

Stanwell School

Safeguarding / Child Protection Policy for Schools



Safeguarding / Child Protection Policy
for Stanwell School

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Please note that the term school is used throughout this policy, however this document is intended for use by all educational settings within the Vale of Glamorgan and would therefore need to be amended accordingly.

1: Introduction

Under the Safeguarding Children Agenda, our school recognises that a Safeguarding Policy requires a broader view than that of the traditional child protection policy. The *Safeguarding Children in Education* model Child Protection Policy has been incorporated into this Policy. Therefore a number of elements that would previously not have been within a child protection policy have been incorporated. However, absolute focus is maintained that the aim of this document is the protection and welfare of children and young people.

At the outset, it is critical that definitions of the terms used within this policy are clarified. **Appendix A** includes definitions and concepts taken from the Safeguarding Children: Working Together Under the Children Act 2004 and are included here for ease of reference and to ensure that common terminology is used to assist in work undertaken between partners.

The underpinning policy principles ensure that the health, safety and welfare of all our pupils are of paramount importance to all the adults who work in our school. Our children/ young people have the right to protection, regardless of age, gender, race, culture, religion or disability. They have a right to be safe in our school. All staff have an equal responsibility to act upon any suspicion or disclosure that may suggest a child is at risk of harm.

Legislation forms the basis for this Policy and the Vale of Glamorgan Safeguarding & Child Protection Policies. The following, therefore, is consistent with the Vale of Glamorgan Policy:

Our aims are:

- to provide a safe environment for children/young people in which to learn;
- to establish what actions the school can take to ensure that children/young people remain safe at home as well as at school;
- to raise the awareness of all staff to these issues, and to define their roles and responsibilities in reporting possible cases of abuse;
- to identify children/young people who are suffering, or likely to suffer, significant harm;
- to ensure effective communication between all staff on child protection issues;
- to set down the correct procedures for those who encounter any issue of child protection.

'Safeguarding', is not just about protecting children/young people from deliberate harm. It encompasses issues for schools including:

- pupil health and safety
- bullying/cyberbullying

- racist abuse
- harassment and discrimination
- use of physical intervention / safe handling
- meeting the needs of pupils with medical conditions
- providing first aid
- drug and substance misuse
- educational visits
- sex and relationship education
- internet safety
- issues which may be specific to a local area or population e.g. gang activity
- school security
- the welfare of learners on extended vocational placements

At Stanwell School, we have separate policies within which we aim to address many of the above areas. We have a Health & Safety Policy that addresses many of the areas including security, pupil welfare and educational visits; we also have a separate Anti Bullying Policy, Racial Equality Policy and eSafety Policy.

Stanwell School fully recognises the contribution it makes to Safeguarding Children and Young people.

There are three main elements to our policy:-

1. **Prevention** through the teaching and pastoral support offered to children/young people;
2. **Procedures** that clearly outline the expectations of all parties within a Safeguarding agenda for identifying and reporting cases, or suspected cases, of abuse, concern and or vulnerability. Because of our day to day contact with children/young people school staff are well placed to observe the outward signs of abuse; and
3. **Support** to children/young people who may have been abused, give a cause for concern or are vulnerable.

This policy applies to all staff and volunteers working within the school. Additionally this policy applies to all occasional workers, volunteers, contractors and governors. All adults on school site must be aware of the school's Safeguarding Policy as any adult, as well as teachers can be the first point of disclosure for a child/young person.

Within this school the Head Teacher retains overall responsibility for Safeguarding. The Named Senior Officer for Safeguarding in the Learning and Skills Directorate is Dorian Davies 01446 709180.

Key safeguarding personnel within the school are:

- The Designated Senior Person Child Protection – Mrs C Kynaston, Deputy Headteacher
- The Deputy Designated Senior Person Child Protection – Mr J Mansfield, Assistant Headteacher
- The Link Governor for Child Protection – **Mr A Lewis**

(**Appendix B** outlines the detailed roles and responsibilities of each post)

2: Prevention

We recognise that high self-esteem, confidence, supportive friends and good lines of communication with a trusted adult help to safeguard children / young people.

The school will therefore:-

- a) establish and maintain an ethos where children/young people feel secure and are encouraged to talk, and are **listened to**;
- b) ensure children/young people know that there are adults within the school whom they can approach if they are worried or in difficulty;
- c) include in the curriculum, activities and opportunities for PSE which equip children/young people with the skills they need to stay safe from abuse or exploitation, both in their own communities and the cyber community, and to know to whom to turn for help; and
- d) include within the curriculum, material that will help children/young people develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills.

All staff demonstrate a total commitment to Child Protection. They raise children's/young people's awareness of themselves through Personal and Social Education (P.S.E.) and develop a trusting climate so that they feel able to talk and share their thoughts and feelings. We also help to develop appropriate attitudes in our children/young people and make them aware of the impact of their decisions on others. We also teach them how to recognise different risks in different situations, and how to behave in response to them.

In our school we respect our children/young people. The atmosphere within our school is one that encourages all children/young people to do their best. We provide opportunities that enable them to take and make decisions for themselves.

We recognise that abuse and neglect can result in underachievement. We strive to ensure that all our children/young people make optimum educational progress.

3: Procedures

Stanwell School follows the All Wales Child Protection Procedures and all local protocols in relation to safeguarding that have been endorsed by Cardiff and the Vale of Glamorgan Local Safeguarding Children Board.

Stanwell School has:-

- a designated senior person for Child protection (DSP) CK who has undertaken the appropriate training and a deputy, who will substitute in the designated person's absence (JM). This substitute is a senior member of staff and shadows the CP Designate. In the absence of both DSPs from school, the most senior member of staff will substitute and consult with the Safeguarding Officer, Dorian Davies, if required.
- appropriate arrangements are in place for the support and training of both the Designate and the Deputy Designate.
- In the event of the DSP and Deputy DSP not being available to deal with an emergency involving Child Protection issues, the member of staff with the concern should follow procedures laid out in this policy.
- provided training for all staff regarding:-
 - I. their personal, statutory responsibility;
 - II. the agreed local procedures;
 - III. the need to be vigilant in identifying cases of abuse;
 - IV. how to support a child /young person who discloses abuse and
 - V. Record keeping

This should take place annually for existing staff and immediately for new staff

- identified a specific governor who is a designated Child Protection link and who will oversee the school's Safeguarding policy and practice; **AL**
- ensured that every member of staff and every governor knows:-
 - I. the name of the designated person and their role; and the shadow arrangements in place;
 - II. that they have an individual responsibility for referring child protection concerns using the appropriate channels and within the timescales laid down in the All Wales Child Protection Procedures;
 - III. the expectations of the school in regard to the recording and reporting of CP concerns
- ensured that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school brochure or website;
- a clear understanding that the local Children & Young People Service (CYPS) team must be contacted immediately if:

- a child/young person who is on the Child Protection Register (CPR) is excluded either for a fixed term or permanently; and
 - a child/young person who is on the CPR has an unexplained absence;
- worked to develop effective links with relevant agencies and co-operated as required with their enquiries regarding child protection matters, including attendance at Initial and Review Child Protection Conferences, core groups, and submitted written reports to such meetings as required, (**Appendix F**) and MARAC reports (**Appendix G**);
 - ensured that members of staff are aware of the definitions of abuse and neglect (**Appendix C**), and the need to be alert to signs of abuse.

- ensured that members of staff are aware of their legal duty to report FGM (Female Genital Mutilation) to the police (**Appendix K**)

Female Genital Mutilation

FGM is illegal in England and Wales under the FGM Act of 2003. It is a form of Child Abuse and violence against women.

The FGM mandatory reporting duty is a legal duty from the FGM Act 2003, amended by the Serious Crimes Act 2015. In schools, this means that teachers must report to the police if they are informed by a girl under 18 that an act of FGM has been carried out on her. Full details of how to make a report of FGM are contained in Appendix K – Home Office procedural guidance on Mandatory Reporting of FGM. Any disclosure regarding FGM must be reported immediately to DSP Mrs C Kynaston and Deputy DSP James Mansfield who will direct and supervise the reporting of FGM.

