

CAMBRIAN

Nurturing Growth - Inspiring Minds



Safeguarding Manual

2025-2026

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1. Your Role and Responsibility

Definition of Safeguarding:

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network⁴ through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework

(Working together to safeguard children 2023)

KCSIE (2024) states:

'Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.'

'If staff have a concern, they should act on it. They should not assume a colleague or another professional will take action. Staff should also be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision. Staff should not assume that other professionals will share information that might be critical in keeping children safe. Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers supports school and college staff who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information.'

**Safeguarding
is everyone's
responsibility**

You should not let other considerations, like the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect.

Staff working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the best interests of the child.

Please ensure you have read Keeping Children Safe in Education Guidance. This guidance explains your role and responsibility in your school setting. All staff are asked to read and signed to say they have read and understood KCSIE part 1 annually.

2. The DSL team in your school

Trust Safeguarding Lead – Lynne Hammond lhammond@cambrianlt.org

lhammond@cambrianlt.org

What is a Designated Safeguarding Lead (DSL)?

Safeguarding is the process of protecting children and vulnerable adults from abuse, neglect, exploitation, radicalisation and other forms of harm. Safeguarding is everyone's responsibility and requires a coordinated and collaborative approach from different agencies and professionals.

The designated safeguarding lead (DSL) is the person appointed to take lead responsibility for child protection issues in school.

A DSL's key areas of responsibility are:

- Providing support and care to those who are at risk or have experienced abuse, neglect or harm, such as offering counselling, advocacy or referrals to other services.
- Working in partnership with other agencies and professionals to share information, coordinate actions and prevent further harm.
- Managing child protection files.
- Promoting a culture of safeguarding within the organisation or setting, such as raising awareness, providing training and ensuring good practice.
- Undergoing relevant training.
- Providing support to staff.
- Understanding the views of children.
- Holding and sharing information.
- Reviewing and evaluating the effectiveness of safeguarding measures and making improvements where necessary.

What is the role of the Deputy Designated Safeguarding Lead (DDSL)?

The Deputy Designated Safeguarding Lead (DDSL) will assist the Designated Safeguarding Lead (DSL) in all matters of safeguarding and child protection across the school. They may take part in strategy discussions and inter-agency meetings and contribute to the assessment of children.

Whilst the activities of the Designated Safeguarding Lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the Designated Safeguarding Lead.

3. Recording Abuse

What can CPOMS be used for?

- Reporting Safeguarding concerns
- Recording significant behaviour incidents
- Logging incidents of bullying
- Logging incidents of inequality, e.g. racism, homophobic, transphobic etc
- Parental conversations relating to incidents
- Summarising key points of meetings with outside agencies and parents
- Recording visits from outside agencies, e.g. Social Workers, Ed Pscyh etc
- Uploading minutes of Child Protection, Child in Need, TAF meetings
- Uploading reports from other outside agencies, e.g. SALT reports, CAMHS etc
- Uploading copies of other reports, e.g. EHCP, RA's, IHP's etc
- Monitoring attendance
- Sharing the voice of the child

Key Reminders

- It is vital that **concerns are recorded and reported accurately** by all staff, (including visitors, and staff not directly employed by the school, e.g. contractors and third-party staff) as soon as after the concern arises and before they leave the premises. **The school MUST also be proactive in responding to concerns raised as early as possible.**
- **All concerns should be recorded by the person who has seen the incident or spoken with that child.** If this is a member of staff or supply staff who does not have access to CPOMS, you cannot enter the incident for them. **A paper-based 'Note of**

Concern form' is available in the school office or in the staffroom for concerns to be raised with the DSL. Agency staff are informed of processes as part of their first day induction. Their account must be scanned into CPOMS and uploaded as a document attached to that incident.

- **If there are two or more members of staff present, each person needs to write an account and enter this onto CPOMS.** This is very important when recording disclosures to ensure all information is factual and all information is captured.
- Promoting the welfare of and safeguarding children is the responsibility of **all** school staff. Staff working with children should maintain an attitude of '**it could happen here**' where safeguarding is concerned. When concerned about the welfare of a child, staff should always **act in the best interests** of the child.
- However small or apparently insignificant the concern may seem at the time; the importance of recording and reporting cannot be underestimated when considering welfare and child protection. **Not all welfare concerns result in a referral to children's social care.** However, they may build a picture for that child to ensure they are kept safe.
- Keeping Children Safe in Education (KCSIE) is clear that **it is important for children to receive the right help at the right time to address safeguarding risks, prevent issues escalating and to promote children's welfare.** Research and serious case reviews have repeatedly shown the dangers of failing to take effective action. Examples of poor practice include:
 - Failing to act on and refer the early signs of abuse and neglect.
 - Poor record keeping.
 - Failing to listen to the views of the child.
 - Failing to re-assess concerns when situations do not improve.
 - Not sharing information with the right people within and between agencies.
 - Sharing information too slowly; and
 - A lack of challenge to those who appear not to be taking action.

"Be professionally curious, respectfully uncertain."- Lord Laming

TED: Tell me, Explain, Describe...

SIGNS OF CHILD ABUSE

NEGLECT

- Failure to meet basic medical needs
- Failure to provide regular nutrition needs; and clean and adequate clothing
- Failure to send to the school when the child is at the school age and to ensure his attendance

PHYSICAL ABUSE

- Unexplained wounds and burns
- Child's apparent fear against family members or childcare workers

SEXUAL ABUSE

- Unexplained pain, swelling, redness, and bleeding in lips, mouth, and genital area
- Demonstration of sexual information above his/her peers through indirect speeches, words, phrases, and behaviors
- Playing sexual games on their own with other children and/or toys

EMOTIONAL ABUSE

- Exhibition of extreme behaviors, transition from extreme anger to extreme tameness
- Decrease in self-respect and lack of confidence
- Delay or regression in physical, emotional, and social development

4. Dealing with a Disclosure from a child

Who do children tell?

- Children experiencing distress or abuse may seek to 'tell' in school, often because this is the place where they feel most safe, secure and listened to. It is not unusual for them to choose members of staff seen to be on the periphery of the staff team such as midday supervisors, caretakers or classroom support staff because they may be perceived as having less authority and less intimidating. **It is important to make sure therefore that ALL staff know how to respond to a disclosure from a child.**

What is my role?

