

# Cavity Dental Training

## Safeguarding Policy 20205/2026

### Introduction and Scope

Cavity Dental Training is committed to ensuring the protection, safety, and well-being of all learners, both children and vulnerable adults, this will be done whilst promoting a culture of openness and fairness for all. This policy applies to all staff, learners, contractors and employers

We will promote the policy and ensure that all staff, employers, and contractors adhere to and follow the same practices. We will promote the policy through ongoing discussions at team meetings, CPD training, learner reviews online training sessions, assessments, and workplace visits.

This policy is delivered within the guidance of Working Together to Safeguard Children 2023 and Keeping Children Safe in Education (September 2025) legislative documents and will be updated accordingly.

We will promote and raise awareness of safeguarding throughout the organisation and ensure that staff are equipped with the appropriate skills and knowledge to support learners effectively to help keep them safe.

We will raise awareness of safeguarding among all of our learners to ensure that they are equipped with the skills and knowledge needed to keep them safe and to recognise when they are at risk and how to get help when they need it.

We will follow the procedures for identifying and reporting safeguarding incidents or suspected/potential incidents as specified in this policy

This policy has been developed concerning, and to adhere to the statutory requirements within the following legislation:

- Protection of Freedoms Act (2012)
- Data Protection Act (2018) & The General Data Protection Regulation (GDPR) (2018)
- Working Together to Safeguard Children (2023)
- Children Act (1989) & (2004)
- Children and Families Act (2014)
- Keeping Young Children Safe in Education (September 2025)
- Disclosure and Barring Service Code of Practice (November 2015)
- Sexual Offences Act (2003)
- Equality Act (2010) (including the Public Sector Equality Duty)
- Counter-Terrorism and Security Act (2015)
- Prevent Duty Guidance for England and Wales (2023)

This policy should be read in conjunction with the following Cavity Dental Training policies:

- Safer Recruitment Policy
- Prevent Policy
- Health and Safety Policy
- Equality and Diversity Policy

- Staff Code of Conduct and Whistleblowing procedure
- Data Protection Policy
- Online Safety Policy
- Remote Learning Policy

### Staff Responsibilities

All staff are responsible for ensuring that they keep up to date with changes in government legislation. All staff must read and understand Part 1 of Keeping Children Safe in Education (September 2025) statutory guidance. Staff will confirm the reading of this guidance through SENTRY on an annual basis.

All staff must respond to any safeguarding concerns.

Cavity Training has a Senior Designated Safeguarding Lead, who is the Head of Safeguarding, Prevent and Welfare, and will be supported with appropriate training and resources. The Safeguarding team will work with the senior DSL.

All staff and learners will be aware of who the senior DSL is and how to contact them as part of induction. The awareness will be continuously reinforced through training sessions, learning materials, the website, and newsletters.

Cavity Dental Training will ensure that all staff are aware of and understand their responsibilities regarding safeguarding and being alert to the signs and indicators of abuse.

The DSL will ensure that effective safeguarding procedures are developed, implemented, and monitored to ensure their effectiveness. These procedures are based on the 5R's approach of:

- Recognise
- Respond
- Record
- Report
- Refer

### Recognise

The ability to recognise behaviour that may indicate abuse is of fundamental importance. Whether the abuse may occur on our premises or in the home or in any other setting in which the learner may find themselves, all those playing a role in meeting the learners needs should be aware and informed so that possible abuse can be recognised, investigated and acted on seamlessly and effectively.

Signs and indicators of abuse in young or vulnerable learners may include disclosures. This isn't always easy to recognise as such, as it may be that the learner is struggling to find the words, is using language the abuser uses for particular actions and body parts, or the disclosure is wrapped in analogy or euphemism which is difficult to identify. A learner may choose anyone in the organisation to disclose to. Or it could be that any person within the organisation may spot concerning signs or behaviour in the learner. Other people in a position to identify concerns include work placement supervisors, and other learners. All of these should be trained to understand signs of possible abuse and know-how, where and to whom to report concerns. It is important that we have a culture where concerns

can be raised and discussed, without worrying that they may get it wrong or that others will overreact.

## **Respond**

An appropriate response is vital. No disclosure about possible abuse or neglect should ever be ignored. To determine the most appropriate response, find out if you are dealing with an allegation from a learner against a member of staff or a fellow learner, or another person outside of our organisation. Is this disclosure from an individual alleging abuse to themselves or to another person? Is it the reporting of a concern or suspicion? What, precisely, is alleged to have happened? Clearly understood detail is vital when reporting your concerns to a Designated Safeguarding Lead.

Do not lead or probe with questions. Remain calm and demonstrate interest and concern. Use empathetic listening skills and do not let the learner know if you are feeling panicked, shocked or outraged at what you are hearing as this may shut them down. You need to ask open questions, not leading or suggestive ones and gather enough information to know that it is a disclosure of abuse that needs to be passed on, and how immediate the danger or harm is to the individual. It is not your role to get a detailed account, as the individual may have to recount their story numerous more times.

Inform the person disclosing to you that concerns they have raised must be recorded and passed on so that possible abuse can be dealt with, and that this will be done on a limited 'need to know' basis, with as few others as possible knowing the identity of the complainant and all in the chain of reporting will respect confidentiality.

Reassure the learner that they have done the right thing in reporting their concerns and that you will do everything you can to help. Do not make unrealistic promises. Ensure that testimony is passed on to the Designated Safeguarding Prevent Lead, so that they can record this in MyConcern, and that the complainant and subject of the complaint are treated in line with this policy.

## **Report**

Report your concerns to the Designated Safeguarding Lead (DSL) in the first instance. If they are unavailable for any reason or are the subject of allegations, the Cavity Dental Training's CEO should be contacted or their Deputy.

All Designated Safeguarding Leads (DSLs) have received training and support to ensure they carry out this role effectively.

During both staff and learner inductions, the Designated Safeguarding Leads (DSL) will be identified, and posters displayed in online learning materials, the website and the learner handbook centre to inform learners.

