



## **A Guide to Safeguarding at Springwell School**

No school operates in isolation. Keeping children safe from significant harm is the responsibility of all adults especially those working with children.

Springwell School is committed to keeping children safe and safeguarding all children in accordance with Child Protection: [Hartlepool and Stockton-on-Tees Safeguarding Children Partnership \(HSSCP\)](#) and partner agencies in all cases where there is a concern about significant harm.



## Safeguarding at Springwell School

All children within Springwell School have an identified SEND, sometimes alongside complex medical needs. These needs have implications in regard to our safeguarding procedures. As the KCSIE document states:

Children with special educational needs or disabilities (SEND) or certain medical or physical health conditions can face additional safeguarding challenges both online and offline. Governing bodies and proprietors should ensure their child protection policy reflects the fact that additional barriers can exist when recognising abuse, neglect and exploitation in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration,
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children,
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs,
- communication barriers and difficulties in managing or reporting these challenges risks that they do not understand that what is happening to them is abuse,
- the need for intimate care or that these children are isolated from others,
- that these children are more likely to be dependent on adults for care, and
- these children may have issues over cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in schools or colleges or the consequences of doing so.

Keeping Children Safe in Education, 2026 p.64

There are many ways in which children with SEND and/or complex medical needs can be more vulnerable to all types of abuse.

- They have limited or no communication. This means they are unable to recount episodes of abuse to others.
- They have limited understanding of what constitutes abuse. In this instance they are more likely to accept the abuse as 'normal' and are more vulnerable to exploitation by others.
- They have a reduced physical capacity to resist or avoid abuse.
- They are dependent on adults for many or all of their care needs, including intimate care.
- They are statistically more likely to be in care than the general population and hence are more likely to have suffered from trauma or Adverse Childhood Experiences (ACES). \*
- They are statistically more likely to live in a family that has suffered familial breakdown. \*
- They are statistically more likely to live in relative poverty. \*

\* Safeguarding disabled children: practice guidance, 2009 p.10

Springwell School mitigates for these vulnerabilities in the following ways:

- Children are provided with alternative and augmentative communication methods wherever possible to allow them to relay details regarding their lives and experiences to adults who know them well.
- Extra care and attention is paid to marks and bruises etc. when changing nappies, supporting with continence, changing for swimming, and changing for PE – especially when the child is non-verbal or unable to communicate.
- Children are educated in small classes with high staff to child ratios. These high ratios allow all staff to:
  - Provide more individualised attention.
  - Develop a stronger relationship.
  - Develop a deeper understanding of each child's SEND needs.

- Develop a detailed knowledge of each child's typical behaviour, presentation, and mode of communication.

These factors allow class staff to quickly pick up on and identify any changes that may be indicative of abuse, and the strong adult-child relationships foster an atmosphere of trust in which children are more likely to disclose relevant information.

- Children have regular, daily opportunities to speak to adults about their lives in structured and unstructured activities (i.e. circle time, PSHE, mile a day, good mornings, snack time etc.)
- Springwell School is a 'Trauma Aware' school in which all staff are trained to understand the effect Adverse Childhood Experiences have on behaviour and development. Children who have suffered previous trauma or abuse are offered in school interventions to support them to thrive, despite past experiences.
- Many children in Springwell School have the involvement of outside agencies (i.e. Social Care, SALTs, Consultants, O.T., CAMHS, Educational Psychologists, Physiotherapists etc.). Springwell School prioritises multi-agency information sharing at all points of contact to aid in spotting signs of abuse.
- Two in-school family support workers maintain contact with families at all times. Where families are struggling, they provide assistance for parents to access a range of benefits and support services both in and outside of school.

## Safeguarding within the different Pathways

As a specialist school catering for a wide range of SEND our safeguarding landscape is complex and highly dependent on the needs and capabilities of individual children. Some safeguarding concerns are universal and could potentially affect or harm all of our pupils. These include domestic abuse, children missing from education, FGM, having family members in prison, abuse, neglect, modern slavery and sexual exploitation. Others become more likely, or more dangerous, once a child has reached a particular level of cognitive development (though this is not to say they could not happen at any level). Concerns to particularly look out for are detailed below:

**Sparkle:** Children in Sparkle are pre-verbal or have very minimal language. This means they are generally unable to disclose safeguarding concerns. They often have severe sensory or medical needs and may display a range of extreme behaviours. Many parents of children in Sparkle will need support from children's social care at some point. Adults working with children in our Sparkle pathway must be hyper-aware of any physical signs or behavioural changes that might indicate abuse of any sort, neglect or unmet need, and report these immediately. They must also be prepared to refer, or assist in referrals, to a range of medical specialists.