What to do if a child tells you that they or another child/young person is being abused

- Show the child that you have heard what they are saying, and that you take their allegations seriously;
- Encourage the child to talk, but do not prompt or ask leading questions;
- Don't interrupt when the child is recalling significant events. Don't make the child repeat their account;
- Explain what actions you must take, in a way that is appropriate to the age and understanding of the child;
- Do not promise to keep what you have been told secret or confidential, as you have a responsibility to disclose information to those who need to know. Reporting concerns is not a betrayal of trust;
- Write down as soon as you can and no later than 24 hours what you have been told, using the exact words if possible. Keep rough notes;

- Report your concerns to your line manager or (if appropriate) the member of staff in your organisation with designated responsibility for child protection;
- Do not confront the alleged abuser;
- Do not worry that you may be mistaken. You will always be taken seriously by CYPS. It is better to have discussed it with somebody with the experience and responsibility to make an assessment;
- Make a note of the date, time, place and people who were present at the discussion.'

Records of Concern/Significant Event/Disclosure

Whenever a member of staff has concerns, or when a child presents with a marked change of behaviour, a Record of Concern/Significant Event/Disclosure (**Appendix D**) should be completed noting the date of the event/concern and action taken. This record of concern should be signed by both the referrer and the Designated Senior Person for Child Protection and a copy kept by the DSP, even when there is no need to refer the matter to CYPS immediately.

All staff should be aware of the following paragraph from AWCPP 2008:

If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to CYPS or the police, who have statutory duties and powers to make enquiries and intervene when necessary. AWCPP 2008 page 73.

NB If a referrer disagrees with a decision made by the DSP, who decides not to pass on concerns, it is the referrer's responsibility to make that referral.

Chronology Log

The Chronology Log (**Appendix E**) or the SIMS Chronology Log is to be used to build up a picture, if concerns remain.

Storing records

All records must be kept secure and in locked locations and children's/young people's files must be kept individually and separately in line with the Pupil Information Record System as supplied by the Directorate of Learning and Skills (**Appendix J**). Concerns will be shared with relevant professionals involved with the child, but records will not be available without the authority of the Designated Senior Person (DSP) or the Head teacher;

Transfer of Files

All Safeguarding information must be transferred to a new school immediately when a child/young person on the Child Protection Register, or who has a diagnosed mental health difficulty, or who is known to CYPS, leaves. CYPS must be informed of the child's/young person's transfer. The

DSP will ensure that the receiving school is fully aware of any Safeguarding concerns and that the file is copied and transferred separately in a secure, appropriate manner. **Key** documents in the file must be copied and kept in school. (Child Protection records should be kept until a child reaches the age of 25) If the school is unable to ascertain what school/educational setting the child/young person is transferring to, the school must inform the Named Senior Officer for Safeguarding in the learning and Skills Directorate – Dorian Davies;

Procedures for school based staff

All staff and volunteers working with children and young people are well placed to observe outwards signs of abuse, changes in behaviour or failure to develop. They therefore have a duty to safeguard and promote the wellbeing of pupils and comply with the All Wales Child Protection Procedures and the National Assessment Framework.

These procedures are consistent with the All Wales Child Protection Procedures and the National Assessment Framework which should be referred to for greater detail according to specific circumstances.

When a member of staff, teaching or non – teaching, is alerted to signs of abuse or neglect s/he should:

- Complete the Record of Concern/Significant Event/Disclosure (noting the date, event and action taken), even where there is no need to refer the matter to CYPS immediately and pass it to the DSP
- Discuss the issue with the school's DSP or in his/her absence the Deputy DSP, Head Teacher or Deputy Head Teacher. If the decision is taken that the incident needs to be referred, the DSP should make a telephone referral to CYPS by telephoning the Duty Officer on 01446 725202, or out of hours on 02920 788570. This must be followed within two working days by completing the Multi-Agency Referral Form (MARF) either in writing or via e-mail to: dutymarfs@valeofglamorgan.gov.uk. If the "Child in Need" referral box is ticked, it must be accompanied with parental consent. No parental consent is needed for the "CP" referral box. The "Information Only" referral box will be logged by CYPS and only acted upon if it is considered a CP matter.

*The Duty Officer
Vale of Glamorgan Council
Dock Office
Barry
CF63 4RT*

- The DSP should ensure that parents are informed and made aware of the referral, **other than in circumstances when doing so would put the child at further risk of harm.**

- Significant events should always be added to the Chronology Log to enable the school to build up a picture of what might be going on for the child/young person.

(Advice may be sought prior to referral from the above asking for the duty desk, or the [Safeguarding Officer](#), Dorian Davies 01446 709180 or in his absence Catrin Davies).

Following the referral the school must:

- Be kept informed of the strategy discussions and attend strategy meetings / case conferences / core group meetings as required
- Record the date, event, action taken and result of suspected child abuse and keep records confidential, separate and secure;
- Contribute to the coordinated approach to Child Protection by developing effective liaison with other agencies and support.
- Provide written reports, using **Appendix F**.

Procedures for the Learning and Skills Directorate Staff.

Staff who visit schools (both centrally based staff such as the SIIS, Challenge Advisers and those providing commissioned services) may also receive pupil disclosures or gain evidence of possible abuse including neglect.

They should share the information with the school's DSP, or in his/her absence, the Deputy DSP, Head teacher or Deputy Head teacher. If, following discussion, the decision is taken that the incident needs to be referred, the DSP should make the referral to CYPS, by telephoning the Duty Officer on 01446 725202 or out of hours on 02920 788570. This must be followed up within two working days by completing the Multi-Agency Referral Form (MARF) either in writing or via email dutymarfs@valeofglamorgan.gov.uk .

Following this they should inform their line manager, or in her/his absence , Dorian Davies on 01446 709180 or in their absence Catrin Davies, 01446 709180.

This should be done without delay (same day) and a copy of the MARF provided on completion. If no child protection referral is made, a full written record must be provided to the school using the Record of Concern/ Disclosure/Significant Event Form, (**Appendix D**), with an e-copy to Dorian Davies.

Similarly adults employed by the Council to work with children or young people outside the school setting e.g. members of the Youth Service, should inform their line manager, or in her/his absence the Local Authority Safeguarding Officer , Dorian Davies on 01446 709180 or in his absence Catrin Davies, 01446709180.

This should be done without delay (same day) and a copy of the MARF provided on completion. If no child protection referral is made a full written record must be provided to the school, using the Record of

Concern/Disclosure/Significant Event Form, (**Appendix D**), with an e-copy to their line manager.

As the adult who first raised the concern, it is the visiting member's responsibility to ensure that the school has acted upon the concerns raised. The responsibility for taking procedures further lies with the visiting member if they are not satisfied with the school's response. If this is the case, concerns should be shared with Dorian Davies or Catrin Davies who will liaise with the school.

It is not the responsibility of staff in school, visiting schools or working with children and young people, or in Youth settings, to investigate suspected child abuse, only to report any disclosure or apparent evidence.

4: Supporting vulnerable pupils and those who are at risk

Stanwell School recognises that children/young people who are at risk, suffer abuse, neglect or witness violence may be deeply affected by this.

This school may be the only stable, secure and predictable element in the lives of children/young people at risk. Nevertheless, when at school their behaviour may be challenging and defiant or they may be withdrawn.

The school will endeavour to support the child/young person through:-

the content of the curriculum to encourage self esteem and self motivation (see section 3 on Prevention);

- a) the school ethos which:
 - a. promotes a positive, supportive and secure environment; and
 - b. gives children/young people a sense of being valued (ref. Section 3 on Prevention)
- b) the school's behaviour policy is aimed at supporting vulnerable children/young people in the school. All staff have agreed on a consistent approach which focuses on the behaviour of the offence committed by the child/young person but does not damage their sense of self worth. The school will endeavour to ensure that the child/young person knows that some behaviour is unacceptable but s/he is valued and not to be blamed for any issue which has occurred;
- c) liaison with other agencies who support the student such as CYPS, Child and Adolescent Mental Health Services, the Educational Psychology Service, Behaviour Support Services and the Education Welfare Service;
- d) keeping up to date records, using the Chronology Log and notifying CYPS as soon as there is a recurrence of a concern.

When a child/young person on the Child Protection Register leaves, we will transfer information to the new school immediately and inform CYPS.

5: Bullying/Cyberbullying

Stanwell 's policy on bullying is set out in the school's behaviour policy and is reviewed annually by the governing body.

Under the Education & Inspection Act 2006, there is a specific duty to take measures to promote good behaviour and to prevent all forms of bullying.