Once you have reported concerns about abuse to the Designated Safeguarding Lead appropriate action has been taken, but it may not be necessary for the DSL to share details of this with you for the confidentiality of the individual concerned.

## **Record**

You should record precisely what has been alleged, using key phrases and words the individual has used. You are not expected to remember every detail of the conversation, and therefore it is not recommended that notes or any other recording is made during the conversation, but immediately afterwards. Doing so during the conversation, can cause

the learner to feel the formality this might bring, when they just need someone to listen at this first stage.

You should also record your factual observations about the physical and emotional state of the individual sharing their concerns with you. This record should be passed on to the Designated Safeguarding Lead (DSL) who will store it securely. This information will only be accessible to those who have responsibility for safeguarding matters

## **Refer**

This is **not** the responsibility of all staff members. It is the responsibility of the Designated Safeguarding Lead to investigate complaints, allegations or suspicions of abuse or neglect and make a decision on whether to make a referral, if appropriate.

Only the senior Designated Safeguarding Leads should make referrals outside of the organisation, to prevent numerous referrals being made for the same incident; it allows consistency in the process. Actions of this sort carried out by someone other than the DSL could be construed as unjustified interference which could jeopardise an investigation and any possible subsequent court case. Only the CEO and the Senior Safeguarding Lead are authorised to refer staff cases to the Disclosure and Barring Service.

## **External relationships**

The DSL will ensure that effective links are developed with relevant external agencies and local Safeguarding Partners, as appropriate for the geographical location of learners, and cooperate with any requirements that may arise from safeguarding referrals. Cavity Training delivers training nationally; therefore, when discharging our Safeguarding duties, we will consider the procedure and adhere to all Local Children's Safeguarding Partnership processes and procedures.

The DSL will ensure that we keep written records of safeguarding concerns, even where there is no referral to a relevant agency. Records will be maintained on MyConcern where all records are stored securely and following the Data Protection Act (2018) and GDPR

## **Safeguarding overview**

Safeguarding and promoting the welfare of children is defined by the Keeping Children Safe in Education (September 2025) Guidance as:

Protecting children from deliberate harm, preventing the impairment of their health or development, ensuring they are in safe and effective circumstances, and taking action to achieve the best possible outcomes for them.

Cavity Dental Training staff play an important part in the wider safeguarding system for children (a child is anyone under the age of 18) by promoting the welfare of children and making sure that the approach is child-centred. Promoting the welfare is achieved through:

- Help and support to meet the needs of children as soon as problems emerge.
- Protecting children from maltreatment both in and outside the home and online.
- Preventing the impairment of a child's physical health or development

- Ensuring a child grows up in circumstances consistent with safe provision of care.
- Taking action to ensure all children have the best outcomes

Safeguarding is embedded through a proactive and preventative approach to protect young and vulnerable learners from any potential harm or damage. Cavity Dental Training recognises that learners may be suffering harm or at risk of harm and will ensure that staff recognise the signs and how to respond. We will ensure that our Safeguarding commitment involves adopting safer recruitment practices to help identify individuals who are unsuitable to work with young or vulnerable learners.

Cavity Dental training will consider the possibility of contextual safeguarding for learners by seeking to establish information about each learner. This information will be used to assess whether wider environmental factors are present in a young person's or vulnerable adult's life that could be a threat to their safety and/or welfare.

Learners will be placed on the MyConcern system using an appropriate RAG rating system, where contextual safeguarding information is also made available.

Cavity Dental Training is committed to promoting safeguarding to:

- enable learners to rely on those people in positions of trust.
- Staff are protected from malicious and misplaced allegations.
- Staff are clear about individual responsibilities, roles, and boundaries
- Learners are appropriately protected
- Ensure all issues are dealt with effectively.

### **Defining young or vulnerable learners**

Young/vulnerable learners are defined as any learner who has not yet reached their 18<sup>th</sup> birthday (Children Act 2004).

What staff should look out for:

Any child may benefit from help, but all staff should be particularly alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has special educational needs (whether or not they have a statutory Education and Health Care Plan)
- Is a young carer
- Is showing signs of being drawn into anti-social or criminal behaviour, including serious violence, gang involvement and association with organised crime groups
- Is frequently missing/goes missing from care or home
- Is at risk of modern slavery, trafficking or exploitation
- Is at risk of being radicalised or exploited

- Is in a family circumstance presenting challenges for the young person, such as drug and alcohol misuse, adult mental health issues, and domestic abuse
- Is misusing drugs or alcohol themselves
- Has returned home to their family from care
- Is a privately fostered child

An **adult** at risk is a learner aged 18 years or over, who might be in the care of, or in need of support for their mental health, a physical disability, or illness, and unable to protect themselves against significant harm or exploitation.

### **Supporting young or vulnerable learners**

Cavity Dental Training recognises its duty and responsibility to track and monitor the achievement and progression of vulnerable groups. We know that these groups are less likely to achieve and that they may be more likely to be 'at risk' due to their vulnerability.

As part of the recruitment process, learners belonging to 'at risk' groups will be identified through the application process. The information will be on Onefile so that progress can be monitored. Appropriate interventions and support will be in place to ensure they are kept safe and achieve as well as other learners. The following list identifies the learners as vulnerable:

- Minority Ethnic Group
- Special Education Needs/Disabled/Medical Condition (if learners have an Education and Health Care Plan, a copy MUST be obtained and placed on their personal file)
- Disadvantaged (Free School Meals)
- Asylum Seeker
- In Care
- Care Leaver
- Pregnant
- Teenage Parents
- ESOL
- LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning)
- Ex-Offender/YOT
- Child Protection Plan/Attached to a Social Worker
- Young Carer
- Gypsy, Roma or Traveller Background
- Has a mental health need
- Frequently goes missing from home and or education
- Has a parent or carer in custody or repeated offending
- Is privately fostered
- Where family circumstances present challenges for the child, such as drug/alcohol abuse, adult mental health, and/or domestic violence/abuse

### **Regulated activity**

The definition of regulated activity as explained within the Protection of Freedoms Act 2012 identifies the activities provided to any adult which, if any adult requires them, will mean that the adult will be considered 'vulnerable' at that particular time.

