility. The site lead/DSL will agree the next safe action with parents/carers/home and other relevant professionals; a decision to leave site or go home must be authorised and risk assessed rather than treated as parental discretion alone.
-  If the young person cannot be kept safely in sight or their location becomes unknown, staff will notify the site lead/DSL immediately and apply the individual risk assessment. Parents/carers/home, social worker and CAMHS/clinical contact will be notified as appropriate to the child's plan and risk. Police will be contacted without delay where the child is missing, at immediate risk, vulnerable to exploitation/self-harm/traffic or other serious harm, or where staff cannot safely maintain oversight. There is no mandatory waiting period before contacting police; the response is risk based. All actions and decision rationale will be recorded on CPOMS and reviewed after the incident.
-  Where the child's location is unknown, safe observation cannot be maintained, or risk is immediate/significant, police will be contacted without delay. Parents/carers/home, social worker and relevant CAMHS/clinical professionals will be informed as appropriate. Every episode will be recorded on CPOMS, debriefed with the child where possible and reviewed for patterns, prevention, reasonable adjustments and any update to the individual risk plan.

Appendix D: FURTHER SAFEGUARDING ISSUES

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues.

[Keeping Children Safe in Education \(GOV.UK\)](#) and the [National Society for Prevention of Cruelty to Children \(NSPCC\)](#) offers information for schools and colleges and [government guidance](#) on the issues listed below can be accessed via the website.

-  Children and the court system
-  Child trafficking and modern slavery
-  Depression
-  Drugs and substance abuse
-  Faith abuse
-  Hate
-  Homelessness
-  Private fostering
-  Self-harm
-  Teenage Relationship Abuse
-  Young carers

Appendix E: SEPTEMBER 2026 IMPLEMENTATION AND BOARD ASSURANCE SCHEDULE

This schedule is an assurance framework, not a statement that every operational control is already embedded. It states the evidence and review cadence expected by the Trust. The final September 2026 edition of KCSIE was published and came into force on 1 September 2026. HTET completed its final-release policy verification on 1 September 2026. The final-version policy check is complete; any operational exception identified through implementation or sampling must remain visible until resolved.

Control	Required evidence	Accountability	Board assurance / review frequency
KCSIE 2026 final September edition / implementation verification	Final September 2026 edition published and in force 1 September 2026; HTET final-release policy verification completed 1 September 2026; KCSIE compliance matrix updated; final clarifications incorporated and communicated through safeguarding governance.	DSL / Head of Provision / CEO / Responsible Safeguarding Trustee	COMPLETE - FINAL POLICY VERIFICATION 1 SEPTEMBER 2026. Retain verification evidence and report any subsequent statutory or implementation exception to the Board without delay.
All-staff knowledge	Part One issued/read; school-specific induction and annual training complete; catch-up tracked; scenario/recall checks demonstrate understanding.	DSL / Head of Provision / Office Manager	Annual induction/update; named catch-up within 5 working days where practicable; termly knowledge/practice sample.
DSL and Deputy DSL capacity	Named DSL; trained deputies; TEP Deputy DSLs only after required training/competence; cover rota/confidential route; supervision and protected time evidenced.	DSL / Head of Provision	Daily/rota availability assurance; training/competence tracked; termly Board sample.
CPOMS and case control	CPOMS live; legacy records accessible; same-day recording standard; weekly high-risk/ageing review; closure rationale; Term 1 and termly dip-sampling.	DSL (Ben Howarth) / Senior Deputy DSL (Martin Durman) / Head of Provision	OPEN - verify / sign off
SCR and safer recruitment	SCR complete; NHS/contractor/agency/trainee/volunteer classification documented; Section 128 as applicable; removal of supervision exemption reflected; exceptions closed.	Office Manager / CEO / Responsible Safeguarding Trustee	OPEN - verify / sign off
Alternative/off-site/live-online provision	Live learner responsibility map; provider due diligence; named contacts; attendance/engagement and incident sharing; QA visits; escalation/cessation criteria.	Head of Provision / DSL / CEO	OPEN - verify / sign off
Filtering and monitoring	Roles assigned; alert routes understood; annual effectiveness review completed by the responsible senior leader with DSL and IT support; checks include school-managed internet-connected devices/relevant locations, pupil risk profiles, AI/dynamic content and serious	Responsible senior leader / DSL / IT; Board assurance through Safeguarding Trustee	OPEN - verify / sign off

Control	Required evidence	Accountability	Board assurance / review frequency
	incidents; actions recorded. Trustee/Board receives assurance.		
Restrictive intervention and absconding	DfE 2026 guidance embedded; recognised training/catch-up; significant use of force recorded/reported; seclusion/restraint legal duties met; parental/LA notification route evidenced; debrief and trend review; risk-based missing/absconding response.	Head of Provision / DSL	OPEN - verify / sign off
Multi-agency and clinical interface	Family Help thresholds understood; referrals/information sharing timely; CAMHS/NHS/MDT roles clear; crisis routes tested; clinical discussion never delays safeguarding.	DSL / Head of Provision / HTET-CAMHS leads	OPEN - verify / sign off
Board and external assurance	Termly dashboard and Trustee sampling completed; external safeguarding QA tests practice; actions remain open until evidence and impact verified.	CEO / Board / Responsible Safeguarding Trustee	OPEN - verify / sign off
Pupils aged 18+ / adult safeguarding transition	Age-18 cohort identified; pre-18 transition safeguarding review where relevant; staff know child/adult threshold; Somerset Adult Social Care route verified; CPOMS adult safeguarding category/pathway tested; mixed-age and staff-conduct scenarios sampled.	DSL / Head of Provision / SENCO / CEO as applicable	Term 1 2026/27 implementation check; termly safeguarding assurance; individual review before/at age 18 where known risk or care/support need exists.

Core statutory/reference sources for this revision:

- Department for Education, Keeping Children Safe in Education 2026 (September 2026 final edition, in force from 1 September 2026)
- Working Together to Safeguard Children 2026
- DfE Restrictive interventions, including use of reasonable force, in schools (effective 1 April 2026)
- DfE Filtering and Monitoring Core Standard (updated 25 August 2026)
- Ofsted State-funded school inspection toolkit for use from 7 September 2026
- The temporary accommodation notification duty and associated homelessness guidance effective 1 September 2026
- Somerset Council / Somerset Safeguarding Children Partnership Children's Social Care, LADO and Prevent routes, September 2026