6: Pupils with mental health difficulties

The Safeguarding Pupil Concern Record (**Appendix E**) should be used to record any concerns relating to a child/young person's mental health. All referrals/discussions with mental health professionals or other agencies should be documented in the safeguarding file. All acts of violence or threats of violence committed by the child/young person should be reported to the police unless a clear directive not to do so is given by mental health professionals.

7: Physical Intervention

Stanwell's policy on physical intervention is set out in the Local Authority Policy on The Use of Physical Intervention and is adopted and reviewed annually by the governing body.

Any allegation of inappropriate physical intervention involving a child/young person must be reported in line with the guidance in this policy (Allegations Against Staff Section 11).

The school will ensure that every physical intervention is appropriately recorded on the Physical Intervention form and reported to the Local Authority following their guidance. Records of physical interventions are kept on pupil files and/or in the Bound Book and can be made available to parents/carers on request.

8: Children/Young people with statement of Special Education Needs

Stanwell School recognises that statistically children/young people with learning/behavioural difficulties and disabilities are most vulnerable to abuse. School staff who deal with children with profound and multiple disabilities, sensory impairment and/or emotional and behaviour problems need to be particularly sensitive to signs of abuse.

9: Safe use of the internet and digital technology

Stanwell School recognises that in a modern learning environment, use of the Internet, multimedia devices and digital imaging facilities are part of everyday requirements. However, a child/young person's safety will remain the priority of the school.

All staff are aware that any items that have capability for use of the Internet or the creation of digital images (including mobile phones) must be used by children/young people under appropriate supervision. **If any such item that belongs to a member of staff is brought onto the school site, it is the responsibility of that staff member to ensure that these items contain nothing of an inappropriate nature.**

Children/young people are not permitted to directly access items that do not belong to the school.

If there is any suspicion that any multimedia device or computer contains any images or content of an inappropriate nature, the Head teacher or CP Designate should be informed immediately.

Social Networking Sites (SNS)

Social Networking sites are part of everyday culture within the cyber environment and all staff will promote safe use of the internet to all children/young people. Staff are strongly advised not to have contact with young people and parents on SNS. The school curriculum will include the input of appropriately trained personnel around Internet Safety and safe use of media items. Staff will ensure that any personal use of Social Networking sites does not in any way impinge upon the school or their professional standards. Any concerns regarding a staff member's conduct should be brought to the immediate attention of the Head teacher or the DSP.

Any attempt by a child/young person to contact staff via such internet sites will immediately be reported to the Head teacher or DSP in order that appropriate advice can be given to the child/young person and their parents/carers regarding professional boundaries and the safety of the child/young person.

Permission for the creation of digital or media images

- Every parent/carer must be requested to give specific consent for any image of their child to be recorded in school on an annual basis. Permission slips will clearly identify the range of images i.e. Photographs or digital filming/video images. In addition the permission will also be specific in listing the use of any digital or multimedia images i.e. Photographs in a local newspaper, school leaflets or posters or DVDs for sale to parents and others.
- School will issue a further request for permission if there is an opportunity for images to be produced of children that was NOT specifically listed in the initial permission request.

- School will inform parents/carers that they can only record photographic or digital images of children in school based activities i.e. school concerts, with the permission of the Head teacher. School will never condone the posting of children's/young people's images on the internet or social networking sites. The school cannot control the use of such images taken by parents/cares after school events, and therefore could not assure other parents/carers of the appropriateness of that use.

10: Contact with children/young people

- All staff, volunteers and Governors will maintain an awareness of the position they hold with the School and the perceived power of their position. All contact with children/ young people outside the school environment must be managed appropriately and be clearly communicated within school and to their parents/carers. If there is a requirement to contact a child/ young person via telephone, parents/carers will be informed prior to contact being made with the child/young person
- **All school staff will ensure that their personal telephone numbers and contact details are not known to or used by the children/young people unless absolutely necessary.** Should they gain access to any such details the member of staff will inform the CP Designate or the Head teacher as a matter of urgency. Should any staff member, volunteer or governor become aware that outside of school time there is direct contact between adults within school and any of the children/young people and that it is not for school purposes, the CP Designate or Head teacher is to be informed immediately. This may result in the instigation of procedures in relation to Allegations against a Professional.

11: Safer Recruitment

All personnel working within a school will require the appropriate safeguarding checks as outlined in the schools Recruitment and Selection Policy and the Safer Recruitment Policy.

Staff involved in the recruitment process **must** ensure they read and fully comply with both documents.

For new employees, this will include an enhanced DBS check (with the appropriate barring list check) and two satisfactory references one of which must be from the current or most recent employer/colleague. Additional safeguarding checks will also be required which are outlined in the safer recruitment policy. **All checks must be in place before a start date can be arranged.** Separate arrangements may apply for existing employees where appropriate checks are recorded on file. Further guidance is outlined in the council's Safer Recruitment Policy.

In exceptional circumstances, the applicant may start employment without the necessary safeguarding checks in place but only in cases where any delay in starting the applicant will cause risk of harm to a child/young person or adversely affect the delivery of education of the children/young people of the school. In such circumstances, the risk assessment process, as outlined in the safer recruitment policy will be followed and suitable safeguarding measures put in place. This arrangement will only be valid for 12 weeks from the start date.

12: Allegations against staff

Welsh Government guidance circular 9/2014 “*Safeguarding Children in Education: Handling Allegations of Abuse against Teachers and other Staff*” sets out specific advice to be followed where a child protection allegation is made against a member of staff.

The Teacher Unions, the Association of Directors of Social Services and the Association of Chief Police Officers, have agreed to join NEOST Guidance on practice and procedure in cases where there has been an allegation against a member of staff of abuse of trust. Guidance can also be found in chapter 4.3.6 All Wales Child Protection Procedures.

When a member of staff witnesses or receives an allegation of professional abuse against another adult who is working with children/young people: this could include staff, volunteers, governors, occasional workers or contractors, and those staff that are not on school site but come into contact with children/young people ie those who transport children/young person to and from school, school crossing patrol etc, s/he should:

Report the matter immediately to the Head teacher, who should:

- obtain details of the allegation in writing, signed and dated
- keep a record of dates, times, location and names of potential witnesses.
- not investigate the allegation, or interview pupils, or discuss the allegation with the member of staff,(but should consider, in consultation with the Safeguarding Officer and the Child Protection Unit, whether the allegation requires further investigation and if so by whom.)
- inform the Chair of Governors
- Contact the **Local Authority Safeguarding Officer Dorian Davies 01446 709180** who, together with the Principal Officer for Child Protection, will give urgent consideration as to whether or not there is sufficient substance to the allegation to warrant an investigation: The outcome will either be:
 - i. without foundation

- ii. internal disciplinary procedures
- iii. a referral under the Child Protection procedures

N.B. if the latter is the case the Principal Officer will discuss the allegation with the Police Child Protection Unit. This discussion may lead to a decision to hold a strategy meeting.

Should the case be referred under the Child Protection Procedures the investigation will be informed by the guidance in “Working Together” and the All Wales Child Protection Procedures, which recommend that there should be a strategy discussion to plan the investigation and any subsequent action.

If the Head teacher is unsure about whether a case should be formally referred s/he may seek advice and support from the Designated Lead Officer.

If Head teacher is the person against whom the allegation is made, the member of staff must consult with the Chair of the Governing Body who will then contact the **Designated Lead Officer Dorian Davies**, (01446 709180) who will discuss the allegation with the Child Protection Unit.

Governing bodies are responsible for dealing with staff disciplinary matters in all maintained schools. A governing body is required to adopt rules and regulations to regulate the conduct and discipline of all staff it employs or has day-to-day responsibility for (except certain ancillary staff).

Local guidance issued in October 2011 reiterated that any queries or concerns for the conduct of a professional must be referred to CYPS.

13: School Site Security

Stanwell School is a safe and secure place for pupils to learn and develop learning and social skills. The physical safety of pupils when on school site is of paramount importance. Access to the school site is strictly monitored and reviewed in line with the Local Authority guidance on the Health and Safety of school premises. The School’s Health and Safety Policy is available to review on request from the Head teacher.

All daily contractors to our site are requested to sign in and out of school premises. They will clearly list the company for whom they work and the reason for their visit. As a daily contractor is unlikely to have a DBS disclosure available to be viewed by the school, an alternative method of risk assessment will be employed. A risk assessment is formulated by the School, using the Daily Contractors Log sheets, which clearly list the control measures employed by the school to safeguard pupils (**Appendix H**).