Cavity Dental Training delivers regulated activities through

- Teaching, training and assessment sessions both online and face-to-face.
- Provision of advice or guidance on physical, emotional, or educational well-being,

## **Employers and Safeguarding**

Cavity Dental Training works with numerous dental organisations nationally and will ensure that all workplaces have appropriate health and safety and safeguarding policies and procedures in place.

Cavity Dental Training will require all employers to:

- Have a responsibility to cooperate with Cavity Dental Training to ensure that they offer a safe working environment for all learners, safeguard their welfare, and protect them from harm.
- Be aware of their responsibilities concerning protecting the safety and welfare of vulnerable learners.
- Be aware of the reporting procedures and know who to contact if they have concerns for the safety and well-being of the vulnerable individual.
- Have contact details for the Designated Safeguarding Lead to report concerns for the individual's safety and well-being.
- Keeping accurate and up-to-date records of all concerns raised by learners

## **Definitions and Types of Abuse and Neglect**

All staff should have a professional curiosity regarding learners and potential indicators of abuse, neglect, or exploitation

'Child abuse and neglect' is a generic term encompassing all ill-treatment of young and vulnerable people, including serious physical and sexual assaults, as well as cases where the standard of care does not adequately support the person's health or development.

Abuse and neglect are forms of maltreatment of a young or vulnerable person. Somebody may abuse a young or vulnerable learner by inflicting harm, or by failing to prevent harm.

Young and vulnerable people may be abused in the family or an institutional or community setting by those known to them or by others such as via the internet. An adult or adults, and another child or children may abuse them. Abuse can take place wholly online, or technology may be used to facilitate offline abuse.

Keeping Children Safe in Education (September 2025) sets out definitions and examples of the four broad categories of abuse:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

Plus, specific guidance for specific categories of abuse including:

- Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)
- Child-on-Child Abuse, including bullying, sexual violence, and sexual harassment
- Domestic Abuse
- Serious Violence
- Female Genital Mutilation
- Mental Health
- Online Safety & Risks including AI

## **Physical abuse**

Is a form of abuse that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness.

## **Emotional Abuse**

The persistent emotional maltreatment of a child can cause severe and adverse effects on their emotional development. It may involve conveying that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving them opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on them. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing them from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing the person to frequently feel frightened or in danger, or the exploitation or corruption of persons. Some level of emotional abuse is involved in all types of maltreatment of a person, though it may occur alone.

## **Sexual Abuse**

Involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (for example rape or oral sex) and non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving them in looking at, or in the production of, sexual images, watching sexual activities, encouraging them to behave in sexually inappropriate ways, or grooming a person in preparation for abuse (including via the Internet). Adults do not solely perpetrate sexual abuse. Young people can also commit acts of sexual abuse against another young person

## **Neglect**

The persistent failure to meet a young person's basic physical and/or psychological needs is likely to result in the serious impairment of their health and/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 and clothing, shelter including exclusion from home and abandonment; failing to protect a person from physical and emotional harm or danger; failure to ensure adequate supervision, including the use of inadequate caregivers or failure to ensure access to appropriate medical care



or treatment. It may also include neglect of, or unresponsiveness to a young person's basic emotional needs.

### **Child Criminal Exploitation (CCE)**

CCE occurs when an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation. Abusers are increasingly using the internet to target vulnerable children. It can happen across any device that's connected to the web, like computers, consoles, tablets, mobile phones and smart speakers. Young people can be at risk of online abuse from people they know or from strangers. It might be part of other abuse that is taking place offline, such as bullying or grooming.

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting, or pickpocketing. They can also be forced or manipulated into committing vehicle crimes or threatening/committing serious violence to others.

Young people can become trapped by this type of exploitation, as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. A child involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to. It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however, professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

### **Child Sexual Exploitation (CSE)**

CSE is a form of child sexual abuse. Sexual abuse 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 clothing. It may include non-contact activities, such as involving the child in the production of sexual images, forcing a child to look at sexual images or watch sexual activities, encouraging the child to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge for example through others sharing videos or images of them on social media.

CSE can affect any child who has been coerced into engaging in sexual activities. This includes 16- and 17-year-olds who can legally consent to have sex. Some young people do not realise they are being exploited and may believe they are in a genuine romantic relationship.

## **Child-on-child Abuse including bullying, sexual violence and sexual harassment**

Safeguarding issues can manifest themselves via young peer-on-peer abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- Upskirting, which typically involves taking a picture under a person's clothing without them knowing, to view their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).
- abuse in intimate personal relationships between peers
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- consensual and non-consensual sharing of nude and semi-nude images and or videos (also known as sexting or youth-produced sexual imagery)

When there is a concern raised regarding peer-on-peer abuse, staff should reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting abuse, sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

All staff must understand the importance of challenging inappropriate behaviours between peers that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

### **Domestic Abuse**

Domestic abuse can encompass a wide range of behaviours and maybe a single incident or a pattern of incidents. Abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Young people can be victims of domestic abuse. 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, well-being, development, and ability to learn.

### **Serious Violence**

Cavity Dental Training recognises that learners can be at risk from or be involved with serious violent crime. All staff should be aware of associated risks and understand the measures in place to manage these and the DSL must know what action to take. Guidance is provided in the Home Office publications **Preventing Youth Violence and Gang Involvement:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418131/Preventing\\_youth\\_violence\\_and\\_gang\\_involvement\\_v3\\_March2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/418131/Preventing_youth_violence_and_gang_involvement_v3_March2015.pdf)

and **Criminal Exploitation of Children and Vulnerable Adults: County Lines:**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/741194/HOCountyLinesGuidanceSept2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCountyLinesGuidanceSept2018.pdf)

## **Female Genital Mutilation**

All staff should speak to the DSL with regards to any concerns regarding female genital mutilation (FGM), however there is a specific legal duty on teachers who must inform the police if they have concerns about FGM and a girl under the age of 18

## **Mental Health**

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff, however, are well placed to observe young people day-to-day and identify those, whose behaviour, suggests that they may be experiencing a mental health problem or be at risk of developing one.