- If a child discloses harm to any staff member it must be remembered that the school

role is to recognise and refer abuse, **not to investigate**. This is to avoid contamination of evidence gained in any subsequent investigation undertaken by Police &/or Social Services and to ensure that the child is not placed in the stressful position of having to repeat their story over and over again.

- ‘Not investigating’ does not mean that the staff member receiving the concern cannot ask any questions. However, careful thought needs to be given to how and what questions are asked, avoiding anything that can be interpreted as ‘leading’ the child. **The basic rule of thumb is that staff should ONLY ask enough questions of the child to clarify whether there is a child protection concern.** Once the child has clarified that they are being harmed or are at risk (or the staff member is reassured that the child is safe), no further questions are required.
- If a child presents with an injury accompanied by a clear disclosure that they have been harmed, or makes a clear sexual disclosure it should not be necessary to question the child other than perhaps to clarify who was involved and when an incident took place. The child should be listened to actively and their story carefully recorded. In this situation the staff member should ensure immediate information sharing with the Designated Safeguarding Lead (or alternative senior contact point in DSL’s absence). It is likely that such a scenario will require immediate consultation about action to be taken and an urgent referral to Specialist Children’s Services will be necessary.
- In other situations, where the child appears to be making a possible disclosure or has a suspicious injury, it is reasonable to ask open, non-leading questions in order to establish the child’s story. Examples of questions are. “That’s a nasty bruise, how did it happen?; Tell me about what happened?; You seem a bit upset and I’m worried about you, is anything troubling you?; Can you tell me more about that?”

TED Questions

TELL

EXPLAIN

DESCRIBE

- You may wish to use the acronym ‘**TED**’ as a reminder that the child can be encouraged to ‘Tell’, ‘Explain’ and ‘Describe’ the concern. If it is necessary to seek further clarification, staff should keep to open questions such as What? When? Who? How? Where? It is important to remember that questions should only be asked to help clarify whether the child is at risk of harm. Once clarification is achieved, no further questions should be asked.
- Sometimes children choose to disclose concerns through a third party such as a friend ‘telling’ on their behalf, or indirectly e.g. sounding out information and reaction by asking ‘what if my friend.....?’ If such concerns arise they should be taken equally seriously and be followed up with the DSL in the same manner as a direct disclosure.
- Children may also seek to disclose and share their experiences through drawings, writing and play. If concerns arise, it is appropriate to talk further with the child to allow wider discussion and clarification. This might involve inviting the child to ‘tell me more about what is happening in your picture’ / story / game”.

Basic guidelines for dealing with disclosures

1. **Remember that the child's welfare and interests must be the paramount consideration at all times.**
2. **Listen** carefully and actively to the child.
3. **Do not show shock** at what you are hearing. This may discourage the child from continuing their disclosure as they will feel that the adult receiving the information is unable to cope with what they are hearing and may be thinking badly of the child.

TED Questions

TELL
EXPLAIN
DESCRIBE

4. **Do not investigate.** If you need to clarify what is being said and whether the child is at risk, **ask open questions** (TED, what, when, who, how, where, do you want to tell me anything else? etc.) but only to the point of clarification being achieved. Avoid the question 'why?' as this can imply guilt / responsibility on the child.

5. **Stay calm and reassure the child** that they have done the right thing in talking to you.
6. **Never promise to keep a secret or confidentiality.** You have a duty to ensure the information is passed on to your DSL and possibly other agencies in order to keep the child safe. If a child requests confidentiality, use a 'prepared' response, such as 'I'm really concerned about what you have told me and I have a responsibility to help ensure that you are safe. To help make sure you are safe, I have to tell someone (name person) who will know how to help us to do this'. **Make sure the child understands what will happen next with their information.**
7. **Record factually what the child has told you or what you have observed as soon as possible.** Ensure records include the date, time, place of disclosure, behaviour and words used by the child. Failure to accurately record information or writing down your 'interpretation' of the child's account may lead to inadmissible evidence.
8. If you have seen bruising or an injury, **use a body map** to record details. Again ensure that the map is dated and attached to information relating to the child's comments about the injury.
9. **Tell your DSL as soon as possible** but do not ask the child to repeat what they have told you to another staff member. This is stressful for the child. The more times a child is asked to tell their story the greater the chance of the facts becoming lost and any subsequent investigation being compromised.

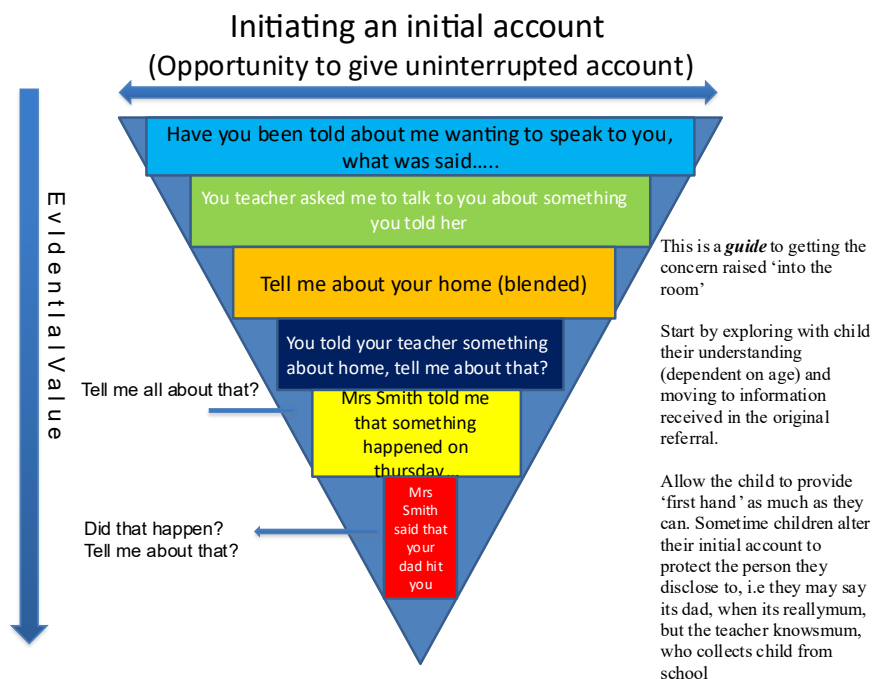
Do not gossip to other staff about what you have heard. The information should

remain **confidential** to those who ‘need to know’.

