

DSL Network

Tuesday 14th October 2025



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DSL Network Agenda

No		Agenda Items	Speaker
1	09:30-09:40	Welcome and Outline	Claire Maclean, School and Education Safeguarding Coordinator
2	09:40-10:30	Background and context	Becky Sands, Designated Paediatrician Nottingham and Nottinghamshire, Susan Reddington, Child Protection Coordinator NCC and Helen Sperry, Named GP for Child Safeguarding Nottingham City
4	10:30-11:00	Break	Networking opportunities with agency representatives and other delegates
5	11:05-11:30	Information Sharing Process	Helen Sperry, GP Safeguarding Lead NHS, 0-19 team, Natalie McLatchie and Helen Hawksworth and Sophie Coldrick, Service Manager Education Welfare and EOTAS
6	11:30-11:50	National and Local Updates	Ben Osifo, NCSCP Business Manager and Claire Maclean, School and Education Safeguarding Coordinator
7	11:55-12	Close	

DSL Network Aims and Purpose

- ❑ To promote connectivity with the Nottingham City Safeguarding Children Partnership, other key local authority departments and Designated Safeguarding Leads across the city
- ❑ Act as a conduit for policy updates
- ❑ A network which demonstrates professional behaviours and mutual support
- ❑ Sharing of pertinent local and national updates focusing on safeguarding priorities and emerging trends across the city of Nottingham

Today's objective:

To improve communication channels between health and education sectors and ensure clear understanding of safeguarding support at both operational and strategic levels.



What does a Designated Safeguarding Lead (DSL) do?

- **Lead Safeguarding:** The DSL has overall responsibility for ensuring the safety and well-being of children within their organisation. This involves developing, implementing, and reviewing safeguarding policies and procedures.
- **First Point of Contact:** They act as the first point of contact for anyone with concerns about a child's safety. This could be staff, volunteers, external agencies, parents, or the children themselves.
- **Assessing Concerns:** The DSL is responsible for assessing any reported concerns about a child's safety. This may involve gathering information, speaking with the child and their family, and consulting with other professionals.
- **Making Referrals:** If they believe a child is at risk of harm, the DSL will make a referral to Childrens Social Care and/or Police if necessary. If a family need help and support, the DSL will make a referral to the appropriate services for this also.

- **Supporting Families:** They may lead Team Around the Family Meetings, attend Child Protection Meetings, attend Strategy Discussions. They would usually write the schools reports for meetings and share them with parents where appropriate.
- **Supporting Staff:** They provide advice and support to other staff members on safeguarding issues. This includes training staff on how to identify and report child abuse.
- **Maintaining Records:** The DSL is responsible for keeping accurate and up-to-date records of all safeguarding concerns.

Schools usually have Deputy DSLs to support them in their role and/or provide cover; however, one person has the overall title of DSL and is responsible for liaison with Governors and are part of the schools Senior Leadership Team.



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Who holds health information?

GP

0-19 team (Health visitors and school nurses)

Hospital Specialists (paediatrics)

Community services (e.g. children's continence, SALT, WLD etc)

A+E

Urgent care services (walk in centres / urgent treatment)