When young people have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these childhood experiences, can impact on their mental health, behaviour, and education.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their safeguarding policy and speaking to the Designated Safeguarding Lead.

## **Online Safety & Risks including AI**

Young people must be safeguarded from potentially harmful and inappropriate online material. The training delivered at Cavity Dental training includes awareness about how to protect and educate learners and staff in their use of technology. Online safety risks are ever-evolving, 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** – Online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying).

**Commerce** – Risks such as online gambling, inappropriate advertising, phishing and or financial scams.

Young people have unlimited and unrestricted access to the internet via mobile phone networks). This access means that some learners, whilst attending Cavity Dental Training, may sexually harass, bully, and control others via their mobile phone and smart technology, share indecent images consensually and non-consensually (often via large chat groups) and view and share pornography and other harmful content. It is imperative that all staff are vigilant and apply professional curiosity in identifying risks or signs of online abuse and deal with instances appropriately.

Artificial Intelligence is evolving and changing, staff should refer to the DfE publication <https://www.gov.uk/government/publications/generative-ai-product-safety-expectations/generative-ai-product-safety-expectations> for guidance on how web monitoring and filtering requirements apply to AI

#### **Additional categories of Safeguarding:**

Specific types of abuse have been recognised by the government and all staff should have a good awareness of the safeguarding issues listed below the information is taken from **Annex B** in 'Keeping Young Children Safe in Education' (September 2025) statutory guidance:

- Bullying and harassment (including cyber-bullying/online abuse)
- Children Absent from Education
- Children Missing from Home or Care
- Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)
- Peer on Peer Abuse
- Sexual Violence and Sexual Harassment between Children in Schools and Colleges (Part 5 of Keeping Children Safe in Education (September 2025) Guidance)
- Domestic Abuse
- Drugs and Alcohol
- Fabricated or induced illness
- Faith Abuse
- Female Genital Mutilation (FGM) (This **must** be reported to the Police if the person is younger than 18)
- Forced Marriage
- Gangs and Youth Violence
- Gender Based Violence/Violence against Women/Girls (VAWG)
- Hate

- Mental Health
- Missing Children and Adults
- Private Fostering
- Preventing Radicalisation
- Relationship Abuse
- Serious Violence
- Sexting (also known as youth-produced sexual imagery)
- Trafficking
- Upskirting
- Children and the court system
- Children with family members in prison
- Child criminal exploitation: County Lines (Police Term to describe how criminal gangs and organised crime groups operate to exploit children to move/supply drugs & money)
- Homelessness
- So-called 'honour-based' abuse (including female genital mutilation and forced marriage)
- Child abduction and community safety incidents
- Modern Slavery and the National Referral Mechanism
- Cybercrime
- Domestic abuse
- Child abduction and community safety incidents
- Children who are lesbian, gay, bisexual or gender questioning

Staff should be aware that behaviours linked to drug taking, alcohol abuse, truanting, deliberately absent from education and consensual and non-consensual sharing of nudes and semi-nudes images and/or videos can be signs that young people are at risk. Staff should be aware that safeguarding issues can manifest themselves via peer-on-peer abuse. This is most likely to include, but may not be limited to, bullying (including cyberbullying), gender-based violence/sexual assaults, upskirting and sexting (also known as youth-produced sexual imagery). Staff should be clear on Cavity Dental Training policy and procedures with regard to peer-on-peer abuse.

### **Keeping up to date:**

In recognition of the ever-evolving issues linked to the safeguarding of children and vulnerable adults, Cavity Dental training will endeavour to update staff and learners' awareness of safeguarding through regular newsletters.

The senior DSL will update their awareness through NSPCC newsletters, attending online forums and webinars and through CPD.

### **Procedure to undertake following a young or vulnerable learner confiding about or suspecting a case of abuse, neglect or radicalisation**

Where a young or vulnerable learner seeks out a member of staff to confide in and share information about abuse, neglect or radicalisation, or talks spontaneously individually or in groups, our staff will:

- Listen carefully to them and do not directly question him/her
- Give them time and attention

- Allow the person to give a spontaneous account; do not stop a person who is freely recalling significant events
- Make an accurate record of the information given taking care to record the timing, setting and people present, as well as what was said. Do not discard this as it may be needed at a later date as evidence
- Use the persons own words where possible
- Explain that they cannot promise not to speak to others about the information that has been shared

**Reassure the person that:**

- You are glad that they have told you
  - That they have not done anything wrong
  - Inform them of what you are going to do next
  - Explain that help will be sought to keep them safe
1. The person should be asked NOT to repeat their account to anyone.
  2. The DSL must be informed immediately, who will investigate the concern and take appropriate action. All records of the investigation will be kept strictly confidential and stored in a secure place.
  3. External agencies and resources on Child Protection can and will be used.

**Safeguarding concerns and allegations made about staff, including supply staff, volunteers and contractors**

Managing cases of allegations and/or concerns of allegations that might indicate a person will pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity, will be dealt with under the Staff Code of Conduct Policy, in respect of all cases in which it is alleged that a teacher or member of staff (including supply staff, volunteers and contractors) may have:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to young people.
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

These behaviours should be considered within the context of the definitions of abuse and neglect and should include allegations and/or concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that young person, even if consensual.
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence or other 'grooming' behaviour giving rise to concerns of a broader child protection nature (for example, inappropriate text/e-mail messages or images, gifts, socialising etc.)
- Possession of indecent photographs/pseudo-photographs of children

**Responding to an allegation or concern**

An allegation against a member of staff, supply staff, volunteer or contractor may arise from several sources (for example, a report from a child, a concern raised by another adult in the organisation, or a complaint by a parent). It may also arise in the context of the member of staff and their life outside work. Cavity Dental Training will follow Local Authority Designated Officer (LADO) procedures for the location of the employer and learner, in dealing with the allegations as they are there to protect both learners and staff.