10. Ensure that **you have support** for yourself in managing the information you have received.

Consideration needs to be given to children with communication difficulties. It is important to communicate with them in a way that is appropriate to their age, understanding and preference. More guidance can be found at:

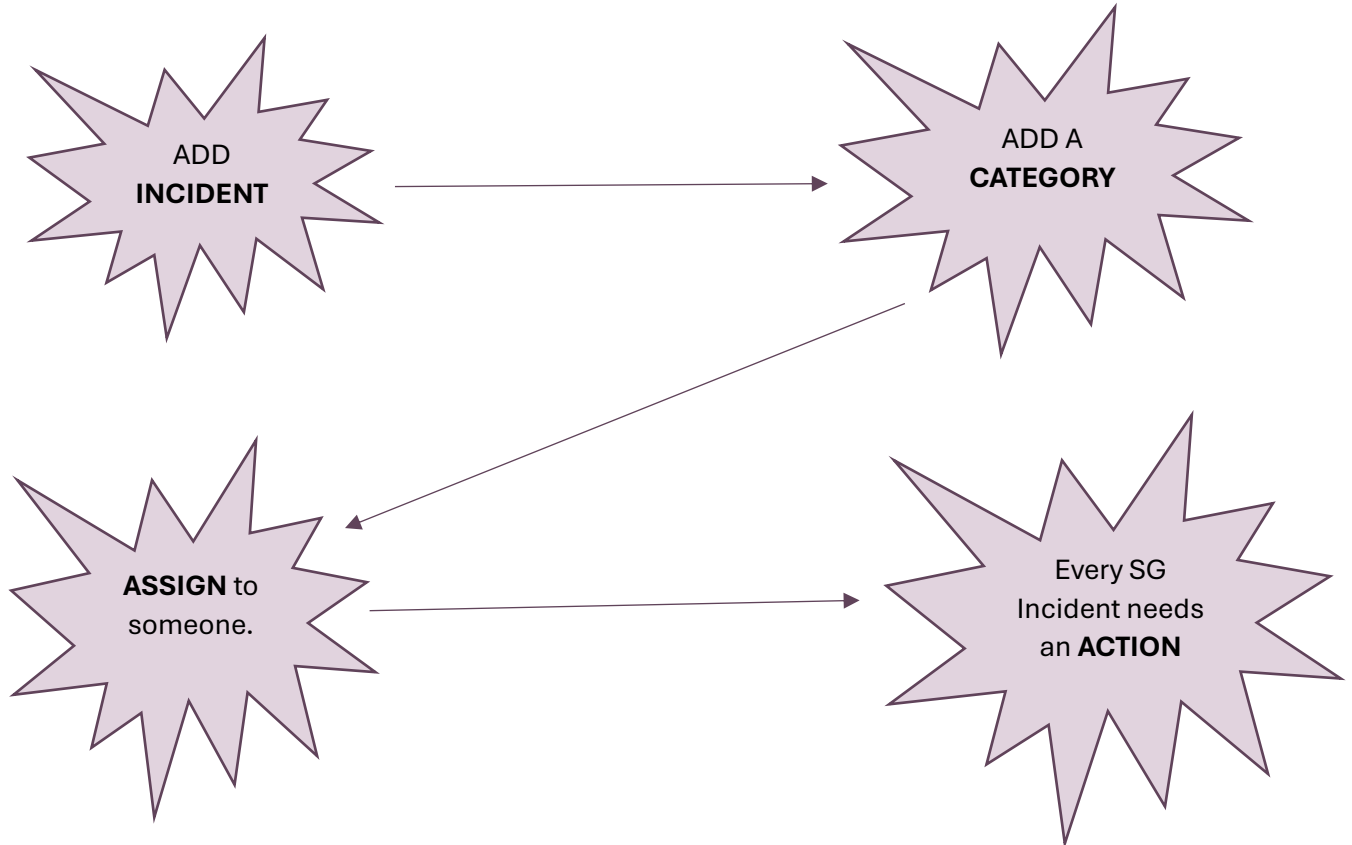
<https://learning.nspcc.org.uk/safeguarding-child-protection/children-who-have-send-asn-ain>



5. Golden Rules when using CPOMS

Rules and guidance for using CPOMS and recording a safeguarding concern.

For every CPOMS safeguarding incident **you must:**



Best practice guidelines for using CPOMS:

Accurate	<p>Be specific. clear, understandable, use neutral language and short sentences when adding an incident. Avoid jargon and emotive language.</p> <p>Use a body map if the concern relates to a part of the body, and describe the injury/bruise/mark etc. Use correct terminology for body parts/drugs etc.</p> <p>Include the voice of the child, using their exact words or phrases. Please do not use 'Three Houses'. Use the tools available on the OSCB website:</p> <p>Tools - Oxfordshire Safeguarding Children Board (oscb.org.uk)</p> <p>Use the date and time of the incident and not when the incident was recorded on CPOMS.</p>
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Add Incident	<p>Always assign an incident if it is within the safeguarding category.</p> <p>Alert the DSL team.</p> <p>Agency list. You can update this list relevant to your school. Use an agency when in the safeguarding category.</p> <p>Use of maps – you can upload more pictures here. It is useful to have a body map and Oxfordshire Threshold of Needs windscreen for all staff to see when they are logging an incident.</p> <p>CPOMS guide.docx</p>
Action	<p>All safeguarding incidents need an action. What has been done and by whom?</p> <p>If you do not have access to the 'action' tab for incidents, please make it clear in your incident log what the action was. For example, Action: Spoke with DSL. OR Action: Spoke to parents at pick up time.</p> <p><u>Do not use the word monitoring.</u> This is not enough....what are you looking at...the child's behaviour, lunchboxes, presentation, attendance etc. Be specific. For example, 'Action: Continue to monitor lunchboxes and have weekly conversations with parents.'</p> <p>CPOMS is not a communication tool to chase members of staff for an action.</p>
Adequate	<p>Actions must be written for a range of audiences, both internally and externally, e.g. Children's Services, Police, Trust level, within school etc.</p> <p>Anything written on CPOMS can be requested to be seen by parents/carers. CPOMS records can also be requested by social care and for use in court orders to protect children from harm.</p>
Assign	<p>Every safeguarding incident on CPOMS must be assigned to a member of the DSL team.</p>
Comprehensive	<p>Include the name of the child. Please use first name and class in brackets. Do not use full names.</p> <p>Include the context that led up to incident.</p> <p>If you are involved in the incident always write in third person.</p>