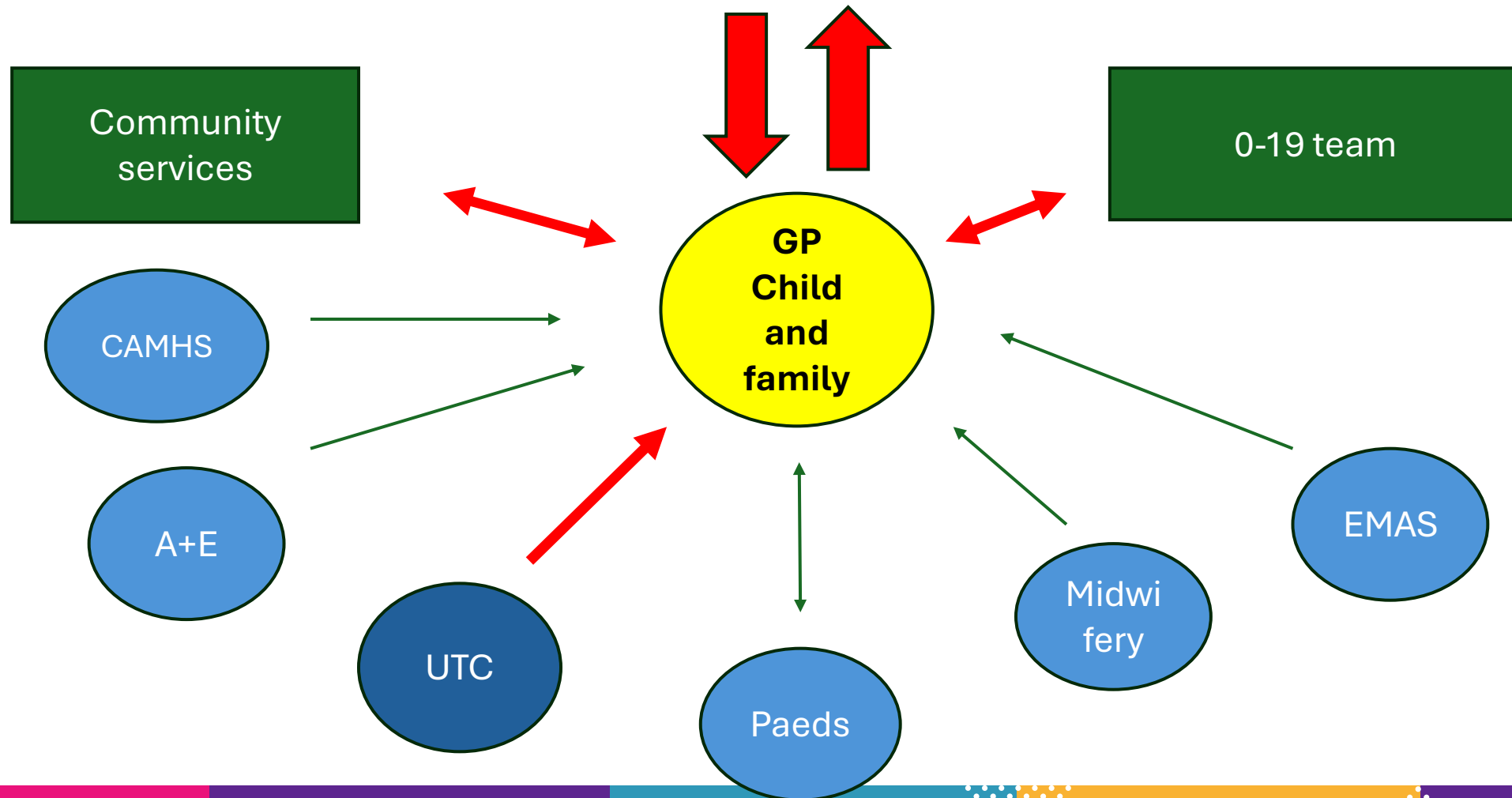
Midwifery

EMAS

CAMHS / Mental health

They all use different IT and /or written records !!!

External agencies – education / social care / police



Case Study 1: Ella-Mae

- 10-year-old with long-term constipation and soiling
- Presented acutely to hospital with faecal impaction and went onto have a bowel perforation and stoma
- Required intensive care
- Stoma subsequently reversed
- Review of case showed chronic neglect and missed opportunities to prevent harm and suffering



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Constipation Case: Timeline

- Years of constipation and repeated presentations
 - Only presented when in crisis with abdominal pain/vomiting
 - Carer displayed good understanding of condition and treatment plan
 - Medication prescribed but not given
 - Referred to continence service – discharged due to “was not brought”
- School noticed impact on learning and wellbeing
 - Missing school due to symptoms
 - Frequent soiling
 - Attending late due to having to shower
 - Dad reassured taking her to the GP
- Social care assessments closed – GP not contacted or nonresident carer not contacted (even though they had made some of the referrals)



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Ella-Mae's Case: What Went Wrong

- Different agencies had different pieces of the puzzle
- School recognised impact but did not recognise that it was a treatable condition and link to GP not made
- Social care did not check directly with GP or the nonresident parent
- Case closed despite ongoing concerns – child deteriorated



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But how do I know there's a safeguarding risk and not a medical problem?

General principle: seek parental consent where possible.

However, share without consent if:

- Reasonable cause to suspect significant harm (actual or likely).
 - Safeguarding/child protection concern (abuse, neglect, exploitation).
 - Delay may impede medical treatment or timely help.
 - Seeking consent would increase risk (e.g. parent obstructs access).
-
- If a child's safety, welfare, or health is at risk, share without delay.

Constipation Psychosocial Factors

- Family environment: inconsistent or stressful toilet training; parental conflict; maternal anxiety/depression.
 - Child factors: stool withholding due to fear of pain; anxiety; behavioural difficulties; neurodevelopmental differences.
 - School environment: avoidance of school toilets due to lack of privacy, bullying, stigma.
 - Social context: socioeconomic disadvantage; cultural taboos delaying help-seeking.
- Functional constipation is rarely 'just physical' – psychosocial influences drive onset, withholding, and chronicity.

Impact on Lived Experience

- Physical burden: abdominal pain, soiling (encopresis), painful defecation cycle.
- Psychological impact: low self-esteem, shame, anxiety, social withdrawal.
- Education: bullying, reduced attendance, poor concentration, reluctance to attend.
- Family life: conflict, frustration, stress for siblings and carers.
- Long-term: persistence into adolescence/adulthood; ongoing bowel and mental health issues.

Medical Neglect – Definition

- **Medical neglect** is a form of child neglect where a parent or carer **fails to provide adequate health care** for a child, despite having the means, knowledge, and access to do so. This may place the child at risk of **impairment to health or development**.
- It is recognised in statutory guidance as a **form of child abuse**.
- *Working Together to Safeguard Children (2018)* includes **failure to ensure access to appropriate medical care or treatment** within the definition of neglect.



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Ella-Mae's Case: Learning Points

- GP input missing from assessments
- Education concerns not acted on
- Poor follow-up on Was Not Brought (WNB) appointments
- Carer narrative accepted without challenge
- Professionals not aware of the correlation between poor parental management of medication and wider childhood neglect
- Communication with other professionals required to understand child's daily lived experience

Was Not Brought (WNB)

- Missed appointments = potential safeguarding red flag
 - Health services discharged child after WNB
 - School saw impact daily but this was not connected
- What do you do when a child is repeatedly WNB?



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**Stand up if you have ever had problems sharing
information with health / education**



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Discussion

What do you think was the biggest barrier in this case?

Which barriers do you see in your own practice?



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Discussion

What words come to mind when you hear
Information Sharing?

Why do people think first of barriers, not benefits?



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Information Sharing

Good practice:

- Inform parents where safe to do so.
- Record rationale, what was shared, and lawful basis.
- Use the 'Seven Golden Rules of Information Sharing' as guide.



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Professional Curiosity

- Avoid accepting parental explanations without triangulation
- Seek the child's voice – impact on daily life
- Check with other professionals (school, GP, health visitor)



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Discussion

Scenario – child with chronic health needs, poor attendance, and suspected poor medication use

Who should concerns be shared with?



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IRO – Jared case study*

Mum believes that Jared has additional needs, not supported by Paediatric assessments.

Mum says she is struggling to manage behaviours and wants disability team support / short breaks.

School concerned re lack of routines e.g. Jarad up all night gaming.

Low school attendance, mum report vomiting / asthma,

Jared taken to school in pushchair, which mum says he needs due to hypermobility.

*this is a composite case study



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Information sharing between social care, health & education

- Paediatrician assessment is that Jared's needs & behaviour link to parenting and the environment.
- Jared on a lot of medication for asthma, mostly presented at A & E and not G.P. Symptoms not seen by school. Parents are using a nebuliser for Jared (not prescribed).
- Jared has never been taken to G.P for vomiting – needs exploration.
- Jared does have hypermobility diagnosis, but no need for special adaptations like a pushchair
- Jared's mum has a history of high anxiety and not on medication recently. She is often contacting the G.P with her own health anxieties.
- Jared often talks about things he has done with his dad to school , but professionals have never met Dad.