14: Confidentiality

Stanwell School regards all information relating to individual child protection issues as confidential, and we treat it accordingly. We pass information on to appropriate persons only.

We comply with the government requirements set out in DHS Circular LA 83/14, and by the Vale of Glamorgan, with regard to confidentiality. The Child Protection information is held in a secure, locked location. This contains information about confirmed and suspected cases of child abuse.

Information from third parties will not be disclosed without their prior knowledge and consent. Access to these files may be withheld in certain prescribed cases where there are instances of actual or alleged abuse (see DfES Circular 16/19). Working notes are not subject to disclosure but will be summarised and then kept on file. These guidelines are in line with the safeguards on disclosure of information set out in the Education (School Records) Regulations 1989.

15: Monitoring and reviewing

The Governing Body of Stanwell School has a senior member of staff designated to take lead responsibility for dealing with child protection issues. The Governing Body also recognise their responsibility with regard to Safeguarding and Child Protection and will ensure that it is always an annual agenda item for their meetings. Every governing body appoints a Safeguarding Governor and in accordance with the council's policy statement, all Safeguarding Governors must undergo Enhanced DBS checks.

Stanwell School will use the Estyn 'Self - Evaluation form for Safeguarding and Child Protection' to monitor and review our policy and practice on an annual basis.

Reviewed by: Date:	SO June 2017
Approved by Governing Body:	December 2106

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Appendix A

Key Definitions and Concepts

Extract from All Wales Child Protection Procedures

Child in need	A child is a child in need if: <ul style="list-style-type: none">- he/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;- his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or- he/she is disabled.
Child protection	Child protection is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm as a result of abuse or neglect.
Children	A child is anyone who has not yet reached their 18 th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has become sixteen years of age is living independently or is in Further Education, or is a member of the armed forces, or is in hospital, or in prison or a young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989.
Development	Physical, intellectual, emotional, social or behavioural development.
Harm	Ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
Health	Physical or mental health.
Safeguarding and promoting the welfare of children	<ul style="list-style-type: none">- Protecting children from abuse and neglect;- Preventing impairment of their health or development; and- Ensuring that they receive safe and effective care, so as to enable them to have optimum life chances.

<p>Significant harm</p>	<p>Section 31(10) of the Children Act 1989 states that “where the question of whether harm suffered by a child is significant turns on the child’s health or development, his health or development shall be compared with that which could reasonably be expected of a similar child”.</p>
<p>Welfare and Well-being</p>	<p>There is no statutory definition. The Children Act 1989 introduced the welfare checklist that a court shall have regard to in certain circumstances. The 1989 Act states that a “court shall have regard in particular to:</p> <ul style="list-style-type: none"> - the ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding); - his physical, emotional and educational needs; - the likely effect on him of any change in his circumstances; - his age, sex, background and any characteristics of his which the court considers relevant; - any harm which he has suffered or is at risk of suffering; - how capable each of his parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his needs; - the range of powers available to the court under this Act in the proceedings in question.”

Appendix B

Roles and Responsibilities of the School's Safeguarding Personnel

The Designated Senior Person Child Protection (DSP) will co-ordinate child protection arrangements within the school.

All schools must nominate a senior member of staff to coordinate child protection arrangements. The local authority maintains a list of all designated senior persons (DSPs) for child protection.

The DSP:

- is appropriately trained;
- acts as a source of support and expertise to the school community;
- has an understanding of LSCB procedures;
- keeps written records of all concerns, ensuring that such records are stored; securely and flagged on, but kept separate from, the pupil's general file;
- refers cases of suspected abuse to children's social care or police as appropriate;
- notifies CCYPS if a child with a child protection plan is absent for more than two days without explanation or is excluded;
- ensures that when a pupil with a child protection plan leaves the school, key documents are copied, their information is passed to their new school and the pupil's social worker is informed;
- attends and/or contributes written reports to child protection conferences (**Appendix G**);
- coordinates the school's contribution to child protection plans;
- develops effective links with relevant statutory and voluntary agencies;
- ensures that all staff sign to indicate that they have read and understood the child protection policy;
- ensures that the child protection policy is updated annually;
- liaises with the nominated governor and Headteacher (where the role is not carried out by the Headteacher) as appropriate;
- keeps a record of staff attendance at child protection training;
- makes the child protection policy available to parents.

The deputy designated person(s) is appropriately trained and, in the absence of the designated person, carried out those functions necessary to ensure the ongoing safety and protection of pupils. In the event of the long-term absence of the designated person, the deputy will assume all of the functions above.

The governing body ensures that the school has:

- a DSP for child protection who is a member of the senior leadership team and who has undertaken training in inter-agency working, in addition to basic child protection training;

- a child protection policy and procedures that are consistent with LSCB requirements, reviewed annually and made available to parents on request;
- procedures for dealing with allegations of abuse made against members of staff including allegations made against the Headteacher;
- safer recruitment procedures that include the requirement for appropriate checks;
- a training strategy that ensures all staff, including the Headteacher, receive child protection training, with refresher training at three-yearly intervals. The DSP should receive refresher training at two-yearly intervals;
- arrangements to ensure that all temporary staff and volunteers are made aware of the school's arrangements for child protection.

The governing body nominates a member (normally the chair) to be responsible for liaising with the local authority and other agencies in the event of an allegation being made against the Headteacher.

An annual report will be submitted to the local authority about how the governing body's duties have been carried out. Any weaknesses will be rectified without delay.

The headteacher:

- ensures that the child protection policy and procedures are implemented and followed by all staff;
- allocates sufficient time and resources to enable the DSP and deputy to carry out their roles effectively, including the assessment of pupils and attendance at strategy discussions and other necessary meetings;
- ensures that all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistleblowing procedures;
- ensures that pupils' safety and welfare is addressed through the curriculum.

Appendix C

Definitions of Abuse and Neglect

Extract from the All Wales Child Protection Procedures

To ensure that our pupils are protected from harm, we need to understand what types of behaviour constitute abuse and neglect.

‘A child is abused or neglected when somebody inflicts harm, or fails to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency child protection plan (taken from All Wales Child Protection Procedures 2008).

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone, or leaving knives or matches within reach of an unattended toddler.

There are four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect.

- **Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or caregiver fabricates or induces illness in a child whom they are looking after. (For further details related to Fabricated Illness, please see the All Wales Child Protection Procedures 2008

- **Emotional abuse**

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, for example by witnessing domestic abuse within the home or being bullied, or, the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

- **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person 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 or non-penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways

- **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. In addition, neglect may occur during pregnancy as a result of maternal substance misuse.'

Indicators of Abuse

Signs and Symptoms

This is intended as a guide. Please remember that presence of one or more factors does not necessarily give proof that child abuse has occurred.

It may, however, indicate that investigation should take place.

- Unexplained delay in seeking treatment which is needed
- Incompatible explanations
- Unexplained bruising:
- Bite Marks
- Burns and scalds
- Cigarette burns
- General physical disability
- Unresponsiveness in the child
- Soiling and wetting
- Change in behavioural patterns
- 'Frozen look'
- Attention seeking
- Apprehension
- Anti-social behaviour
- Unkempt appearance
- Sexually precocious behaviour
- Sexual exploitation
- Sexualised drawings and play
- Sudden poor performance in school
- Poor self-esteem
- Self-mutilation
- Withdrawal
- Running away
- Reluctance to return home after school
- Resistance to school medicals
- Difficulty in forming relationships
- Confusing affectionate displays
- Poor attendance
- Major changes in behaviour
- FGM
- Cruelty to Animals
- Hunger

Appendix D

Vale of Glamorgan Learning & Skills Directorate

Record of Concern
Record of Significant Event
Disclosure

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

School:

Date:

Recorded by:

Position in school:

Pupil's name:	Male / Female	DOB:
	Ethnic origin:	NCY:
Date and time of concern/incident/significant event/disclosure:		
Reason for concern/details of incident, significant event or disclosure:		
Other relevant details:		
The child's/young person's voice:		
Any witnesses:		
Action and response of DSP/Headteacher in consultation with referrer:		
<ul style="list-style-type: none">• Contact family <input type="checkbox"/>• Recorded in school <input type="checkbox"/>• Telephone discussion with CYI <input type="checkbox"/>• Referral to FACT <input type="checkbox"/>• Multi Agency Referral Form (MARF) <input type="checkbox"/>• Added to Chronology Log <input type="checkbox"/>• Referral to Health <input type="checkbox"/>• Other: Please specify		
Has the action been agreed by DSP/Headteacher and Referrer? Yes / No		
Signature of referrer:	Date:	
Signature of DSP/Headteacher:		