	<p>Include immediate actions taken and any action taken to speak to children involved in the concern. Always state why the measure of adults was taken Especially if needing to guide/ put hands on / physically manage a pupil e.g., After a dynamic risk assessment of the situation, for the safety of _____ and the other pupils, it was felt _____ should be removed from the situation. This was using a team teach guide by trained staff – Mrs.....</p> <p>Any further actions taken (such as a referral being made). Include where the concern sits on the Threshold of Need.</p> <p>The reasons why a decision was made not to refer to a statutory agency (if relevant).</p> <p>Once actions have been completed, the incident can be closed. Incidents should be closed by a member of the DSL team.</p> <p>Do not put No Further Action unless this was an outcome by MASH.</p>
Documents	<p>All MASH referrals must be uploaded to the incident or document vault.</p> <p>All meeting minutes must be uploaded.</p> <p>All referrals must be uploaded.</p> <p>Any correspondence with parents or external agencies must be uploaded.</p> <p>Voice of the child must be uploaded to the document vault.</p> <p>Use the document vault to record any safeguarding documents relevant to the child.</p>
Emails	<p>If you are uploading an email then forward it first and then copy and paste so you include the details at the top of the email, i.e. date, time and who sent them email.</p> <p>If the email is sent via egress, you can forward it first and then copy and paste.</p>
Factual	<p>Write the incident including who, when, why, what.</p> <p>Justify any subjective statements with evidence- it is essential that fact is differentiated from opinion.</p> <p>If opinions are used, it is important that phrases such as 'in my opinion' or 'in my view' are justified with evidence.</p>

	Direct observations must be recorded and clearly noted as 'I observed' or 'I witnessed'.
Linking Pupils	Do not link pupils unless they are siblings Incidents can be linked to observe patterns in behaviours. Please use the CPOMS Guide to enable this on CPOMS.
Meetings	All meetings must be recorded on CPOMS. If you have received minutes for a RCPC, Core Group, Strat or TAF upload them to document vault or as an action. Sometimes there is a delay in receiving meeting minutes. Therefore, record the meeting on CPOMS with: Date of meeting. State if it is online or in person. Who attended – especially from the school. What were the headlines from the meeting What are the actions. Any decisions made, for example threshold for s.17 child and family assessment or step down to a TAF. Date of next meeting.
Monitoring	Leave incidents open if awaiting a response from MASH/Assessment team etc. Add a note to the planner function to monitor the 'open' cases and this will flag on the date you choose. Monitoring-and-Un-Monitoring-Students.pdf (cpoms.co.uk)
Pinned Messages	For any child under a plan or known to social care, there should always be a pinned message at the top of their incident log. This message should give the following information: Plan e.g. Under s.17 CIN Plan or TAF Social Workers name and contact details Context e.g. Under CIN plan for Neglect. Father is not to be in the home – Risk assessment in place. Date of last meeting. Date of next meeting.

	Name of linked DSL:
Printing	<p>Untick the edited by boxes before printing</p> <p>Use hide name function</p> <p>Redact all information of other pupils for GDPR</p> <p>Change format to PDF</p>
Relevant	<p>Include all information relating to the concern, including the context.</p> <p>Do not include information which is not relevant.</p> <p>CPOMS is not a communication tool. Please do not use actions for opportunities to discuss a child.</p>
Reporting	<p>Custom Report</p> <p>Change report type to listing</p> <p>For Trust collection – filter between dates and select relevant categories</p> <p>Useful-Reports-Guide.pdf (cpoms.co.uk)</p>
The name and role of the person/s.	<p>Start the incident log with the staff members name and in brackets their role. You may know who each member of staff is, but external people will not e.g., Jenny Smith, (DSL), Bob Day, (Class Teacher)</p> <p>Do not ask anyone to record information for you on CPOMS – unless permission is given by the DSL.</p>
Timely	<p>Incidents should be recorded and passed on as soon as possible on before the end of the school day.</p> <p>If there is immediate risk to the child, the DSL should be informed immediately and then recorded onto CPOMS to avoid any delay.</p>
Transfers	<p>Must inform DSL's of any new starters to the school so safeguarding information can be obtained from previous setting</p> <p>Must inform DSL's of school leavers so safeguarding information can be passed on accordingly</p>

	<p>Visit transfers regularly, both incoming and outgoing</p> <p>If you are transferring information to a setting who does not use CPOMS, you must gain written confirmation that the files have been received (either by egress or paper form). Upload this confirmation to CPOMS for the pupil.</p>
Users	<p>Who has access to CPOMS in your school? Please remember safeguarding is everyone's responsibility. If staff don't have access, what processes do you have in place for them to record any concerns?</p> <p>Setting up new users:</p> <p>CPOMS-Authenticator-App-Setup-Soft-Key.pdf</p> <p>Managing your users</p> <p>Managing-your-Users-in-CPOMS.pdf</p>

6. Golden Rules when analysing a concern

You will need to refer to and use three key documents:

1. KCSIE (2024) [Keeping children safe in education 2024](#)
2. Working Together to Safeguard Children (2023) [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](#)
3. Oxfordshire Threshold of Need [threshold-need.pdf \(trixonline.co.uk\)](#)

When analysing a concern, the DSL must consider:

What are the risks?	<p>Consider all pieces of information you have available ('contextual safeguarding'):</p> <ul style="list-style-type: none"> • Attendance and punctuality • Family members and relationships • Previous CP/Welfare concerns • Any behaviour/bullying concerns • Relationships between those involved in the concern. • Peer group and influences
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	<ul style="list-style-type: none"> • Environmental factors • Other relevant factors inside or outside the school – consider online media. • Other children in the school if there has been child on child behaviour
<p>What is needed to establish the best course of action?</p>	<ul style="list-style-type: none"> • Who in the school has more information that can add to your understanding? SENCO, Head of Year, Pastoral Team, First Aid etc • Have you got the voice of the child? Who is best to do this. Always have the voice of the child BEFORE you make a MASH referral unless the child is at risk of immediate danger. <p><u>Tools - Oxfordshire Safeguarding Children Board (oscb.org.uk)</u></p> <ul style="list-style-type: none"> • Does the concern need to be referred to an external agency? Use The Oxfordshire Threshold of need document to assess the level of need. If this is a MASH referral put in the referral the risk, what level you think this sits at, the voice of the child and what outcome you would need for that child. • You can always get advice from Trust Safeguard Lead or LCSS (with permission from the parents). • Discuss in your DSL team – Do not to make a decision on your own. • Be mindful of unconscious bias when analysing an incident.
<p>What will be recorded by the DSL?</p>	<ul style="list-style-type: none"> • All safeguarding incidents need an action. • What action(s) were taken, by whom and why, what was the rationale? Include timeframes as relevant. • Assign the child to a DSL. • What measures have been put in place to ensure the child is safe? Who is going to do this and when will they feedback to the DSL? • If there has been a referral – follow up within a sensible timeframe to ensure we know what action is being taken. • Will the record need to be reviewed to ensure the child remains safe? When will that review take place? Make sure you put in a date.

- If the plan is to 'monitor', what will this look like, **What** are you monitoring, who will do this and how often will it be reviewed? The review needs to be recorded, evidencing whether the plan is working or not and whether there are any changes to the plan.

7. Good Practice Examples

Good Practice Example of Recording by Class Teacher

Incident Log:

On 05/02/19, period 1 at 9:40am, Mrs Johnson (Class teacher) saw three equally spaced apart 1" marks on the right forearm of Teddy, (see body map) when Teddy rolled up their sleeves to paint a picture. The marks appeared to be cuts which had healed due to the presence of a scab on each. I asked Teddy about the marks and Teddy replied 'I fell over'. I sent Teddy to the medical room.

Action 1 - Mr Robinson- (first aider)- I felt that the cuts were superficial, healing and required no medical attention.

Action 2 – Mrs Johnson, Class teacher. I raised the concern with Fay Bedford- (DDSL) - verbally.

Action 3- DDSL requested that a phone call is made by class teacher to the family to discuss observations about the marks and record discussion points on CPOMS.

Action 4- Class teacher recorded the concern and phone call home inc time and who they spoke with.

Action 5- DSL will action from this point as necessary.

Good Practice Example of Analysis by DSL

Fay Bedford, (DDSL), having reviewed the information and first aid records this is the first occasion that Teddy has been identified as presenting physical marks.

Telephone call @11:10am. Fay Bedford (DDSL) rang Teddy's mum (Ms Day), who stated that Teddy had slipped over on Saturday 03/09/22 in the kitchen on some spilt water and caught his arm on the corner of a kitchen worktop. Ms Day said that she was unaware that Teddy had injured himself.

Mum and dad live together with Teddy only child. Teddy's attendance and punctuality is good (98.7%, no late marks). Mrs Johnson (class teacher) has no concerns about Teddy and contacts with the family have been positive and supportive. There are no previous reports of attendance for first aid. There are no concerns about Teddy's behaviour in school.

Having analysed the information and spoken to the mother of Teddy there are no additional actions required at this time. Should further concerns be reported this can be reviewed.

Good Practice Example of recording a Meeting

Meeting Date – Thursday 5th March 2021- 10am

Attended – Sue Walts (DSL and Deputy HT)

Headlines – RCPC for Daniel and Siblings

- *Home conditions have not improved for the children. Concerns with neglect in the home*
- *Mum still having contact with Daniel's Father.*
- *Daniel's attendance and behaviour at school is a concern*
- *Daniel has not attended recent medical appointments*
- *Daniel has good social relationship in school and is enjoying playing football*

Actions agreed:

- *Written agreement in place for contact with Dad*
- *Family support worker allocated to support Mum with the home and routines*
- *Attendance team to be notified of Daniel's attendance and agreement put in place with Mum*
- *Daniel to join the school football team.*

Continue on CP. Next RCPC in 3 months time – 15th June 2021

8. What Children have said that they need from Practitioners

- vigilance: to have adults notice when things are troubling them
- understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon.
- stability: to be able to develop an ongoing stable relationship of trust with those helping them.
- respect: to be treated with the expectation that they are competent rather than not
- information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
- explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

- support: to be provided with support in their own right as well as a member of their family.
- advocacy: to be provided with advocacy to assist them in putting forward their views.
- protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee

Working Together to Safeguard Children 2023

9. Categories on CPOMS

These are the categories we expect ALL schools to have on CPOMS. To edit and view categories please use this guidance:

[Agencies-and-Categories.pdf](#)

All schools must have this list of categories.

All Safeguarding and External Agencies categories cannot be changed. They are consistent across the Trust.

When entering a concern train your staff to think about which category best describes that incident. A maximum of two categories need to be ticked when logging a safeguarding incident.

Use the colours used here to separate your categories. The category titles are listed in alphabetical order.

See Appendix A for the CLT Categories for CPOMS.

10. Category Guidance

If you are unsure which categories to log the incident under, please ask your DSL. Categories can be changed by the DSL if required.

1. **Attendance.** There is a strong link between attendance and safeguarding. Please use CPOMS to monitor and record any attendance concerns for a child in your school.
2. **Behaviour.** Similar to attendance, please use CPOMS to monitor and record serious behaviour incidents for a child in your school.

Please do not remove any subcategories but you can add subcategories to align with your school behaviour policy.

Community subcategory refers to any behaviour incident observed within the local community and not within school.