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Jared's plan....

- Social care engaged Dad in the plan.
- Jared's brought to GP apt by Dad. No actual vomiting but can feel nauseous before school.
- Plan implemented with G.P, parents and school to monitor asthma concerns (asthma diary) and review medication
- Mum supported in re accessing support for her anxiety.
- Joint mtg with Paediatrician, social worker and parents to discuss assessment and give clear messages on Jarad's needs & safe care. Parents agreed to parenting support.
- Safety plan agreed between parents & social care re Jared's care e.g. no pushchair, nebuliser not to be used.



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Keep the child as the focus

- **Consent should not be seen** as the default lawful basis for sharing personal information **in a child safeguarding context**, as it is unlikely to be appropriate in most cases.
- You do not need consent to share personal information about a child and/or members of their family if a child is at risk or there is a perceived risk of harm:



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Purpose

- Sharing information helps to build up a fuller picture when working with children and families.
- Similarly, it is also important to **share information** with agencies that may be formulating **a risk assessment** about whether a particular individual poses a risk to children.
- **Practitioners should be proactive in sharing information as early as possible** to help identify, assess and respond to risks or concerns about the safety of children
- The sharing of this information is not dependant on any thresholds for intervention.

Seek support if uncertain

- A reminder to GP's that they can contact the ICB safeguarding team for any clarification or support
- DSLs should liaise with their Trust Safeguarding Lead or Local Authority Safeguarding Coordinator

The full advice document can be found at:

[DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers](#)

Please enjoy a refreshment and opportunity to network with our stall holders and other delegates.



Back in
30
minutes!

- ❖ Change Grow Live (CGL)
- ❖ Achieve Well
- ❖ Al-Hurraya
- ❖ Adolescence and Family Help Services
- ❖ Education Welfare and EOTAS Service
- ❖ 0-19 Nurse Team
- ❖ CAMHS
- ❖ Equation
- ❖ Nott Alone
- ❖ Imara
- ❖ Juno



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Background-Recent Learning



Child with severe constipation that suffered life threatening bowel perforation (lack of understanding of management plan and effect on child)



Home Educated Child (died of complications of anorexia nervosa)



Persistent highlighting of emotional issues that would be better managed if joint approach between schools and health.



Safeguarding information is not always shared by agencies with schools or with primary care. There can be assumptions that information is known when it hasn't been shared

Schools could consider sharing information in the following scenarios

School has made a referral to social care (GP is not always informed of this if the referral is not accepted and the GP may have information that might strengthen the referral)

Child is on a Safeguarding Plan and information needs to be shared before the next Review Conference

Child is on a Child In Need Plan (GPs are not always made aware of this).

Child at low level risk of exploitation but not yet met threshold for other agency input.

Child has emerging needs and are receiving support beyond universal support in school (i.e. additional pastoral support, early help assessment underway etc)

Child becomes home educated (currently GP is informed via the 0-19 service, and this is not always timely)

Child has existing significant health issues that school need to provide additional information and/or check needs.

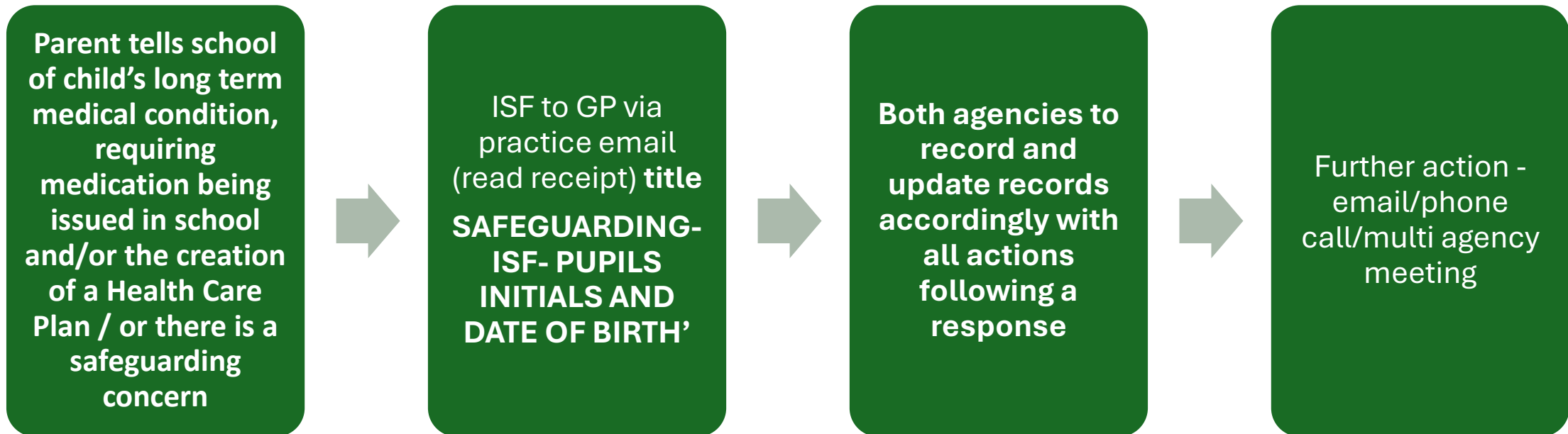


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Pathway and flowchart – school to health





Consent – Usually required ; can inform if safeguarding concern.
Recorded.



Routine - Routine ISF response
expected within 4 weeks



If urgent – contact practice and ask
to speak to safeguarding lead GP or
deputy and still send in ISF marked -
urgent



If hospital team are involved (e.g.
Epilepsy,. Diabetes) contact the
specialist nurse team directly



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Key Points

Schools—ensure you use the correct secure email address for the GP practice and include the subject header “SAFEGUARDING ISF—Pupil name and DOB



Primary care—ensure you have processes to send information to correct Admin support and / or GP for actioning. Consider recording information in the Enquiries tab on F12



This is a new process — there will be teething issues. We will be looking to gain feedback later in the academic year and appreciate your honest input



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Case study 2 – 2 children aged 5 and 4

Older sibling in school, doing OK

Parents require interpreter

Younger child in nursery class, poor attendance and developmental delay, nonverbal

Parents not attended meetings about her to plan support and discuss her needs.