Appendix F

Vale of Glamorgan Learning & Skills Directorate	
REPORT FOR CHILD PROTECTION CONFERENCES	
Pupil's name: DOB: Address: School:	Type of Conference: Initial/Review/Other Author of report: Year Group: Date:
1.) Information regarding incident or concerns that led to the MARF.	
2.) Brief chronology of involvement or attach Chronology Log	
3a.) Child's development needs e.g. Educational progress, EP/BIT/EWO involvement, attendance, any EBD concerns, relationship with family and peers, social presentation	
3b.) Known health concerns, involvement of school nurse	
4.) Comments on your observations of parenting e.g Parents meeting basic care needs, ensuring safety and stability, providing guidance and boundaries, providing emotional warmth, promoting learning and intellectual development, working relationship with school.	
5.) Any other relevant information e.g. family history and functioning, housing, employment	

6.) The child's/young person's voice:	
7.) Consideration of perceived risk:	
Has this report been shared with parents?	
Signed:	Position in school:
Date:	

Appendix G

26th June 2014

Jenny Smith

01446 709867

01446 701820

JS/RS

JSmith@valeofglamorgan.gov.uk

RESTRICTED AND CONFIDENTIAL INFORMATION

Head teacher

Vale of Glamorgan

Dear Headteacher,

The pupil(s) listed below are due to be discussed at the forthcoming Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) for **high risk** cases on 2nd July 2014.

Pupil	DOB	SA/SA+/ SEN	Address

It is vital that the MARAC members receive as much information as possible to assist in targeting the necessary intervention for the family. Could you therefore, please provide comments below:-

<p>Attendance:</p> <p>Personal Presentation:</p> <p>Level of Achievement and brief comment on progress:</p> <p>Any Involvement with other agencies:</p>
--

Changes in Behaviour:

Areas of concern:

Perception of any risk:

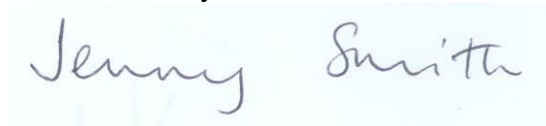
Please send or e-mail to:

Caroline Cleary
Public Protection Unit, Uned Gwarchod y Cyhoedd
Central (East) BCU – BCU y Canol (Dwyrain)
Serving Bridgend & the Vale, Yn gwasanaethu Pen-y-Bont a'r Fro
Cowbridge Police Station, Gorsaf Heddlu Y Bontfaen
Giatgorllewin, Cowbridge, CF71 7AR. Westgate, Y Bont-Faen
Email: central-bcu-domestic@south-wales.pnn.police.uk

and

Dorian Davies
Safeguarding Officer
School Improvement and Inclusion Service
Vale of Glamorgan Council
Email: DDavies@valeofglamorgan.gov.uk

Yours faithfully,

A handwritten signature in blue ink that reads "Jenny Smith". The signature is written in a cursive style and is placed on a light blue rectangular background.

Jenny Smith
Safeguarding Officer
School Improvement and Inclusion Service



Appendix H

Daily Contractor Log

*CP info given to contractors should include name and location of DSP, and immediate actions required in reporting concern

Date	Time In	Time Out	Name	Company	Reason for Visit	CP info given* (please tick)	Risk Assessment of Contractor (must be completed)		
							Valid CRB	Disclosure number	
							Valid CRB	Disclosure number	
							Will be accompanied whilst on school site		
							Not in areas where lone pupils are		
							Valid CRB	Disclosure number	
							Will be accompanied whilst on school site		
							Not in areas where lone pupils are		
							Valid CRB	Disclosure number	
							Will be accompanied whilst on school site		
							Not in areas where lone pupils are		
							Valid CRB	Disclosure number	
							Will be accompanied whilst on school site		
							Not in areas where lone pupils are		

Appendix J



Insert
school logo
here

Safeguarding Pupil Information record

Name		DOB		UPN Number	
Address					

Primary PR Holder: (Parent or Children's CYPS)	
Parents' Names:	
Parents' Address:	
Parents' contact number:	
Carer's name (if not residing with Parents)	
Carer's Address:	
Carer's contact number:	

Child Protection (CP)		Looked After Children (LAC)	
Date of CP Registration		Date became LAC	
Child Protection Register Category		Legal Status (if LAC)	
Date ceased CP Registration		Date ceased to be LAC	
Social Worker		Contact Number	
CYPSCYPS Team Manager		CYPSCYPS Area Team	
Additional Notes / Emergency Information: (e.g. early alert files, files for children causing concern, restrictions on contact, hazards, allergies, medical information or special family arrangements)			

Suggested Safeguarding File Composition

*The following guidance from Education Safeguarding is regarding the storage of information in School on vulnerable children and those involved with CYPSCYPS. Each child should have an individual file and all information should be in date order **with the most recent first**, in the following sections:*

Safeguarding School File

1. Safeguarding Pupil Information record
2. Chronology of school concerns
3. Correspondence
4. Children's CYPS Minutes – Conference/Core Group Minutes, LAC Review Meetings, Child in Need Planning Meetings
5. School reports for Children's CYPS Meetings – i.e. Case Conference Meetings, LAC Reviews, Core Groups, MARAC
6. Attendance Data – Registration sheets, EWO involvement
7. Academic Assessment Information – Key Stage Assessments, end of year testing
8. School based additional information e.g. Involvement with Educational Psychology Service, Behaviour Support Service, Additional Learning Needs Service. Copies of Statement of Special Educational Needs, IEP, IBP, PEP, Physical Intervention
9. School Report
10. Any other information – copies of referrals to other agencies

When a child leaves your school this confidential information must be copied, securely transferred to the new school and signed for by the new Head Teacher or Designated Senior Person. The receiving school must be made aware of the existence of a Safeguarding file prior to the child transferring.

1. Introduction

Background

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). **It is a form of child abuse and violence against women.** FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act¹ introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police. **The duty applies from 31 October 2015 onwards.**

‘Known’ cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003².

Purpose and audience

The duty applies to all regulated professionals (as defined in section 5B(2)(a), (11) and (12) of the 2003 Act) working within health or social care, and teachers. It therefore covers:

Health and social care professionals regulated by a body which is overseen by the Professional Standards Authority for Health and Social Care (with the exception of the Pharmaceutical Society of Northern Ireland). This includes those regulated by the:

- General Chiropractic Council
- General Dental Council
- General Medical Council
- General Optical Council
- General Osteopathic Council
- General Pharmaceutical Council
- Health and Care Professions Council (whose role includes the regulation of social workers in England)
- Nursing and Midwifery Council

teachers³ - this includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions, and, in Wales, education practitioners regulated by the Education Workforce Council;

social care workers in Wales⁴.

The purpose of this document is to give professionals subject to the duty and their employers an understanding of the legal requirements it places on them, a suggested process to follow, and an overview of the action which may be taken if they fail to comply with the duty. It also aims to give the police an understanding of the duty and the next steps upon receiving a report.

In addition to complying with the duty, professionals should continue to have regard to their wider safeguarding responsibilities, which require consideration and action to be taken whenever there is any identified or known risk to a child, whether in relation to FGM or another matter. The process map at **annex A** shows where the duty fits within existing child safeguarding responsibilities.

A detailed Q and A is available at **annex B**.

This document should be considered in conjunction with relevant guidance on FGM and safeguarding, including the [English](#) or [Welsh](#) version of Working Together to

Safeguard Children as appropriate, the [multi-agency guidance on FGM](#), and the [guidance for NHS professionals in England](#).

While the duty is limited to the specified professionals described above, non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with wider safeguarding frameworks. More information is available in the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate.

The duty applies in England and Wales only. 4

2. Making a report

2.1 When a report must be made

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

□ are informed by a girl under 18 that an act of FGM has been carried out on her; or

□ observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth (see section 2.1a for further information).

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, you should follow local safeguarding procedures.

For more information, please see the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate, and/or the [multi-agency guidance on FGM](#).