### **Low-Level Concerns - Concerns that do not meet the harm threshold for a LADO referral**

Not all instances or allegations against a member of staff, supply staff, volunteer or contractor will meet the harm threshold, these are known as 'low-level concerns'. However, the term 'low-level' concern does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of Cavity Dental Training may have acted in a way that is inconsistent with our staff code of conduct, including:

- inappropriate conduct outside of work; and
- it does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

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

- being over-friendly with a young person;
- having favourites;
- taking photographs of children their mobile phone;
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- using inappropriate sexualised, intimidating or offensive language.

**ALL STAFF are encouraged to report any concerns, no matter how small, regarding a staff member, supply staff member, volunteer, employer, or contractor's behaviour to the Company Director or senior DSL.**

When an allegation or concern is raised, it is imperative that the Procedures for Managing Allegations Against Staff are followed. Only the specified staff within the policy for Cavity Dental Training can decide whether it is a 'low-level concern' that will be investigated and dealt with. If there is any doubt as to whether the information which has been shared about a member of staff as a low-level concern in fact meets the harm threshold, the LADO should be consulted.

Where necessary, disciplinary action will be taken.

All concerns/allegations, including those which do not meet the harm threshold, will be shared responsibly and with the right person, recorded on SENTRY and dealt with appropriately. If concerns are raised regarding a contractor, then Cavity Dental Training will contact and notify their employer. Cavity Dental Training will ensure that concerns/allegations are dealt with effectively to protect those working in or on behalf of our organisation from potential false allegations or misunderstandings.

## Annex 1

### Procedure for Managing Concerns and Allegations against Staff, Including Supply Staff, Volunteers and Contractors

#### **Initial procedure by the person receiving or identifying an allegation or concern:**

The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind. They should make a written record of the information (where possible in the child/adult's own words), including the time, date and place of incident/s, persons present and what was said sign and date the written record. **Do not** ask the person disclosing to provide a written statement. **Do not** inform the alleged person that the allegations are made against.

It is essential that this person to whom an allegation or concern is first reported does **NOT** investigate or ask leading questions, make assumptions or offer alternative explanations, or promise confidentiality. (Although it is acceptable to provide assurance that the information will only be shared on a 'need to know' basis.)

**Immediately** report the issue to the Senior Safeguarding Lead, HR Manager and Managing Director. Where the designated managers are absent, or are the subject of the allegation, they should approach the Deputy Senior Safeguarding Lead or another appropriate Management Board Member.

Cavity Dental Training's Senior Safeguarding Lead, HR Manager and the Managing Director will decide the next course of action and whether the allegation/concern will be handled as a 'low-level concern' or referred to LADO.

The Senior Safeguarding Lead, HR Manager and the Managing Director will record the incident on People HR and will decide to:

- a) **Report to the LADO** - if it meets the harm thresholds.

When informed of a concern or allegation that appears to meet the harm thresholds outlined in this procedure (see page 25), the Senior Safeguarding Lead, HR Manager or Managing Director should:

- Obtain the written details of the concern/allegation, signed and dated by the person receiving the allegation (not the child/adult making the allegation) approve and date the written details.
- Record any information about times, dates and location of incident/s and names of any potential witnesses.
- Record discussions about the child and/or member of staff, any decisions made, and the reasons for



There are up to three strands in the consideration of an allegation:

**1. A police investigation of a possible criminal offence.**

The LADO will liaise with the Senior Safeguarding Lead, HR Manager and/or Managing Director to provide further advice and guidance on next steps and which other professionals need to be involved.

If an allegation requires immediate attention, but is received outside normal office hours, the designated senior manager should consult the local authority children's social care emergency duty team or local police

The Senior Safeguarding Lead, HR Manager and/or Managing Director **should NOT** investigate the matter or interview the member of staff, child concerned or potential witnesses. Instead, they must inform the relevant Local Authority Designated Officer (LADO) for their area within one working day.

Referrals should not be delayed in order to gather information and a failure to report an allegation or concern

- 2. Social care enquiries and/or assessment about whether a child is in need of protection or services.**
- 3. Consideration by the employer of disciplinary action.**

The Local Authority Designated Officer (LADO) and the Senior Safeguarding Lead or CEO

## Annex 2

### **Managing peer-on-peer Sexual Violence and Sexual Harassment**

This section is about managing reports of peer-on-peer sexual violence and sexual harassment and information has been taken from **Part 5** of '**Keeping Children Safe in Education**' (September 2025) Guidance. It is included in this policy to help staff understand and manage the process for dealing with peer-to-peer Sexual Violence and Sexual Harassment.

Reports of sexual violence and sexual harassment are likely to be complex and require difficult professional decisions to be made, often quickly and under pressure. We should not feel that we are alone in dealing with sexual violence and sexual harassment. The Police and Children's Social Care are important partners, and there are specialist support agencies that can also help such as:

- **The NSPCC** who provides a helpline for professionals at 0808 800 5000 and [help@nspcc.org.uk](mailto:help@nspcc.org.uk) The helpline provides expert advice and support for school and college staff and will be especially useful for DSLs
- Specialist sexual violence sector organisations such as Rape Crisis or The Survivors Trust.

### **Definitions of peer-on-peer Sexual Violence and Sexual Harassment:**

For the purpose of this advice, when referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

**Rape:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

**Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

**Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

**What is consent?** Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another,

e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

- A child the age of 13 can never consent to any sexual activity
- The age of consent is 16
- Sexual intercourse without consent is rape.