Concerns about home conditions at a school entry home visit

What actually happened?

Email from GP to DSL as 0-19 raised concerns in GP MDT meeting, regarding her parents not understanding her difficulties after a health visitor review. GP requests school's opinion.

Phone conversation with DSL and emails.

Both agreed considerable cultural barriers and both health and school struggling to meet with parents to discuss. Dad appears hostile to professionals (Mum FGM, patriarchal culture)

Parents cited unable to see GP, access problems etc

GP and DSL met with parents in school with telephone interpreter to clarify issues, Dad much more calm and responsive with GP present, plan of support in school and engagement agreed.

How would the info sharing form have helped?

School had been concerned for a long time and had increasing problems engaging Dad, could have shared concerns re development.

0-19 also raised concerns about Dad's engagement and understanding, they could have liaised with school.

At the time, no formal mechanism so emails and phone calls between GP and DSL difficult to timetable, delays, not copied to 0-19.

GP record showed previous FGM concerns (at another GP practice) and Dad's behaviour in maternity concerning, so clearly cultural issues very important.

Single agency Referral to CSC x2 NFA (one before, one after this) A more co-ordinated referral would have been enabled by formal sharing of info from agencies.

The Children's Public Health 0-19 Nursing Service



Our 5-19 Team

- Specialist Community Public Health Nurse (SCPHN-School Nurse)
- Family Nurses (FNP)
- Community Public Health Nurses (CPHN)
- Relationship and Sexual Education Lead (RSE)
- Children and Young People Practitioners (CYPP)



The 5-19 School Nursing Offer:

Universal Offer

- Reception health promotion booklet (parent)
- National Children's Measurement Programme
- Year 6 health promotion book (parent & young person)
- Year 9 health questionnaire
- Y11 Transition to adulthood pack
- Keeping Well Leaflets - Primary & Special Schools (parents) and Secondary Schools (children)

Targeted Offer

- We deliver targeted interventions on 6 key public health topics.
- These sessions are delivered in line with a Programme of Care which guides the allocated practitioner through providing initial assessment and support.
- Where needs sit outside the scope of our practice or where needs continue after our intervention, we refer on to specialist services for more intensive support.

Targeted Offer

- Mental health support

Initial assessment, up to 6 face to face contacts to support children and young people with anxiety, low mood, self-esteem, low level self-harm.

- Sexual health support for young people

C Card registrations and pick up, asymptomatic Chlamydia and Gonorrhoea screening, pregnancy testing and up to 4 face to face sessions on healthy relationships, exploitation and grooming, consent, STI's, pornography and online risk.

- Parenting and behaviour

Up to 3 sessions with parents/carers or directly with young people, initial assessment, advice and goal setting.

- Continence

Up to 3 sessions with parents/carers or directly with young people, initial assessment and management advice on initial toilet training, day and night-time wetting and constipation.

- Healthy Lifestyles

Up to 3 sessions, with a parent or carer or directly with the young person, will include initial assessment, advice, and goal setting.

- Sleep

Up to 3 contacts with parents/carers or directly with the young person, initial assessment and advice

Safeguarding

- We work with children and young people based on their public health needs.
- Where there is an active safeguarding concern for a child or young person, we will provide support for unmet public health needs.
- In order to ensure that children and young people are receiving the most appropriate care for their needs, we do not duplicate the support of specialist services.
- Where a child or young person has no unmet health needs, or their needs are met by specialist services (i.e. CAMHS or Nurse Specialists) we will not be actively involved in their safeguarding interventions.
- Where needs change during an intervention, the child or young person can be referred to us at any point.

Health promotion sessions for schools

Primary

- Growing and Changing (puberty and personal hygiene) (child)
- Hand washing (child)
- Head lice (parents) (tabletop)
- Behaviour (parents)
- Emotional health (child)
- Continence (parents)
- Sleep (parents)
- Healthy eating and physical activity (both) (tabletop)
- Oral health (both) (tabletop)

Secondary

- Stress, Anxiety and emotional health
- Healthy eating and physical activity
- Consent and healthy/unhealthy relationships
- Internet safety and online relationships, grooming and exploitation
- Resilience and self esteem
- Sexual health including STI's (tabletop)
- Drugs, alcohol, smoking/vaping and risk-taking behaviours (tabletop)
- Immunisations
- Sleep

Weekly Secondary School Drop In

Drop in

- Link School Nurse
- Safe, confidential space to discuss health or wellbeing concerns
- Drop-in offered over lunch period
- Appointments offered in school throughout the day and during the summer holidays
- TextHealth Young People 11-19 Line
- Drop-in boxes



How to refer into our service

To refer a child or family into the service for one-to-one support, please complete a referral by contacting our Health and Care Point on:

0300 131 0300

Online referral form:

<https://www.nottinghamcitycare.nhs.uk/our-services/nottingham-citycare-health-and-care-point>



We have changed the way that you can contact the Children's 0-19 Public Health Nursing service in Nottingham.



You can now call our **Children's Health Advice Hub** and speak to a nurse about your child's health and development.