3. **Bullying.** Alleged bullying will capture any emerging incidents. The remaining categories capture the various forms of bullying.
4. **Intervention.** What was done to help the child. Please do not change the subcategories in this section but please do add any interventions that your school may offer to children. This will allow schools to track the type and impact of interventions for children.
5. **Medical Issues.** Again, please do not change the subcategories already there but please add any that are relevant to your school.
6. **Parent Contact.** Remember to record who had the meeting, what was the date and time, what were the headlines and what actions were agreed.
7. **Pastoral support.** There may be more subcategories you may want to add here
8. **Safeguarding.** Best practice is to only tick one subcategory. This will capture all safeguarding concerns within your school. Sexual Incident has been added as an incident a child may do on or to themselves and not to other children.

11. Safeguarding and IT

Reminders for all staff:

1. Do not put names in email subject lines when emailing. Use initials or a unique reference number if you have one. Social care often use the child's LCS number.
2. Do not use names in document file names. Use initials or a unique reference number if you have one.
3. Do not reuse templates. Always use a blank template. Do not save over the blank template.
4. Not every email is official sensitive – use egress when you can.
5. If setting up a TEAMS meeting, set it up for yourself and then email the link to others.

12. Getting Help and Support

MASH

MASH is a multi-agency team which identifies risks to vulnerable children

Warning If an immediate response from Children's Social Care is necessary, call 0345 050 7666. If you have an urgent concern for a child call 999 or 101.

The Multi-Agency Safeguarding Hub (MASH) enables the sharing of information between services so risks to children can be identified at an early stage.

It is a link between schools, GPs, the police, ambulance service and social care.

MASH is a partnership between Oxford City Council, Oxfordshire County Council, Thames Valley Police, The National Probation Service, NHS health services, South Central Ambulance Service and Drug and Alcohol Services.

Before you complete a MASH referral form you must have read the [Threshold of needs \(pdf format\)](#) in reference to the case.

You will need to have:

- decided the level of risk related to the case
- determined it to be level 3 or 4
- inform the parents or carers using the [MASH leaflet \(pdf format, 154Kb\)](#) (unless informing parents/carers may increase the risk).
- consider if the child or young person's needs can be met by services from within your own agency, or by other professionals involved with the family already.

Unless your referral indicates an immediate risk of or actual significant harm we request that you have completed and upload a copy of a [strengths and needs form](#) is also uploaded.

It is required as part of decision-making along with information about what universal and early help support has been offered/taken up to support families.

The referral now includes a link to the Strengths & Needs form, this is also the link for you to access this Early Help and the Locality Community Support Service (LCSS) - Oxfordshire Safeguarding Children Board (oscb.org.uk).

If your referral **does not** indicate immediate risk of, or actual significant harm you must complete the [strengths and needs form](#) to enable further exploration of the concerns/support needed as an alternative to a safeguarding referral.

If your concerns are urgent and are a level 4 please call 0345 050 7666. This call will be taken in our Customer Service Centre who will direct your call.

You will be able to download a PDF copy of the form once you've submitted it. But if you close your browser window that option will disappear.

The form will take around **20 minutes to complete**.

[Children and families online services \(oxfordshire.gov.uk\)](#)

Time Scale

MASH aim to make an immediate response for the most urgent cases. For cases assessed as having lower-level concerns, it may take up to five working days, to make an informed decision as to the most appropriate service required. We aim to review all enquiries

immediately upon receipt, this is not always possible. Online referrals will not be seen until the next working day.

The MASH opening hours are:

- Monday to Thursday: 8.30am – 5pm
- Friday: 8.30am – 4pm.

The out of hours Emergency Duty Team EDT (for emergencies only) can be contacted on 0800 833408.

Strengths & Needs Form and Early Help Tools

Early Help Guide

This guide helps to explain what Early Help is and who the Locality & Community Support Service are:

[Early help guide for families](#)

Strengths and Needs

When a child or family is identified as benefiting from early help, a whole family, multi-agency Strengths & Needs form should be completed. This can be completed by:

- the professional identifying the need of the family
- by any professional who knows/has a relationship with the family or is part of a network that supports the child/family

a professional identified by the family as the most appropriate person to support them with the Strengths & Needs conversation

Using the following:

- [Strengths & Needs Form](#)
- [Strengths & Needs Guide – Prompts to support conversations](#)

[Young Carers Form](#) – to help identify children who are young carers

Child's Voice

There are many tools available to capture the child's voice. Best practice is to attach this to any MASH referral and upload onto CPOMS under 'voice of the child' category.

The voice of the child should be gained before any social care meeting so the child's wishes and feelings are heard.

Please use the link below to access the OSCP tools available:

[Tools - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](https://oscb.org.uk)

Some other ideas for capturing the child's voice are listed below:

- Genograms. Mapping out the family can give a lot of information on what the child's lived experience is and relationships.
- Eco maps. What does the child's world look like around them? This could be information like friends, places they like to go, daily routines, favourite teddy and pets.
- Worry dolls. Worry dolls - Elsa Support
- Using Jenga but write a question on each block the child can answer every time they take a block out.
- Sculpting, e.g. make people out of sticks and buttons. Who are you close to and who would you like to be far away from? Where would you like that person to be?
- Ask it, tell it card game from family links. The Centre for Emotional Health: Shop-Ask It Tell It game
- Using play such as dolls house, puppets, Lego, fidget toys.
- Emotion cards or mood stones.
- Role Play
- Drawing, play doh etc
- Reading books. I have a library of books so please do ask if there is anything specific you need.
- OSCP tools on their website.

Stages





Threshold of Needs Windscreen



Universal services (US) are provided by a number of different agencies, including health and education. So health visitors, GPs and school nurses are all examples of universal services.

What is a **Team Around the Family (TAF)**? A Team Around the Family (TAF) brings together practitioners from a wide range of different statutory and voluntary agencies to work with a family. The focus is on working with the family in a holistic way using a whole family approach.

The **Child in Need Plan (CIN)** is drawn up following a Single Assessment which identifies the child as having complex needs and where a coordinated response is needed in order that the child's needs can be met. The CIN plan must identify the lead professional, any resources or services that will be needed to achieve the planned outcomes within the agreed timescales and who is responsible for which action and the time-scale involved.

A **Child Protection Plan (CP)** is made when a child is judged to be at risk of significant harm, significant harm being a level of harm that affects the health, welfare and development of a child. The Plan will say what the specific risks are to the child and the actions that will be needed to keep the child safe.