## Sexual harassment

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of peer-on-peer sexual harassment. Sexual harassment is likely to: violate a young person'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**, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names
- **Sexual "jokes" or taunting**
- **Physical behaviour**, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature.
- **Online sexual harassment**. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
  - ~ Non-consensual sharing of sexual images and videos
  - ~ Sexualised online bullying
  - ~ Unwanted sexual comments and messages, including, on social media
  - ~ Sexual exploitation; coercion and threats

Sexual harassment (as set out above) creates an atmosphere that, if not challenged, can normalise inappropriate behaviours and provide an environment that may lead to sexual violence.

## Harmful Sexual Behaviour

Child sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. A useful umbrella term is "harmful sexual behaviour". **Harmful sexual behaviour can occur online and/or offline and can also occur simultaneously between the two.** Harmful sexual behaviour should be considered in a child protection case.

When considering harmful sexual behaviour, ages and the stages of development of young people are critical factors to consider. Sexual behaviour between young people can be considered harmful if one of the children is much older, particularly if there is

more than two years difference or if one of the young people is pre-pubescent and the other is not. However, a younger child can abuse an older young person, particularly if they have power over them, for example, if the older child is disabled or smaller in stature.

### **Responding to Reports of peer-on-peer Sexual Violence and Sexual Harassment:**

It is essential that **all** victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe. Abuse that occurs online or outside of the school or college should not be downplayed and should be treated equally seriously. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report. It is important to explain that the law is in place to protect children and young people rather than criminalise them, and this should be explained in such a way that avoids alarming or distressing them.

A child will likely disclose to someone they trust: this could be **anyone** at Cavity Dental Training. The person to whom the child discloses must recognise that the child has placed them in a position of trust. They should be supportive and respectful of the young person.

### **What should a staff member do if a learner reports Sexual Violence/Sexual Harassment?**

- Do not promise confidentiality at this initial stage as it is very likely a concern will have to be shared further (for example, with DSLs or children's social care)
- Only share the report with those people who are necessary in order to progress it - it is important that the victim understands what the next steps will be and to whom the report will be passed to.
- Listen carefully to the young person, being non-judgmental, being clear about boundaries and how the report will progress. Do not ask leading questions and only prompt the child where necessary with open questions – where, when, what, etc.
- Consider the best way to make a record of the report. The best practice is to wait until the end of the report and immediately write up a thorough summary to allow you to devote your full attention to the child and to listen to what they are saying. However, it may be appropriate to make notes during the report (especially if a second member of staff is present). If making notes, be conscious of the need to remain engaged with the child so you do not appear distracted by the note-taking. Either way, it is essential a written record is made.
- Only record the facts as the child presents them. The notes should not reflect the personal opinion of the note-taker. You should be aware that notes of such reports could become part of a statutory assessment by children's social care and/or part of a criminal investigation.
- Where the report includes an online element, **staff must not view or forward illegal images of a child.**

- If possible, manage reports with two members of staff present, (preferably one of them being the DSL). If the DSL is not involved in the initial report, you **MUST** inform them as soon as possible.

### **DSL Responsibilities:**

When there has been a report of **sexual violence**, The DSL should make an immediate risk and needs assessment. Where there has been a report of **sexual harassment**, the need for a risk assessment should be considered on a case-by-case basis.

The risk and needs assessment should consider:

- The victim, especially their protection and support
- The alleged perpetrator
- All the other children (and, if appropriate, adult learners and staff) at Cavity Dental Training, especially any actions that are appropriate to protect them.

**If DSLs receive a report of peer-on-peer Sexual Violence or Sexual Harassment a 'peer-on-peer Sexual Violence/Sexual Harassment Risk Assessment' should be carried out.**

**Risk assessments** should be kept under review. At all times, we should be actively considering the risks posed to all learners and putting adequate measures in place to protect them and keep them safe.

The DSL should ensure they are engaging with children's social care and specialist services as required. Where there has been a report of sexual violence, likely, professional risk assessments by social workers and or sexual violence specialists will be required. The DSL should seek advice from expert professionals to inform Cavity Dental Training's approach to supporting and protecting their learners and updating Cavity Dental Training's own risk assessment.

**DSLs should carefully consider any report of sexual violence and/or sexual harassment.**

### **Important considerations will include:**

All staff should be aware that sexual violence and sexual abuse can happen anywhere, and all staff working with young people are advised to maintain an attitude of '**it could happen here**'. Cavity Dental Training staff to be aware of and respond appropriately to **all** reports and concerns about sexual violence and/or sexual harassment both online and offline, including those that have happened outside of the Cavity Dental Training. The DSL is likely to have a complete safeguarding picture and be the most appropriate person to advise on the initial response relating to a disclosure of sexual violence and/or sexual harassment. Important considerations will include:

- The wishes of the victim in terms of how they want to proceed. This is especially important in the context of sexual violence and sexual harassment. Victims should be given as much control as is reasonably possible over decisions regarding how any investigation will be progressed and any support that they will be offered. This will, however, need to be balanced with the Training Providers' duty and responsibilities to protect other young people.

- The nature of the alleged incident(s), including whether a crime may have been committed and/or whether HSB has been displayed
- The ages of the children involved
- The developmental stages of the child involved
- Any power imbalance between the young person. For example, is/are the alleged perpetrator(s) significantly older, more mature, confident and well-known social standing? Does the victim have a disability or learning difficulty?
- If the alleged incident is a one-off or a sustained pattern of abuse (sexual abuse can be accompanied by other forms of abuse and a sustained pattern may not just be of a sexual nature)
- That sexual violence and sexual harassment can take place within intimate personal relationships between young people.
- Importance of understanding intra-familial harms and any necessary support for siblings following incidents
- Are there ongoing risks to the victim, other young person, adult learners or Training provider staff, and
- Other related issues and wider context, including any links to child sexual exploitation and child criminal exploitation.

Immediate consideration should be given as to how best to support and protect the victim and the alleged perpetrator (and any other child involved/impacted).

The starting point regarding any report should always be that sexual violence and sexual harassment is not acceptable and will not be tolerated. Especially important is not to pass off any sexual violence or sexual harassment as 'banter', 'part of growing up' or 'having a laugh'.