0300 300 0040

Opening hours 8.30am to 5.00pm

Thank you



Please come over to our stall to receive further information from our team on our new service offer



Information on our referral process



Review teaching sessions

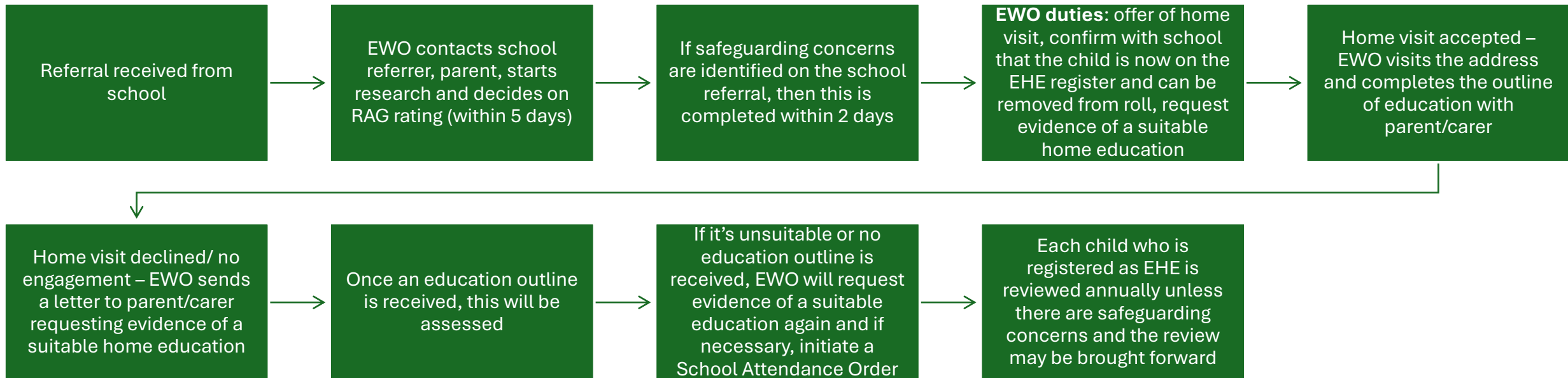


And much more

Elective Home Education

If a child is registered at a school, the parent/carer must send a letter to the Head Teacher informing them that they wish to educate their child at home. Upon receipt of this, school must refer to the Education Welfare & EOTAS Service via the following link:

https://myaccount.nottinghamcity.gov.uk/service/school_elective_home_education



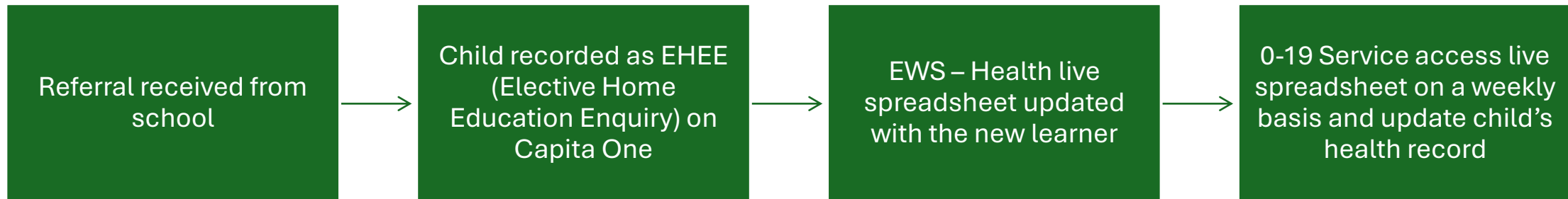
Key responsibilities for DSLs

- Complete safeguarding section of EHEE referral
- Summarise key information within the child's safeguarding file, if applicable.

Elective Home Education and Health

Safeguarding partners have highlighted the need for improved visibility and coordination between education and health services to ensure no child is overlooked.

To address this, we will implement a data-sharing mechanism that enables health services to be informed of EHE status, while respecting family choice through an opt-out model.



What will the 0-19 Service do with this information?

- Record the child as EHE on Systm One
- Identify and offer support to children who may be vulnerable or at risk
- Inform the EW & EOTAS Service of safeguarding concerns they feel are relevant to share

The aim is to increase the amount of EHE children accessing Health services.



Elective Home Education, Social Care and Family Help – As part of our multi-agency approach to supporting our Elective Home Education (EHE) learners, bi-weekly meetings are held with Social Care and Family Help. These meetings provide a structured space to discuss EHE learners who are currently open to either service, ensuring that any safeguarding concerns, educational needs, or family support requirements are addressed collaboratively.

Elective Home Education and SEND Team – If a request is submitted for a child who has an EHCP and is on roll at a Special School, a meeting will be held with all relevant professionals and family are asked to share an outline of education to ensure it meets the targets of the EHCP. The SEN team must agree to parent/carers EHE request. If the child has an EHCP but is on roll at a mainstream school, the standard EHE process will be followed and the EWO will work closely with the SEN Caseworker.



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Any Questions



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Nottingham City Safeguarding Children Partnership (NCSCP)

Safeguarding Updates

Ben Osifo
Service Manager NCSCP



NCSCP Updates



[National Audit on Group-based Child Sexual Exploitation and Abuse - GOV.UK](#)

- commissioned by the Prime Minister and Home Secretary in February 2025
- led by Baroness Casey and carried out in March, April and May 2025.
- The report sets out how group-based CSE is defined in relation to child sexual exploitation and child sexual abuse, highlighting that:
 - child sexual abuse (CSA) is an umbrella term that includes different types of abuse, including intrafamilial CSA, online CSA and child sexual exploitation
 - child sexual exploitation (CSE) is a subset of child sexual abuse involving a power imbalance and the coercion or manipulation of a child into sexual activity in exchange for something the child needs or wants
 - group-based child sexual exploitation (group-based CSE) is a subset of child sexual exploitation where two or more perpetrators are involved.
- the 'grooming gangs' model of abuse is well documented and remains largely consistent, with the main difference in recent years being the growing role of online platforms and social media.
- all children are vulnerable because of their age, so they may not necessarily exhibit known risk factors and vulnerabilities

NCSCP Updates



- [Keeping children safe in education – updates from 2022, 2023, 2024 and 2025](#)
 - Online Safety – Misinformation /Disinformation
- [“Sex is kind of broken now”: children and pornography | Children's Commissioner for England](#) – published in August 2025, the Children’s Commissioner, Dame Rachel de Souza, sets out how children and young people are increasingly exposed to online sexual content. The report shows that pornography is no longer mainly sought out but often encountered accidentally, sometimes before secondary school, with social media now a major source. Much of the problem is about the design of platforms, algorithms and recommendation systems that put harmful content in front of children who never sought it out.
- [NCSCP 2024 – 2025 Annual Report](#)