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate. 5

2.1a Visually identified cases – when you might see FGM

The duty applies to cases you discover in the course of your professional work.

If you do not currently undertake genital examinations in the course of delivering your job, then the duty does not change this. Most professionals will only visually identify FGM as a secondary result of undertaking another action.

For healthcare professionals, if, in the course of your work, you see physical signs which you think appear to show that a child has had FGM, this is the point at which the duty applies – the duty does not require there to be a full clinical diagnosis confirming FGM before a report is made, and one should not be carried out unless you identify the case as part of an examination already under way and are able to ascertain this as part of that. Unless you are already delivering care which includes a genital examination, you should not carry one out.

For teachers and social workers, there are no circumstances in which you should be examining a girl. It is possible that a teacher, perhaps assisting a young child in the toilet or changing a nappy, may see something which appears to show that FGM may have taken place. In such circumstances, the teacher must make a report under the duty, but should not conduct any further examination of the child.

2.1b Verbally disclosed cases

If you are a relevant professional and a girl discloses to you that she has had FGM (whether she uses the term 'female genital mutilation' or any other term or description, e.g. 'cut') then the duty applies. If, in the course of delivering safe and appropriate care to a girl you would usually ask if she has had FGM, you should continue to do so.

The duty applies to cases directly disclosed by the victim; if a parent, guardian, sibling or other individual discloses that a girl under 18 has had FGM, the duty does not apply and a report to the police is not mandatory. Any such disclosure should, however, be handled in line with wider safeguarding responsibilities - in England, this is likely to include referral to children's social services, and in Wales the disclosure must be immediately referred to the local authority.

Further information, including advice and support on how to talk to girls and parents/guardians about FGM, is available in the [multi-agency guidance on FGM](#). 6

2.2 Timeframe for reports

Reports under the duty should be made as soon as possible after a case is discovered, and best practice is for reports to be made by the close of the next working day, unless any of the factors described below are present. You should act with at least the same urgency as is required by your local safeguarding processes. In order to allow for exceptional cases, a maximum timeframe of one month from when the discovery is made applies for making reports. However, the expectation is that reports will be made much sooner than this.

A longer timeframe than the next working day may be appropriate in exceptional cases where, for example, a professional has concerns that a report to the police is likely to result in an immediate safeguarding risk to the child (or another child, e.g. a sibling) and considers that consultation with colleagues or other agencies is necessary prior to the report being made. If you think you are dealing with such a case, you are strongly advised to consult colleagues, including your designated safeguarding lead, as soon as practicable, and to keep a record of any decisions made. It is important to remember that the safety of the girl is the priority.

2.3 Making a report

Where you become aware of a case, the legislation requires you to make a report to the police force area within which the girl resides. The legislation allows for reports to be made orally or in writing.

When you make a report to the police, the legislation requires you to identify the girl and explain why the report is being made. While the requirement to notify the police of this information is mandatory and overrides any restriction on disclosure which might otherwise apply, in handling and sharing information in all other contexts you should continue to have regard to relevant legislation and guidance, including the Data Protection Act 1998 and any guidance for your profession. The provisions of the Data Protection Act 1998 do not prevent a mandatory report to the police from being made. While the legislation requires a report to be made to the police, it does not specify the process for making the report. If you have a formal agreement with the relevant team in the police that reports can be made to them directly, then reports may be made this way. In all cases you should ensure that you are given a reference number for the case and that you keep a record of it.

2.3a Making a report

It is recommended that you make a report orally by **calling 101**, the single non-emergency number.

When you call 101, the system will determine your location and connect you to the police force covering that area. You will hear a recorded message announcing the police force you are being connected to. You will then be given a choice of which force to be connected to – if you are calling with a report relating to an area outside the force area which you are calling from, you can ask to be directed to that force. 7

Calls to 101 are answered by trained police officers and staff in the control room of the local police force. The call handler will log the call and refer it to the relevant team within the force, who will call you back to ask for additional information and discuss the case in more detail.

You should be prepared to provide the call handler with the following information:

- explain that you are making a report under the FGM mandatory reporting duty

- your details:
 - name
 - contact details (work telephone number and e-mail address) and times when you will be available to be called back
 - role
 - place of work

- details of your organisation's designated safeguarding lead:
 - name
 - contact details (work telephone number and e-mail address)
 - place of work

- the girl's details:
 - name
 - age/date of birth
 - address

- if applicable, confirm that you have undertaken, or will undertake, safeguarding actions, as required by the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate.

You will be given a reference number for the call and should ensure that you document this in your records (see section 2.3b).

2.3b Record keeping

Throughout the process, you should ensure that you keep a comprehensive record of any discussions held and subsequent decisions made, in line with standard safeguarding practice. This will include the circumstances surrounding the initial identification or disclosure of FGM, details of any safeguarding actions which were taken, and when and how you reported the case to the police (including the case reference number). You should also ensure that your organisation's designated safeguarding lead is kept updated as appropriate. 8

2.3c Informing the child's family

In line with safeguarding best practice, you should contact the girl and/or her parents or guardians as appropriate to explain the report, why it is being made, and what it means. Wherever possible, you should have this discussion in advance of/in parallel to the report being made. Advice and support on how to talk to girls and parents/guardians about FGM is available in the [multi-agency guidance on FGM](#). However, if you believe that telling the child/parents about the report may result in a risk of serious harm to the child or anyone else, or of the family fleeing the country, you should not discuss it. For more information, please see [information sharing advice for safeguarding practitioners](#). If you are unsure or have concerns, you should discuss these with your designated safeguarding lead.

2.4 Your responsibilities after you have made a report

In relation to any next steps, you should continue to have regard to your wider safeguarding and professional responsibilities, including any relevant standards issued by your regulatory body. For example, in a health context, your responsibilities include responding to the physical and psychological needs of the girl.

Depending on your role and the specific circumstances of the case, you may be required to contribute to the multi-agency response or other follow up to the case which will follow your report (see Section 3). If you are unsure, you should seek advice from your designated safeguarding lead. 9

2.5 Safeguarding duty in Wales

Professionals working within Wales should be aware that, once it is in force, section 130 of the Social Services and Well-being (Wales) Act 2014 will also apply to cases covered by the FGM mandatory reporting duty. The all-Wales child protection procedures, adopted by all safeguarding boards in Wales, provide a consistent framework for referral, consideration, and determining action by all safeguarding partners in Wales, including a [dedicated protocol on FGM](#).

Section 130 is due to come into force in April 2016. It will require “relevant partners”⁷ of the local authority to inform the local authority where they have reasonable cause to suspect that a child within the local authority’s area is a child at risk (i.e. is experiencing or is at risk of abuse, neglect or other kinds of harm, and has needs for care and support). To comply with both duties, professionals in Wales who identify cases falling within the FGM mandatory reporting duty will need to make a report to both the police and the local authority. Further guidance will be made available in advance of section 130 coming into force.

3. Next steps following a report

Upon receipt of a report, the police will record the information and initiate the multi-agency response, in line with local safeguarding arrangements. Exact procedures will vary across local areas. If the police consider that emergency action is needed to protect the child, they may take action in advance of the multi-agency response. While the multi-agency response will be initiated by the police, as they are the agency receiving the report, they will consult children's social care prior to taking action.

Factors considered may include:

- measures necessary to protect the girl/others identified as being at risk of harm (children's social care lead);
- possible criminal investigation (police lead); and
- the health and wellbeing requirements of the girl/others, including how the care will be delivered (health lead).

The protection of the child must be paramount at all times. The multi-agency response should consider any wider health or emotional support that the child may need. In considering the case and next steps, local safeguarding processes should continue to be followed, in line with wider relevant guidance, including: the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate, the [multi-agency guidance on FGM](#), [information sharing](#), and, for the police, the [authorised professional practice on FGM](#).

3.1 FGM Protection Orders

Depending on the circumstances of the case, the police or local authority may wish to consider [applying for an FGM Protection Order](#) (FGMPO) either to protect the girl or to protect other girls who may be at risk (e.g. siblings). An FGMPO is a civil order which may be made for the purposes of protecting a girl at risk of FGM or protecting a girl against whom an FGM offence has been committed. 11

4. Failure to comply with the duty

Cases of failure to comply with the duty will be dealt with in accordance with the existing performance procedures in place for each profession. **FGM is child abuse, and employers and the professional regulators are expected to pay due regard to the seriousness of breaches of the duty.**

4.1 Health and social care professionals

For health and social care professionals, failure to comply with the duty may be considered through fitness to practise proceedings by the regulator with whom the professional is registered.