### **What to do if the young people involved in the report share a classroom:**

**Reports of rape and assault by penetration** - Whilst we establish the facts of the case and start the process of liaising with children's social care and the police, the alleged perpetrator should be removed from any classes they share with the victim. We also need to consider how best to keep the victim and alleged perpetrator a reasonable distance apart on the premises and on transport to and from the centre. These actions are in the best interests of both young people and should not be perceived to be a judgment on the guilt of the alleged perpetrator.

**Other reports of sexual violence and sexual harassment** – The proximity of the victim and alleged perpetrator and considerations regarding shared classes, sharing centre premises and transport, should be considered immediately.

In all cases, the initial report should be carefully evaluated and the wishes of the victim, the nature of the allegations and the protection of all young people in the centre and workplace will be especially important when considering any immediate actions.

### **Managing the report**

It is important to consider every report on a case-by-case basis. When to inform the alleged perpetrator will be a decision that should be carefully considered. Where a report is going to be made to children's social care and/or the police, then, as a general rule, we should speak to the relevant agency and discuss the next steps and how the alleged perpetrator will be informed of the allegations.

However, as per general safeguarding principles, this does not and should not stop the Training Provider taking immediate action to safeguard their young people, where required. There are four likely scenarios to consider when managing any reports of sexual violence and/or sexual harassment. Whatever our response:

- It should be under-pinned by the principle that sexual violence and sexual harassment is never acceptable and will not be tolerated.
- All concerns, discussions, decisions and reasons for decisions should be recorded on Cavity Dental Training's Safeguarding Report.

### **1. Manage internally**

In some cases of sexual harassment, e.g. one-off incidents, we may take the view that the children concerned are not in need of early help or statutory intervention and that it would be appropriate to handle the incident internally, perhaps through utilising our Behaviour Policy and by providing pastoral support.

### **2. Early Help**

In line with 1 above, we may decide that the child involved does not require statutory interventions but may benefit from early help. Early Help means providing support as soon as a problem emerges, at any point in a young person's life. This is more effective in promoting the welfare of children than reacting later. Early help can be particularly useful in addressing non-violent harmful sexual behaviour and may prevent the escalation of sexual violence.

- Full details of the early help process are in Chapter one of Working Together to Safeguard Children (2023). DSLs should have a good working knowledge of their local Children Safeguarding Partnership's local processes and procedures on how to refer to Early Help.
- Multi-agency early help will work best when placed alongside strong school or college policies, preventative education and engagement with parents and carers. Cavity Dental Training will proactively seek to be part of discussions with statutory safeguarding partners to agree on the levels for the different types of assessment and services to be commissioned and delivered, as part of the local arrangements.
- All DSLs have a responsibility to familiarise themselves with their local Young Childrens Safeguarding Partnership's threshold documents and guidance, including the process for early help assessment.

### **3. Referrals to Children Social Care**

Where a child has been harmed, is at risk of harm, or is in immediate danger, we should make a referral to local children's social care.

At the referral to children's social care stage, DSLs will generally inform parents or carers, unless there are compelling reasons not to (if informing a parent or carer is going to put the child at additional risk). Any such decision should be made with the support of children's social care.

If a referral is made, children's social care will then make enquiries to determine whether any of the children involved are in need of protection or other services.

Where statutory assessments are appropriate, DSLs should be working alongside, and cooperating with, the relevant lead social worker. Collaborative working will help ensure the best possible package of coordinated support is implemented for the victim and, where appropriate, the alleged perpetrator and any other child that require support.

We should not wait for the outcome (or even the start) of a children's social care investigation before protecting the victim and other young people. It will be important for DSLs to work closely with young children's social care (and other agencies as required) to ensure any actions we take do not jeopardise a statutory investigation. Cavity Dental Training's peer-on-peer Sexual Violence/Sexual Harassment Risk Assessment will help inform any decision. Consideration of safeguarding the victim, alleged perpetrator, any other young people directly involved in the safeguarding report and all young people at Cavity Dental Training should be immediate.

In some cases, children's social care will review the evidence and decide a statutory intervention is not appropriate. The DSL should be prepared to refer again if they believe the child remains in immediate danger or at risk of harm. If a statutory assessment is not appropriate, the DSL should consider other support mechanisms such as early help, specialist support and pastoral support.

## **Reporting to the Police**

- Any report to the police will generally be in parallel with a referral to children's social care (as above).
- It is important that DSLs are clear about the local process for referrals and follow that process.
- Where a report of rape, assault by penetration or sexual assault is made, the starting point is this should be passed on to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator is under ten, the starting principle of reporting to the police remains. The police will take a welfare, rather than a criminal justice, approach.
- At this stage, we will generally inform parents or carers unless there are compelling reasons not to, for example, if informing a parent or carer is likely to put a child at additional risk. In circumstances where parents or carers have not been informed, it will be especially important that Cavity Dental Training is supporting the child in any decision they take. This should be with the support of children's social care and any appropriate specialist agencies.
- Where a report has been made to the police, we should consult the police and agree on what information can be disclosed to staff and others, in particular, the alleged perpetrator and their parents or carers. They should also discuss the best way to protect the victim and their anonymity.



- All police forces in England have specialist units that investigate child abuse. The names and structures of these units are matters for local forces. It will be important that the DSLs are aware of their local arrangements.
- In some cases, it may become clear very quickly, that the police (for whatever reason) will not take further action. In such circumstances, it is important that we continue to engage with specialist support for the victim as required.

## **Ongoing Response:**

### **Safeguarding and supporting the victim:**

The following principles are based on effective safeguarding practice and should help shape any decisions regarding safeguarding and supporting the victim.