**Glitter:** Children in Glitter may be unable to make verbal disclosures due to limited capacity for speech, though if any are made they should be treated with the utmost gravity. As above adults must be hyper-aware of any physical signs or behavioural changes that might indicate abuse or neglect, and report these immediately. Within this stage of development children become more vulnerable to e-safety concerns, as their capacity to use the internet increases. They also become more vulnerable to the effect of ACES as their capacity for memory and theory of mind develop.

**Bronze:** Many children in Bronze will be able to make verbal disclosures, though professional curiosity should always be maintained if any physical or behavioural signs present themselves. As well as the aforementioned concerns children at this level of development also become increasingly vulnerable to child on child abuse, CSE and CCE, and child abduction.

**Silver and above:** Within this cohort contextual safeguarding and prevent/ radicalisation become a greater concern, as do county lines, sexual harassment between children, and serious violence.

## General Safeguarding Information

**All staff are expected to read, understand and follow:**

**Keeping Children Safe in Education 2026 Part One**

**Extol Trust Safeguarding and Child Protection Policy**

**Extol Trust Staff Code of Conduct**

**Whistleblowing Policy**

**All staff undertook safeguarding training, commensurate to their role, September 2026**

As a member of **staff**, you have a responsibility to:

- Consider, at all times, what is in the best interests of the child.
- Maintain an attitude of 'it could happen here' where safeguarding is concerned and report any concerns regarding the behaviour of a child, an adult / staff member in school, directly to the DSL/HT. (If the concern is with regard to the headteacher, it will be referred to the CEO)
- Provide a safe environment in which children can learn.
- Be prepared to identify pupils who may benefit from Family Help.
- Be aware of the school's systems which support safeguarding, including any policies, procedures, information and training provided upon induction.
- Be aware of the role and identity of the DSL and deputy DSLs.
- Undertake safeguarding training, including online safety training (which, amongst other things, includes an understanding of the expectations and responsibilities relating to filtering and monitoring), during their induction – this will be regularly updated.
- Receive and understand child protection and safeguarding (including online safety) updates, e.g. via email, as required, and at least annually.
- Be aware of the local Family Help process and understand their role in it.
- Be aware of, and understand, the process for making referrals to CSCS, as well as for making statutory assessments under the Children Act 1989 and their role in these assessments.
- Make a referral to CSCS and/or the police immediately, if at any point there is a risk of immediate serious harm to a child.
- Support social workers in making decisions about individual children, in collaboration with the DSL.
- Be aware of and understand the procedure to follow in the event that a child confides they are being abused, exploited or neglected.

- Be aware that a pupil may not feel ready or know how to tell someone that they are being abused, exploited or neglected, and/or may not recognise their experiences as harmful.
- Promote dialogue and understanding, and ensure all pupils feel listened to and understood.
- Empower pupils and allow them to understand their rights to safety and privacy, and to help them understand what they can do to keep themselves protected from harm.
- Avoid victim-blaming attitudes and challenge it in a professional way if it occurs.
- Maintain appropriate levels of confidentiality when dealing with individual cases.
- Reassure victims that they are being taken seriously, that they will be supported, and that they will be kept safe.
- Speak to the DSL if they are unsure about how to handle safeguarding matters.
- Be aware of safeguarding issues that can put pupils at risk of harm.
- Be aware of behaviours that could potentially be a sign that a pupil may be at risk of harm.