NCSCP Updates

- New NCSCP Training Officer – Deborah Somerset is our new training officer
- New Training and learning offer will be rolled out and communicated
- Updated Policies & Procedures - [Contents](#)
- [Children Living Away from Home](#)
- [Domestic Abuse](#)
- [Transitional Safeguarding](#)
- [Working With Large Families](#)
- [FGM](#)
- [Children with Disabilities and Complex Needs](#)
- [Children Missing from Care, Home and Education](#)
- [Children Missing Education and Children in Education other than in Registered Schools](#)

Recent Rapid Review Case Study

Circumstances leading to rapid review:

Baby A is a white British infant who lived with his mother. His early life was marked by both nurturing moments and significant risks. While he was seen to be clean, fed, and comforted by his parents, he was also exposed to conflict, shouting, and a chaotic home environment. His mother, a care leaver with a history of trauma and mental health challenges, and his father, who also experienced childhood adversity, struggled to consistently engage with support services. Baby A sustained a serious head injury, later confirmed as likely non-accidental, which was not immediately recognised or acted upon by professionals.

Partnership Learning Points

- Missed Opportunities for Early Intervention: Delayed antenatal engagement and lack of timely safeguarding referrals.
- Information Sharing Gaps: Critical safeguarding information was not accessed or shared across agencies.
- Professional Curiosity: Insufficient challenge and exploration of the causes behind Baby A's symptoms.
- Understanding Parental Vulnerabilities: The impact of trauma, mental health, and cognitive processing on parenting capacity was not fully considered.

Local Updates

- KCSIE 2025
- RSHE guidance- Catherine Kirk
- Local Safeguarding Partnership Audit
- Cluster meetings- Family Help
- DSL Network attendance 2025-2026
- Safeguarding in Education training programme including Online Safety Live event and Cyber Safety briefings for staff and parents



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Legislation, Guidance and Principles of Safeguarding and Child Protection

Working Together 2023

Statutory guidance to multiagency working to help, protect and promote the welfare of children

Keeping Children Safe in Education 2025

Statutory guidance for schools and colleges on safeguarding children and safer recruitment.

NCSCP/ NSCP Procedures

Local guidance, advice and instructions- about actions which need to be followed when staff identify safeguarding concerns.

School Policy

Outline the school's commitment to safeguarding and outlines actions which need to be followed by staff when safeguarding concerns have been identified.

EYFS changes

The changes from September 2025 are being made to strengthen the EYFS safeguarding requirements.

The main changes to be aware of are:

amendments to promote safer recruitment, including:

- new expectations to provide references
- requirements to obtain references
- a requirement for safeguarding policies to include procedures to help ensure that only suitable individuals are recruited
- new requirements for providers to follow up if a child is absent for a prolonged period of time and amendments to ensure providers hold additional emergency contact details
- new requirements to ensure safer eating
- the creation of a safeguarding training criteria annex and a requirement for safeguarding policies to include details of how safeguarding training is delivered, including how practitioners are supported to put it into place
- amendments to ensure that early years students and trainees are required to have pediatric first aid (PFA) training for them to be included in ratios at the level below their level of study
- new requirements to support whistleblowing
- amendments to ensure that children's privacy during nappy changing and toileting is considered and balanced with safeguarding considerations

A small number of other minor changes to the structure and wording of the safeguarding requirements have been made to improve clarity.



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Keeping Children Safe in Education Updates 2025

Revised guidance documents being signposted within KCSIE 2025:

- **Relationships, Sex and Health Education-** [Relationships Education, Relationships and Sex Education and Health Education guidance](#)
- **Gender Questioning**

Online content

- Misinformation is false or inaccurate information - getting the facts wrong.
- Disinformation is false information which is deliberately intended to mislead - intentionally misstating the facts.
- Conspiracy Theory is a belief that some secret, but influential, organisation is responsible for an event or phenomenon (page 38 para 135)



**Keeping children
safe in education
2025**

Statutory guidance for schools
and colleges

July 2025 (for information) version, pending
publication of final version which comes into
force in September 2025.

Keeping Children Safe in Education Updates 2025



Keeping children safe in education 2025

**Statutory guidance for schools
and colleges**

July 2025 (for information) version, pending
publication of final version which comes into
force in September 2025.

Alternative Provision

- Schools should obtain written information from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at their establishment.
- Schools should always know where a child is based during school hours. This includes having records of the address of the alternative provider and any subcontracted provision or satellite sites the child may attend.
- They should regularly review the alternative provision placements they make and review whether the placement continues to be safe and meets the child's needs. The school continues to be responsible for the safeguarding of that pupil (page 47 para 168-171).

Keeping Children Safe in Education Updates 2025

Filtering and Monitoring

- The need to plan technology to meet schools service needs and assess against filtering and monitoring standards, can receive personalised recommendations on how to meet them (page 40-41 para 142-143)

[Meeting digital and technology standards in schools and colleges - Filtering and monitoring standards for schools and colleges - Guidance - GOV.UK](#)

AI

- Link to how filtering and monitoring requirements apply to AI

[Generative AI: product safety expectations - GOV.UK](#)

[Using AI in education settings: support materials - GOV.UK](#)

Cyber Security

- Importance of settings ensuring they have the appropriate level of security protection procedures in place to safeguard internal systems. Need to review periodically to ensure their effectiveness and keep up with evolving cyber-crime technologies

[Cyber Choices - National Crime Agency](#)



Keeping children safe in education 2025

**Statutory guidance for schools
and colleges**

July 2025 (for information) version, pending
publication of final version which comes into
force in September 2025.

Keeping Children Safe in Education Updates 2025



Keeping children safe in education 2025

Statutory guidance for schools
and colleges

July 2025 (for information) version, pending
publication of final version which comes into
force in September 2025.