- Consider the age and the developmental stage of the victim, the nature of the allegations and the potential risk of further abuse. We should be aware that, by the very nature of sexual violence and sexual harassment, a power imbalance is likely to have been created between the victim and alleged perpetrator.
- The needs and wishes of the victim should be paramount (along with protecting the child) in any response. It is important they feel in as much control of the process as is reasonably possible. Wherever possible, the victim, if they wish, should be able to continue in their normal routine. Overall, the priority should be to make the victim's daily experience as normal as possible, so that Cavity Dental Training is a safe space for them.
- The victim should never be made to feel they are the problem for making a report or made to feel ashamed for making a report.
- Consider the proportionality of the response. Support should be tailored on a case-by-case basis. The support required regarding a one-off incident of sexualised name-calling is likely to be vastly different from that for a report of rape. Support can include:
  - Children and Young People's Independent Sexual Violence Advisors (ChISVAs) provide emotional and practical support for victims of sexual violence. They are based within the specialist sexual violence sector and will help the victim understand what their options are and how the criminal justice process works if they have reported or are considering reporting to the police. Contact details for ChISVAs can be found at Rape Crisis and The Survivors Trust.
  - Children and Adolescent Mental Health Services (CAMHS)
  - Rape Crisis Centre can provide therapeutic support for children who have experienced sexual violence.
  - Internet Watch Foundation (to potentially remove illegal images)
- When it is clear that ongoing support will be required, DSL should ask the victim if they would find it helpful to have a designated trusted adult (for example, a tutor PC or themselves) to talk to about their needs. The choice of any such adult should be the victim's. We should respect and support this choice.
- A victim of sexual violence is likely to be traumatised and, in some cases, may struggle in a normal classroom environment. Any action should reduce the effect of isolating the victim, in particular from supportive peer groups, however, there may be times when the victim finds it difficult to maintain a full-time workload and

may express a wish to withdraw from lessons and activities. This should be because the victim wants to, not because it makes it easier to manage the situation. If required, we should provide a physical space for victims to withdraw.

- It is important that we do everything we reasonably can to protect the victim from bullying and harassment as a result of any report they have made.
- Whilst they should be given all the necessary support to remain at Cavity Dental Training if the trauma results in the victim being unable to do this, alternative provision should be considered. This should only be at the request of the victim (and following discussion with their parents or carers).
- It is important that if the victim does move to another educational institution (for any reason), that the new educational institution is made aware of any ongoing support needs. The DSL should take responsibility to ensure this happens (and should discuss with the victim and, where appropriate their parents or carers as to the most suitable way of doing this), as well as transferring the safeguarding record.

### **Safeguarding and supporting the alleged perpetrator:**

The following principles are based on effective safeguarding practice and should help shape any decisions regarding safeguarding and supporting the alleged perpetrator:

- Cavity Dental Training recognises it will have a difficult balancing act to consider. On one hand, we need to safeguard the victim (and the wider learner body) and on the other hand provide the alleged perpetrator with an education, safeguarding support as appropriate and implement any disciplinary sanctions.
- Consider the age and the developmental stage of the alleged perpetrator and nature of the allegations. Any child will likely experience stress as a result of being the subject of allegations and/or negative reactions by their peers to the allegations against them.
- Consider the proportionality of the response. Support (and sanctions) should be considered on a case-by-case basis. An alleged perpetrator may potentially have unmet needs (in some cases these may be considerable) as well as potentially posing a risk of harm to other young people. Harmful sexual behaviours in children may be (and often are) a symptom of either their own abuse or exposure to abusive practices and or materials. Advice should be taken, as appropriate, from social care, specialist sexual violence services and the police.
- It is important that if the alleged perpetrator does move to another educational institution (for any reason), the new educational institution is made aware of any ongoing support needs and where appropriate, potential risks to other young people and staff. The DSL should take responsibility to ensure this happens as well as transfer the young person's safeguarding record.

DSLs should work closely with external agencies including children's social care, the police and any other agencies where a crime might have been committed. Referrals to the police will often be a natural progression of making a referral to local authority children's social care. The DSL should lead Cavity Dental Training's response and should be aware of the local process for referrals to children's social care and making referrals to the police.

Cavity Dental Training staff should recognise that sexual violence and sexual harassment occurring online (either in isolation or in connection with face-to-face incidents) can introduce a number of complex factors. Amongst other things, this can include widespread abuse or harm across a number of social media platforms that leads

to repeat victimisation. All risks should be considered as part of the risk assessment and mitigations put in place to minimise these.

The 'Keeping Children Safe in Education 2025' guidance has links for specialist organisations to support staff with dealing with sexual violence and harassment

### **Information Sharing**

Cavity Dental Training recognises the importance of information sharing between practitioners and local agencies to identify and tackle all forms of abuse and neglect and to promote children's welfare, including their educational outcomes.

We will be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of a child, whether this is when problems are first emerging, or when a child is already known to local authority social care.

Information sharing will always be carried out in line with the Data Protection Act 2018 and the GDPR. We will ensure that we process personal information fairly and lawfully and to keep the information we hold safe and secure.

We recognise that The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping young people safe. Fears about sharing information will not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

Under the Data Protection Act 2018 and the GDPR we will treat Safeguarding information as 'special category personal data' (sensitive and personal) and will store and share this information accordingly.

We are aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent if:

- it is not possible to gain consent,
- it cannot be reasonably expected that a practitioner gain consent
- to gain consent would place a child at risk.

Governing bodies and proprietors will ensure relevant staff have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the GDPR. This includes not providing personal data where the serious harm test under the legislation is met.

Safeguarding Information that is shared electronically e.g. Cavity Dental Training's Safeguarding Report form or a multi-agency referral form, will always be sent via secure means.

Further details on information sharing can be found:

- in Chapter one of [Working Together to Safeguard Children](#), which includes a myth-busting guide to information sharing at [Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents](#)

[and Carers](#). The seven golden rules for sharing information will be especially useful at [The Information Commissioner's Office \(ICO\)](#) which includes ICO GDPR FAQs and guidance from the department in [Data protection: toolkit for schools](#) - Guidance to support schools with data protection activity, including compliance with the GDPR.

### **External Key Contacts**

Cavity Dental Training has a Safeguarding Directory that holds all local authority contacts for each onboarded learner.