**Teachers**, including the **Headteacher**, have a responsibility to:

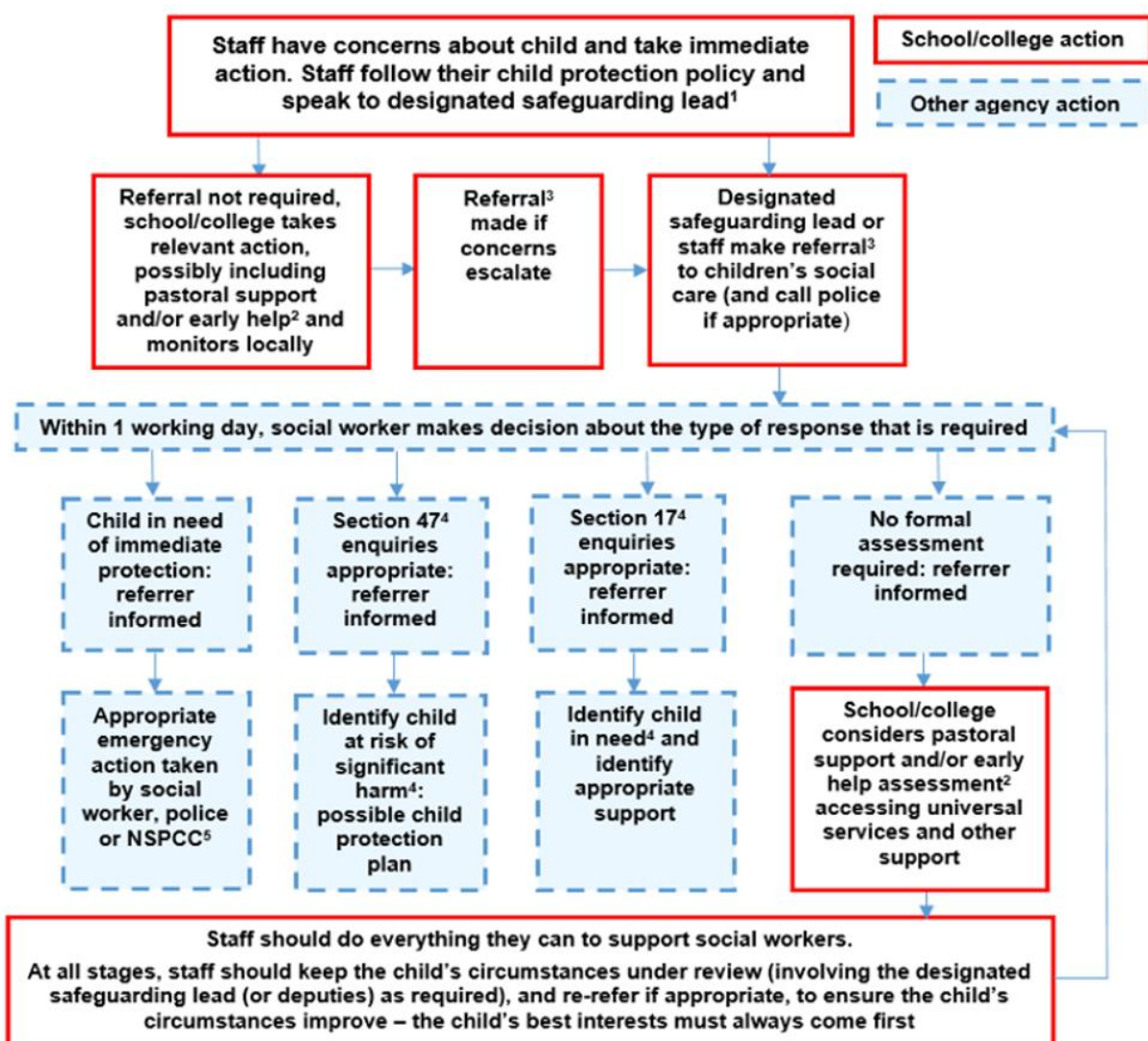
- Safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties, as outlined in the 'Teachers' Standards'.
- Personally report any cases to the police where it appears that an act of FGM has been carried out, also referred to as 'known' cases, as soon as possible.

## Actions where there are concerns about a child (from KCSIE 2026)

The DSL/Deputy DSL will be informed immediately by an employee of the school, child who attends the school, parent/carer of the school or other persons, in the following circumstances:

- Suspicion that a child is being harmed
- There is evidence that a child is being harmed
- The threshold of significant harm is defined in the Children Act 1989 Section 31 (9) as:
- Ill-treatment
- Impairment of health (as compared to a similar child)

*Note: harm now includes the impairment of a child's health or development as a result of witnessing the ill-treatment of another person (Adoption and Children Act 2002).*



(Ref: KCSIE, 2026 Page 27)