Attendance

- 'Working together to safeguard attendance' is now statutory guidance and sets out how schools must work with local authority children's services where school absence indicates safeguarding concerns (page 49 para 181)

[Working together to improve school attendance - GOV.UK](#)

Safer recruitment

- DfE checker- schools and colleges can use the DfE check a teacher's record to make prohibition, restriction and children's barred list checks using their DfE login

[Check a teacher's record - GOV.UK](#)

- Section 128 check- School's should carry out a Section 128 check for school governors

[Individuals prohibited from managing or governing schools - GOV.UK](#)

Keeping Children Safe in Education Updates 2025



Keeping children safe in education 2025

Statutory guidance for schools
and colleges

July 2025 (for information) version, pending
publication of final version which comes into
force in September 2025.

Part 5- Child on Child Sexual Violence and Sexual Harassment

A rapid review of sexual abuse in schools and colleges in England was conducted by Ofsted a while back. The report summarises the scale and nature of sexual abuse, the effectiveness of the current safeguarding system in considering children's voices, and schools' understanding and response to sexual abuse. This rapid review was conducted due to the prevalence of sexual harassment and online sexual abuse in schools and colleges.



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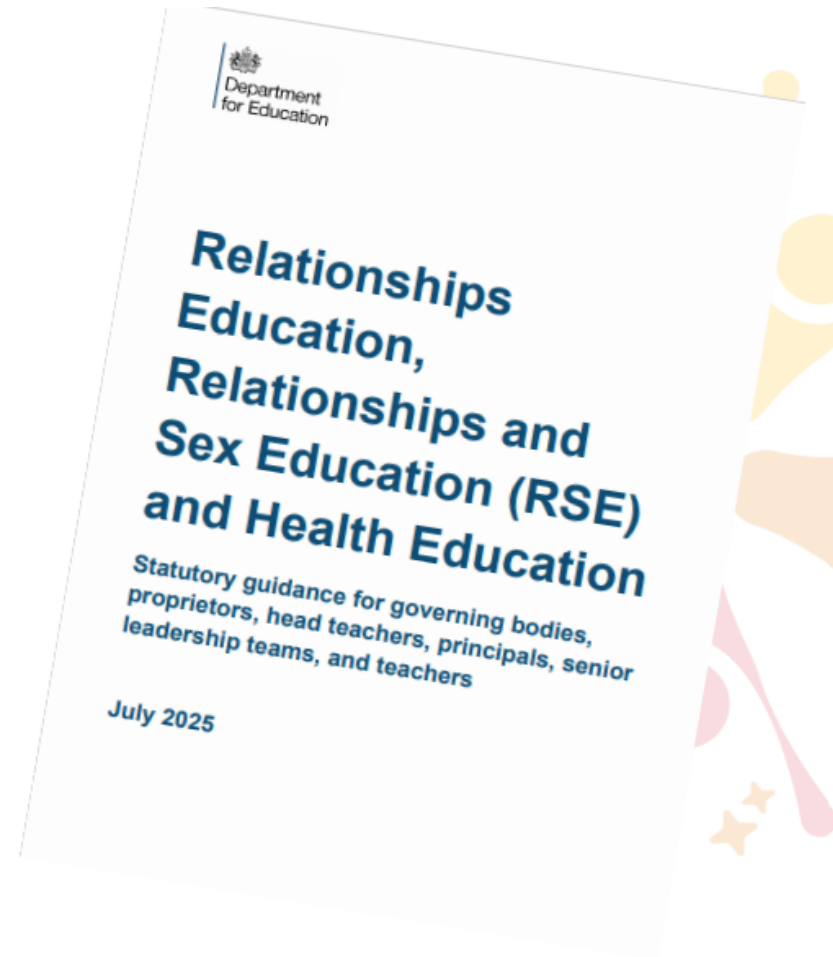
ACHIEVE WELL TEAM

Empowering wellbeing,
elevating achievement

Relationships Education, Relationships and Sex Education and Health Education guidance 2025

Replaces previous guidance of 2019

*Implementation from September 2026
although schools can implement sooner*



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Local Safeguarding Partnership Audit (LSPA)

Thank you for your support in completing the 2024–2025 Local Safeguarding Partnership Audit (LSPA). Over the summer and autumn term, we will be reviewing all submissions as the insights gathered through this annual process are vital in helping us strengthen our Safeguarding in Education service and better support all settings.

We would greatly appreciate your feedback on the LSPA process.

Nottingham City Local Safeguarding Partnership Audit (LSPA) 2024-2025



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Cluster meetings

Purpose of meeting:
 The primary function of the meetings are to improve communication between schools and Social Care and review and monitor complex and high profile cases.

***Please note that all cluster meetings are currently held online via MS Teams-link to be sent by each lead professional named on the chart displayed on this slide. If you need to contact for meeting invite please use one of the contacts under the relevant locality Service Manager.**

Nicole Harris – Head of Service		
John Carter Service Manager Central	Caroline Vallyelly Service Manager North	Tracy Hayden Service Manager South
Michelle Frost Radford/Arboretum/Park	Thomas Beesley Basford/Berridge/Sherwood (b)	Ian Joddrell St Anns
Jodie Stephanou Bilborough	Lisa Statham Basford/Berridge/Sherwood (a)	Nicky Lee Sneinton/Mapperley Dales
Julie French LCS - Aspley/Leen Valley (a)	Sophie Gilby Bulwell	Carol Glaister Clifton
Kate Tolentino Aspley/Leen Valley (b)	Laura Cresci Bulwell Forest	
	Shared between the above teams. Meadows/Bridge Lenton and Wollaton East	



Cluster meetings

Central cluster dates:

October 07th 2025 9.30am
January 20th 2026 9.30am
April 21st 2026 9.30am

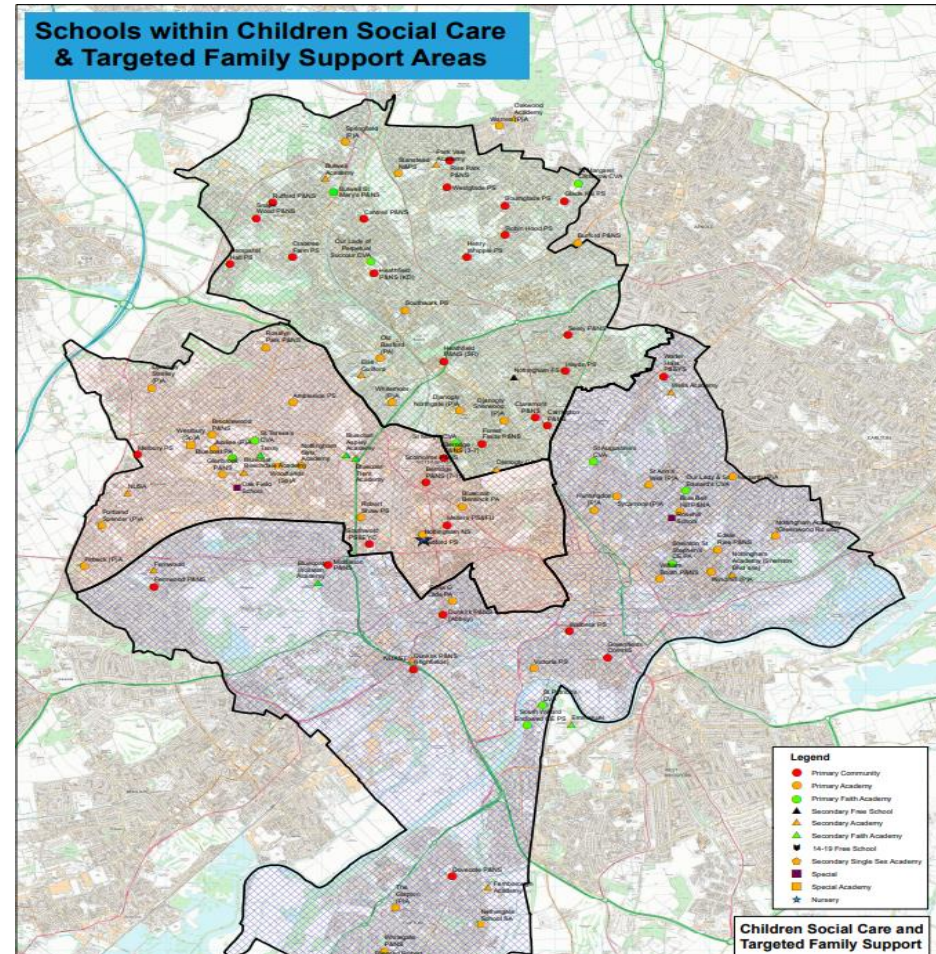
North cluster dates:

Weds 5 November 2025 at 1:30pm
Tuesday 3 March 2026 at 1:30pm
Thursday 2 July 2026 at 1:30pm

South cluster dates:

Clifton and Meadows
15/10/25- 10-11am

St Anns and Sneinton
08/10/25- 10-11am



DSL Network process change- reminder

Nottingham City Safeguarding Children Partnership (NCSCP) has decided to discontinue the issuance of 'DSL Update' certificates for attendance at DSL Networks. Previously, these certificates were given each summer term to safeguarding professionals who attended two or more DSL Networks within an academic year.

Upon reviewing this process and considering the statutory guidance on DSL training expectations (KCSIE, Chapter titled Training, Knowledge and Skills, pg. 174), which states that "The designated safeguarding lead (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years," **we have concluded that the DSL Networks do not constitute formal training. Therefore, we will no longer issue be issuing a DSL Update certificate based on attendance at two or more networks.**

The DSL Networks, held once per term in a conference-style format, aim to disseminate local updates, share knowledge, and discuss key safeguarding priorities at both local and national levels. While these networks are not formal training sessions, we hope they serve as valuable opportunities for safeguarding professionals to refresh their knowledge and skills, stay updated on relevant developments, and collaborate within a multiagency safeguarding environment. We will provide a certificate for evidence of attendance at any single DSL Network which could be used as evidence of ongoing professional development and informal update in the role of DSL/DDSL. For your information a guide to the NCSCP competence framework can be found [here](#).

We encourage you to review your safeguarding training needs for this 2025-2026 academic year and plan accordingly. **The NCSCP have also reviewed the local training offer and can assure that more dates are available for both the 'DSL Update' and the full two-day 'Designated Safeguarding Lead' training courses.** This provides further opportunities for city DSLs/DDSLs to access and benefit from local training content.



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Website links

There are three main websites held by the local authority that will be key to supporting the role of the DSL-

Nottingham Schools- www.nottinghamschools.org.uk

Achieve Well Team- [Achieve Well – About](#)

Nottingham City Safeguarding Children Partnership-
www.nottinghamcity.gov.uk/ncscp



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FREE Online Safety Live briefing session - The UK Safer Internet Centre, in partnership with Nottingham City Council and Nottinghamshire County Council, invites you to an essential Online Safety Live briefing session —bringing the latest online safety updates straight to your doorstep.

Nottingham Emmanuel School on Thursday 20th November 9.30-11.30am. These short, high-impact sessions acknowledge the demands on your time while ensuring you leave equipped with vital insights and practical strategies. Tickets can be booked here: [Online Safety Live | Eventbrite](#). Spaces are limited and will fill up fast so please book early to avoid disappointment. For any queries, contact Claire.Maclean@nottinghamcity.gov.uk

[Online Safety Live - Nottinghamshire Tickets, Thu 20 Nov 2025 at 09:30 | Eventbrite](#)

Cyber Security Webinars - Join Nottinghamshire Police and the East Midlands Special Operation Unit as they host a free Webinar for parents, carers, and school staff to support anyone living or working with children or teenagers to support the learning of how to protect yourself and your child's online security, privacy, and parental controls.

- [Wednesday 12th November 2025 \(13:00-14:30\)](#)



Feedback

Designated Safeguarding Lead
Network Event- October 2025



We'd really appreciate your feedback from today in response to the content covered alongside any other thoughts on topics you may like to see included at future network events- thank you!



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