Regulators will use their frameworks to consider a professional's ability currently to practise safely. This will therefore take all aspects of the circumstances of the case into consideration, including the safety of the individual child and her immediate needs. This may result in a wide variety of recommendations as to suitable action (e.g. re-training or supervision). Regulators may wish to issue guidance to their registrants as to how to act and when action may be taken.

4.2 Teachers

For teachers, schools will need to consider any failure to comply with the duty in accordance with their staff disciplinary procedures. Where the school determines it is appropriate to dismiss the teacher as a result of the failure to comply, or the teacher would have been dismissed had they not resigned, the school must consider whether to refer the matter to the National College of Teaching and Leadership (NCTL) in England or the [Education Workforce Council \(EWC\) in Wales](#), as regulators of the teaching profession.

For teachers in England, the NCTL will consider referrals to determine whether the facts presented in respect of the individual's failure to comply with the duty are proven and whether they amount to unacceptable professional conduct or conduct likely to bring the profession into disrepute. If proven, the NCTL will consider whether it is appropriate to make a prohibition order which prevents the individual from carrying out teaching work in any school, children's home, sixth form college, and relevant youth accommodation in England.

For teachers in Wales, in considering cases the EWC will look at the individual's conduct and consider whether their failure to comply with the duty was so serious that it should affect their registration, which may include initiating fitness to practise proceedings. 12

Annex A – FGM mandatory reporting process map

This process map is intended to demonstrate where the FGM mandatory reporting duty fits within existing processes. It is not intended to be an exhaustive guide, and should be considered in the context of wider safeguarding guidance and processes.

Professionals should:

- record all decisions
- communicate sensitively with the girl/family

Relevant professional concerned that an under 18 has had/is at risk of FGM.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

Informed by the girl that she has had FGM

Observes physical signs which appear to show FGM has been carried out

Suspects FGM has been carried out

Considers girl may be **at risk** of FGM

In Wales from April 2016: supplemented by duty to report

Mandatory reporting duty applies Follow local safeguarding procedures

(mandatory reporting duty does not apply)

Professional required by law to make a report to the police (orally or in writing – **recommended route: call 101**)

Local safeguarding procedures followed

Response initiated by police, in consultation Response initiated by local authority

with local authority children’s social care children’s social care

ASSESSMENT OF CASE: Multi-agency safeguarding meeting convened in line with local safeguarding arrangements.

Attendees include:

- police
- children’s social care
- health

Factors considered may include:

- measures to protect the girl/others identified as being at risk (children’s social care lead)
- possible criminal investigation (police lead)
- health and wellbeing requirements of the girl/ others, including how care delivered (health lead)

IMMEDIATE RESPONSE REQUIRED re: identified victim or another child/other children

Police and social care take immediate action as appropriate followed by 13

Annex B – Q and A

Who the duty applies to

How do I know if the duty applies to me?

The duty applies to all regulated health and social care professionals and teachers in England and Wales. This covers:

- Health and social care professionals registered with any of the regulatory bodies within the remit of the [Professional Standards Authority for Health and Social Care](#), with the exception of the Pharmaceutical Society of Northern Ireland (full list at section one);

- Teachers in England and Wales. This includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions, and, in Wales, education practitioners regulated by the Education Workforce Council; and

- Social care workers in Wales (i.e. those registered with the Care Council for Wales)⁸.

If you are still unsure whether the duty applies to you, check with your designated safeguarding lead.

Does the duty apply to professionals working in private education/healthcare?

The duty applies to all regulated health and social care professionals and teachers in England and Wales, including those working in private education and healthcare. Where regulated professionals/teachers working in private education or healthcare identify a case of FGM which falls within the mandatory reporting duty, they are required to make a report to the police, provided the case was discovered in the course of their professional duties.

I am a relevant professional working in Scotland/Northern Ireland – do I have to comply with this duty?

No. The FGM mandatory reporting duty applies in England and Wales only. If you are a teacher or regulated health or social care professional working in Scotland or Northern Ireland, the duty does not apply – you should continue to comply with your existing safeguarding responsibilities. ¹⁴

Education professionals

Which teachers are within scope of the duty?

In England, the scope of the duty is in line with the regulatory coverage of the National College for Teaching and Leadership (NCTL).

The duty applies to any teacher who is employed or engaged to carry out 'teaching work', whether or not they have qualified teacher status, in maintained schools, academies, free schools, independent schools, non-maintained special schools, sixth form colleges, 16-19 academies, relevant youth accommodation or children's homes in England.

'Teaching work' is defined as being each of the following activities: planning and preparing lessons and courses for pupils; delivering lessons to pupils; assessing and/or reporting on the development, progress and attainment of pupils.

The above would include a teacher carrying out one or more of the above activities as part of their Qualified Teacher Status induction period - this would include those in their second year of Teach First, but not trainee teachers in other circumstances, nor teaching/classroom assistants.

In Wales, the scope of the duty is in line with the regulatory coverage of the Education Workforce Council (EWC), which regulates education practitioners in Wales. This covers: teachers in maintained schools, Further Education (FE) teachers, and learning support staff in both school and FE settings.

I am employed as a teacher but do not have Qualified Teacher Status. Does the duty apply to me?

Yes. The duty applies to anyone employed or engaged to carry out teaching work in specified settings, whether or not they have Qualified Teacher Status (see question above for details of the relevant settings).

I work as a teacher in a Further Education (FE) college. Does the duty apply to me?

In Wales, the duty applies to teachers and learning support staff in FE colleges.

If you are a teacher in a FE college in England, the duty does not apply. You should, however, follow local safeguarding procedures when you know or have reason to suspect that a girl has undergone FGM, or is at risk of FGM.

When the duty applies

I have identified a girl under 18 who I suspect may have undergone FGM, does the duty apply?

The duty does not apply in relation to suspected cases - it is limited to 'known' cases (i.e. those which are visually identified or disclosed to a professional by the victim – see section 2.1 for more information). In these cases, you should follow local safeguarding procedures. If you are concerned that there is an immediate threat you should take immediate action in line with local safeguarding procedures.

For more information, please see the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate, and the [multi-agency guidance on FGM](#). 15

I have identified a girl under 18 who I think may be at risk of FGM, does the duty apply?

The duty does not apply in relation to at risk cases - it is limited to 'known' cases (i.e. those which are visually identified or disclosed to a professional by the victim – see section 2.1 for more information). If you are concerned that a girl may be at risk of FGM, you should follow local safeguarding procedures.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate. For more information, on handling at risk cases, please see the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate, and the [multi-agency guidance on FGM](#).

I don't know much about FGM, what should I do to make sure I comply with the duty?

A range of [information and guidance on FGM](#) is available for all professionals, including a free [FGM e-learning package](#).

For healthcare professionals, Health Education England provide a free 10-15 minute [FGM introductory session](#) which gives an overview of what FGM is and the issues related to it.

In Wales, each health board has an FGM Lead and any queries should be referred to them. The Welsh Government's National Training Framework on violence against women, domestic violence and sexual abuse will introduce a standard of training for these issues, related to job role, across the Welsh public service. The National Training Framework includes both basic, and fundamental levels of training and a specialist subject syllabus, each of which will include FGM.

Detailed guidance on FGM for professionals and organisations is available in the [multi-agency guidance on FGM](#).

Do I only have to make a report if I am 100% certain that FGM has been carried out?

No. The duty is limited to 'known' cases (i.e. those which are visually identified or disclosed to a professional by the victim – see section 2.1 for more information), but this does not mean that you must be 100% certain that FGM has been carried out or that a clinical diagnosis must have taken place prior to a report being made.

You are not required to 'verify' that FGM has occurred in order for the duty to apply and a report to be made. Whether the girl needs to be referred for a diagnosis will be considered as part of the subsequent multi-agency response. 16

I have identified a case but the victim is over 18, what should I do?

The duty does not apply in cases where the woman is over 18 at the time of the disclosure/discovery of FGM (even if she was under 18 when the FGM was carried out).