1. In cases which also involve a concern or allegation of abuse against a staff member, see Part four of KCSIE 2026.

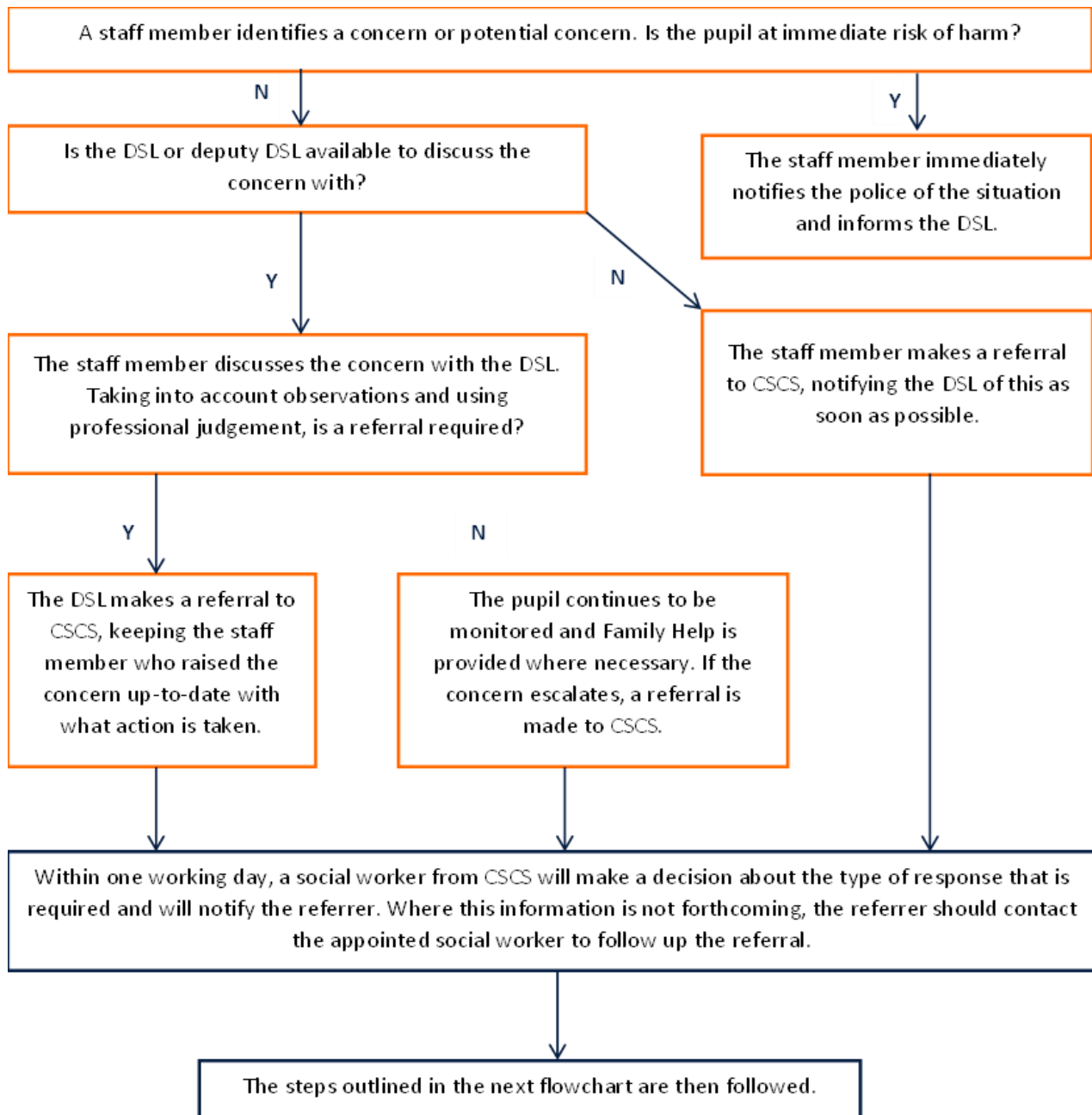
2. Family Help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated Family Help, a family help inter-agency assessment should be arranged. Working Together to Safeguard Children provides detailed guidance on the Family Help process.
3. Referrals should follow the process set out in the local threshold document and local protocol for assessment. See Working Together to Safeguard Children.
4. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989. Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in Working Together to Safeguard Children.
5. This could include applying for an Emergency Protection Order (EPO).

## Actions where there are concerns about a child: Reporting and Referral Process

The process outlined within the first section should be followed where a staff member has a safeguarding concern about a child. Where a referral has been made, the process outlined in the 'After a referral is made' section should be followed.

The actions taken by the school are outlined in yellow, whereas actions taken by another agency are outlined in blue.

### Before a referral is made



## After a referral is made

Once a referral has been made, a social worker from CSCS will notify the referrer that a decision has been made and one of the following responses will be actioned.

The pupil is in need of immediate protection.

Where the pupil is at risk of significant harm but is not in immediate danger, a strategy discussion is held.

No formal assessment is needed.

Where appropriate to do so, the DSL and staff member who raised the concern may be consulted during these stages to ensure that all areas of concern are addressed.

Appropriate emergency action is taken by the social worker, police or NSPCC.

A Child in Need assessment is completed within 45 working days.

The DSL supports the initial staff member to liaise with other agencies to arrange a family help assessment and appropriate support.

Within 15 working days of the strategy discussion, an initial child protection conference is held.

A child protection plan is potentially required.

The type of support needed is identified, arranged through multi-agency liaison and provided effectively.

Staff keep the pupil's circumstances under review and re-refer if appropriate to ensure circumstances improve – the pupil's best interests always come first.

If the child's situation does not appear to be improving, the DSL should press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

## Contact Details



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