The **pre-proceedings** process is a phase of work aimed at avoiding care proceedings. It is sometimes described as a 'last chance' for parents to make the changes they need to, otherwise children's services may need to go to court to start care proceedings.

13. LADO

Local Authority Designated Officer (LADO)

How do I report a safeguarding concern that I have about a member of staff?

Please report any staff safeguarding concerns to the Headteacher. If you are reporting a concern relating to the Headteacher then you would report to the CEO or Chair of Governors. The Headteacher liaises with the LADO once a safeguarding concern in relation to a member of staff has been logged internally.

You can report concerns verbally to the Headteacher or by using a low-level concern reporting form found on the school safeguarding noticeboard.

The culture of safeguarding relies on all members of staff being vigilant and reporting a concern when a person in a position of trust is not behaving appropriately around children.

Please see Appendix B for a copy of the low level concern reporting form for staff.

What is LADO?

The LADO gives advice and guidance to employers and others who are concerned about an adult who works with children including volunteers and agency staff.

Allegations need to be referred to the team within one working day of the allegation being made and before any further investigation is made.

An allegation may relate to a person who works with children who has:

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

What does the Designated officer (LADO) do?

- The LADO is involved in the oversight and management of allegations against people who work with children- paid or volunteering
- Provides advice and guidance to employers and voluntary organisations about the most appropriate way to manage the concern or allegation and helps to establish what the next steps should be

- LADO will determine whether threshold is met, and if not will advise and record as a consultation
- Arranges and chairs a Position of Trust meeting if required
- Monitors the progress of a case

The LADO does not investigate cases.

Contact: The LADO for Oxfordshire is Jo Lloyd. The LADO and Assistant LADO'S can be contacted via lado.safeguardingchildren@oxfordshire.gov.uk or call 01865 810603.

[LADO Referral and consultation form](#)

[Guide to reporting concerns for professionals working with children](#)

[Multi-agency guidance on managing allegations against staff and volunteers](#)

Key Points:

- The LADO will consult with the Police about all cases where a criminal offence may have occurred
- LADO will work with Children's Social Care to ensure any support for children affected by the allegation
- In cases where the adult is unaware of the concern or allegation it may not be appropriate to tell them immediately – it may prejudice a possible Police investigation. The LADO will advise
- The Allegations Process applies to paid, unpaid and volunteer workers, casual or agency staff and anyone self-employed
- The LADO will also monitor and track any investigation with the expectation that it is resolved as quickly as possible. Please note if the investigation is a Police led investigation this does effect timescales, and the conclusion of the case may take much longer
- Settlement agreements are not an acceptable resolution to a concern, and even if someone resigns it should not prevent a full and thorough investigation
- On conclusion of the case, the LADO will discuss and consider with the employer if the threshold has been hit for any referrals to be made to other agencies, including referral to the [Disclosure and Barring Service](#)

14. Filtering and Monitoring

Schools and colleges have a statutory responsibility to keep children and young people safe online as well as offline. Governing bodies and proprietors should make sure their school or college has appropriate filtering and monitoring systems in place, as detailed in the statutory guidance, [Keeping children safe in education](#).

Filtering is preventative. It refers to solutions that protect users from accessing illegal, inappropriate and potentially harmful content online. It does this by identifying and blocking specific web links and web content in the form of text, images, audio and video.

Monitoring is reactive. It refers to solutions that monitor what users are doing on devices and, in some cases, records this activity. Monitoring can be manual, for example, teachers viewing screens as they walk around a classroom. Technical monitoring solutions rely on software applied to a device that views a user's activity. Reports or alerts are generated based on illegal, inappropriate, or potentially harmful activities, including bullying. Monitoring solutions do not block users from seeing or doing anything.

Smoothwall is installed in all our schools to comply with the filtering and monitoring standards. A DSL is alerted if a pupil or member of staff are accessing filtered websites.

15. Further Information



Trust Safeguarding Lead – Lynne Hammond.

lhammond@cambriant.org 07580529796

Head of Inclusion – Leah Spiers

lspiers@cambriant.org 07977132755

CPOM Guides

[Agencies-and-Categories.pdf](#)

[All-About-Transfers.pdf](#)

[CPOMS guide.docx](#)

[Full-Student-Report.pdf](#)

[Managing-your-Users-in-CPOMS.pdf](#)

[Setting-up-Class-Restrictions.pdf](#)

[Useful-Reports-Guide.pdf](#)

CPOMS : tel:01756797766

KCSIE (2024) [Keeping children safe in education 2024](#)

Working Together to Safeguard Children (2023) [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](#)

Oxfordshire Threshold of Need

[threshold-need.pdf \(trixonline.co.uk\)](#)

NSPCC Definitions of Abuse

[Definitions and signs of child abuse \(nspcc.org.uk\)](#)

OSCP Procedures Manual

[Welcome to the Oxfordshire Safeguarding Children Board... \(trixonline.co.uk\)](#)

Sharing nude and semi nude images guidance. [Sharing nudes and semi-nudes: advice for education settings working with children and young people - GOV.UK](#)

Summary Guidance - [Sharing nudes and semi-nudes: how to respond to an incident \(overview\)](#)

Know when to contact the Police. [When-to-call-police-guidance-for-schools-and-colleges.pdf](#)

16. Acronyms and their meanings

Acronym	Meaning
CAF	Common Assessment Framework (part of Early Help)
CABHS	Child and adolescent harmful behaviour service
CAIU	Child Abuse Investigation Unit (Police)
CAFCASS	Children and Family Court Advisory and Support Service
CAMAT	Child Abuse Multi-Agency Training
CAMHS	Child & Adolescent Mental Health Services
CDE	Child Drug Exploitation
CO	Care Order Places a child under the care of the Local Authority. This is otherwise known as a child “being in care”
CP	Child Protection
CPOMS	Child Protection Online Monitoring and Safeguarding system (safeguarding and child protection software for schools)
CRB checks	Criminal Records Bureau checks (now called DBS checks)
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation (one aspect of CSA)
CWCF	Child we care for (formally looked after child)
CWCFR	Child we care for review
DA	Domestic Abuse
DASH	Domestic Abuse, Stalking and Harassment and Honour-Based Violence (HBV). A risk identification, assessment and management model
DASV	Domestic Abuse and Sexual Violence
DBS	Disclosure and Barring Service (DBS checks were previously known as CRB checks)
DfE	Department for Education