Whatever an individual's circumstances, they have rights which should always be respected, such as the right to personal safety and to be given accurate information about their rights and choices. Professionals should listen to the victim and respect their wishes whenever possible. However, there may be times when a victim wants to take a course of action that may put them at risk – in these circumstances, professionals should explain the potential outcomes and risks to the victim and take the necessary adult protection precautions, including signposting her to health services which will be able to consider any additional support needed.

Professionals should also be clear that FGM is a criminal offence in the UK and must not be permitted or condoned. They should consider whether there are others in the family who may be at risk.

Further guidance on handling adult cases is available in the [multi-agency guidance on FGM](#).

I have become aware that FGM has been carried out on a girl under 18, but I know that another person in my profession has already referred this case to the police. Am I required to make another report to the police?

If you are aware that a report to the police in connection with the same act of FGM has already been made by someone from your profession, the duty does not apply (i.e. you are not required to make a second report)⁹. If, however, you are unsure, or if the person making the report does not belong to a profession captured by the duty, you should report the case to the police, and highlight that a report may have been made previously.

A parent has told me their daughter has had FGM, but I cannot ask the girl as I do not have contact or a relationship with her. What do I do?

If a parent, guardian, sibling or other individual discloses that a girl under 18 has had FGM, you should follow local safeguarding procedures, which may include a referral to children's social services. In some circumstances this will also involve informing the police.

For further information, including advice and support about how to talk to girls and parents/guardians about FGM, see the [multi-agency guidance on FGM](#). ¹⁷

Visually identified cases

I don't know what FGM looks like – what should I do if I think I have seen it?

The duty is limited to 'known' cases (i.e. those which are visually identified or disclosed to a professional by the victim), but this does not mean that you must be 100% certain that FGM has been carried out or that a clinical diagnosis must have taken place prior to a report being made.

If, in the course of your work, you see physical signs which you think appear to show that a girl under 18 has had FGM, this is the point at which the duty applies and at which you are required to make a report. The duty does not require there to be a full clinical diagnosis confirming FGM before a report is made, and one should not be carried out unless you identified the case as part of an examination already under way and are able to ascertain this as part of that.

I am a clinician and I am concerned as I know that some types of FGM (e.g. type 4) are very difficult to notice unless you are undertaking an examination with the specific purpose of looking for the signs. What if I have carried out a procedure on a patient (e.g. inserting a catheter) and at a later date that patient is identified as having had FGM?

If an allegation of failure to report is made, in considering whether a person has genuinely failed to notice the signs of FGM, all of the relevant circumstances will be taken into account by the regulators, including your experience and what could reasonably have been expected. All relevant information will be taken into account, including the fact that experts in the field can find it difficult to see indications of FGM having taken place in some circumstances.

Making reports

How do I make a report?

Information on making reports is outlined in section 2.3.

I am concerned that if I inform the family before making the report the family may disappear or coerce the girl into changing her account, what should I do?

Please see section 2.3c. If you are still unsure or have concerns, you should discuss these with your designated safeguarding lead.

Do I have to inform the girl's family before making a report?

In line with safeguarding best practice, you should explain the report, why it is being made, and what it means with the girl and/or her parents or guardians as appropriate. See section 2.3c for more information.

I have made a report under the duty, but my local process is to make a full referral to social services. Why do I have to report twice?

The legislation requires you to make a report to the police and does not require a second report to social services. Local areas may wish to update their procedures to reflect that a report made under the mandatory reporting duty is sufficient and duplicate reporting is not required, but that is a matter for local decision.

Professionals working within Wales should be aware that section 130 of the Social Services and Well-being (Wales) Act 2014, **which is due to come into force in April 2016**, will also apply to cases covered by the FGM mandatory reporting duty. 18

I have concerns about making a report via 101 – is this process secure?

Yes. Calls to 101 are answered by trained police officers and staff in the control room of the local police force. Police forces have responsibilities regarding the [management of information](#), including a statutory responsibility to comply with the Data Protection Act 1998.

I am an expert practitioner in this field and we already have reporting processes directly to the police, through local arrangements with the specialist unit in the force who deal with these cases. Do I have to call 101?

No. The legislation requires a report to be made to the police, but it does not mandate the process for making the report. If you have a formal agreement with the relevant team in the police that reports can be made to them directly, then reports may be made this way. In all cases you should ensure that you are given a reference number for the case and keep a record of this.

The 101 process is recommended as a simple and clear reporting route for professionals who need to make a report under the duty and who do not routinely have contact with the relevant team within the police.

I have a duty of confidence to my patients, doesn't requiring a report to the police breach this?

No. Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply, including any legal requirements. If you are a relevant professional and you become aware of a case where the duty applies, the legislation requires you to make a report to the police.

I work in a clinic where patients do not have to provide their personal details. I have identified a case where the duty applies, but I suspect that the details I have for the girl are not accurate. What should I do?

If you would not previously have taken any additional action to obtain accurate details, that should not change. You should make the report according to the available information and let the police know that you are not sure whether all of the information that you have is accurate.

I have identified a case where the duty applies, and it is not clear from the girl's records whether a report has already been made - what should I do?

If the girl's records are unclear, you should report the case to the police in accordance with the duty and highlight that you believe a report may have been made previously.

What should I do if I have come under the duty to report and I think another professional working in my organisation should have made a report previously, but I cannot see any evidence that they ever did anything?

You should report the case to the police in accordance with the duty and highlight that you believe a report may have been made previously. As failure to comply with the duty represents a failure of the individual to comply with their professional duties, you may also wish to consider whether to highlight this to the relevant safeguarding lead in your organisation. 19

What should I do if the girl's family assure me that the case has been reported to the police under the duty, but I cannot see any evidence of this?

If there is no evidence to support this, or if the report was made by a professional belonging to a different profession, you should report the case to the police, and highlight that the family have indicated a report may have been made previously. You can reassure the family that if a report has already been made and an appropriate response put in place, then this will be identified by the police early on in the process.

I know about the duty, and as a result, I want to avoid discussing FGM in the course of my work so that I don't have to deal with what is said. Is that ok?

No. All professionals subject to this duty have wider professional and safeguarding responsibilities. If a professional deliberately avoids this issue and alters the care or support which they would otherwise give to the girl, this would conflict with their wider responsibilities and follow up action may be taken.

Transitional arrangements

I became aware before the duty came into effect (31 October 2015) that a girl under 18 had FGM carried out, am I required to report this?

The mandatory reporting duty applies from 31 October onwards, and therefore does not apply to cases discovered before this.

However, as a crime may have been committed, if you have concerns about a case prior to this date, you should consult your designated safeguarding lead to consider whether a report to the police may be appropriate. In all other cases, you should make a report if a subsequent disclosure is made or you observe physical signs appearing to show FGM has been carried out during the course of your usual professional duties after 31 October.

After making the report

I made a report but have not been informed of the outcome and cannot see evidence of any follow-up action being taken - what should I do?

Once you have reported the case to the police and provided the required information, you have complied with the duty.

Depending on your role and the specific circumstances of the case, your subsequent involvement in the follow-up action may be limited. See section 3 for more information.

What if the investigation identifies that there are no physical signs of the abuse, but the child gives an account of having undergone FGM?

If a girl under 18 tells you, as part of a conversation you have initiated or otherwise, that she has had FGM, then you should treat this as a disclosure and make a report under the duty and take appropriate action in line with your local safeguarding processes.

If you make a report as a result of such a disclosure and there is later found to be no physical evidence of FGM, you will not be penalised for making the report. 20

The girl’s family are scared and worried about the follow-up. What can I do to help reassure them and explain what they can expect?

For further information, including advice and support about how to talk to girls and parents/guardians about FGM, see the [multi-agency guidance on FGM](#). You may also wish to seek advice from your manager or designated safeguarding lead.

What if there is a breakdown in trust as a result of my having made a report to the police?

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). If the duty applies to you and you identify a relevant case, you are legally required to make a report to the police.

There may be situations where this is difficult, but you are advised to be open and honest, in line with best practice on information sharing and safeguarding.

For further information, including advice and support about how to talk to girls and parents/guardians about FGM, see the [multi-agency guidance on FGM](#). You may also wish to seek advice from your manager or designated safeguarding lead.

What if I am organising the multi-agency response, but I cannot get involvement or engagement from one of the other sectors?

Your response should be in line with wider safeguarding procedures – for more information, please see the [English](#) or [Welsh](#) version of Working Together to Safeguard Children as appropriate.

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