DSL	<p>Designated Safeguarding Lead.</p> <p>The member of staff that co-ordinates child safeguarding concerns and makes referrals (see also Named safeguarding staff, Level 3 training)</p>
DV	Domestic Violence
DVPN	<p>Domestic Violence Protection Notice.</p> <p>Served by the police against an adult, where the police reasonably believe that they have been violent or have threatened violence against an individual who needs to be protected. If approved by the magistrates, restrictions continue for 14-28 days in the form of a DVPO. If the DVPN/DVPO is breached by the perpetrator, the victim or a third party should call the police on 101, or in an emergency 999.</p>
DVPO	<p>Domestic Violence Prevention Order.</p> <p>Once a DVPN is served, it must be presented to a magistrate's court for approval. If approved, the prohibitions stated within the notice can continue for 14-28 days in the form of a DVPO.</p>
Early Help	<p>"providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years". Essentially intervening to prevent abuse/neglect before it occurs.</p>
EPO	<p>Emergency Protection Order.</p> <p>Protects a child from ongoing or imminent risk of physical, mental or emotional harm where emergency action is needed for a maximum period of eight days.</p>
FGM	Female Genital Mutilation
FII	<p>Fabricated or Inducted Illness.</p> <p>Previously known as Munchausen's Syndrome by Proxy</p>
HBV	Honour-Based Violence
HCPC	<p>Health and Care Professions Council.</p> <p>An independent regulatory body responsible for setting and maintaining standards of training, performance and conduct of healthcare professions.</p>

HSB	Harmful Sexualised Behaviour Is developmentally inappropriate sexual behaviour which is displayed by children and young people.
ISA	Independent Safeguarding Authority
IRO	Independent Reviewing Officers. IRO's chair reviews for children living in children's homes or foster care.
ICPC	Initial Child Protection Conference Brings together all the people involved with a child who is not already subject to a child protection plan.
ICO	Interim Care Order. An order that is applied for by the Local Authority to ask for the power to share Parental Responsibility with the parents of children they believe to be at risk.
KCSiE	Keeping Children Safe in Education (Education Guidance, England)
LADO	Local Authority Designated Officer (Can be referred to as the Designated Team of Officers)
LCSS	Locality community support service
Level 2 training	Single-agency child safeguarding training, focused on recognising signs and symptoms of child abuse and aimed at anyone who works with or around children, and who may be in a position to identify concerns about a child. Although any person can make a safeguarding referral, their concerns would usually be taken to someone who has a lead role in safeguarding such as the DSL in a school (see Level 3 training, DSL, Named safeguarding staff)
Level 3 training	Multi-agency child protection training covers the steps to be taken in making a referral, and is aimed at those who could potentially contribute to assessing, planning, intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns.
LSCB	Local Safeguarding Children Board
MARAC	Multi-Agency Risk Assessment Conference
MARAMP	Multi agency risk assessment and management plan

MASH	Multi Agency Safeguarding Hub
NFA	No further action
Ofsted	Office for Standards in Education, Children's Services and Skills. Reports directly to Parliament and is both independent and impartial. By law it must inspect schools with the aim of providing information to parents, to promote improvement and to hold schools to.
ONS	Office of National Statistics
PNC record	Police National Computer record
PR	Parental Responsibility. Automatically assigned to all birth mothers. Also to fathers named and present at issue of the birth certificate. Fathers not present have to apply to the courts. A child in Care may either be "Accommodated" (parents retain PR) or on a Care Order/Interim Care Order (Local Authority shares PR). There are a few other private law orders where it's shared (Residence Orders and Special Guardianship Orders).
PPO	Police Protection Order In an emergency situation, children can be placed under police protection for up to 72 hours.
OSCP	Oxfordshire Safeguarding Children Partnership
SCR	Serious Case Review
Section 17	Section of the Children Act 1989 which gives Local Authorities a general duty to safeguard and promote the welfare of children within their area who are In Need
Section 47	Section of the Children Act 1989 which places a duty on Local Authorities to make enquiries into the circumstances of children considered to be at risk of significant harm and, where these inquiries indicate the need, to decide what action, if any, it may need to take to safeguard and promote the child's welfare.
Section 47 Enquiry	If a child is taken into police protection, is the subject of an Emergency Protection order or there are reasonable grounds to suspect that a child is suffering or is likely to suffer significant harm, a Section 47 Enquiry is initiated.

SEND	Special Education Needs and Disability
Sext/sexting	Sending sexually explicit photographs or messages via devices connected to the internet, particularly mobile phones. Click here for guidance from the DCD hub.
SIAMS	Statutory Inspection of Anglican and Methodist Schools. Evaluates the distinctiveness and effectiveness of the school as a church school, and how well the distinctive Christian character and ethos of the school ensure the development and achievement of the whole child or young person.
SRO	Sexual Risk Order Is a civil order which can be sought by the police against an individual who has not been convicted or cautioned for a sexual offence but who is nevertheless thought by the police to pose a risk of harm.
Sxtortion / sextortion	A form of sexual exploitation, involving blackmail, extortion and/or bullying of a victim by a perpetrator who possesses sexual images/video of them. Victims have been known to take their own lives.
TAC	Team Around a Child (part of Early Help)
TAF	Team Around the Family (part of Early Help)
UNCRC	United Nations Convention on the Rights of the Child. An international convention signed by Britain on which we have based much of our current child safeguarding legislation.
UASC	Un-accompanied Asylum Seeking Child
YOT	Youth Offending Team Is a multi-agency team that work with young people that get into trouble with the law.

APPENDIX A - CPOMS categories

<p>1. Attendance Subcategories:</p> <p>Legal Action Letter Home Visit Meeting Parent Contract County Attendance Team Punctuality Reintegration Timetable Flexi Schooling AP EHE PA SA EBSA</p>	<p>2. Behaviour Subcategories</p> <p>Emotional Dysregulation Emotional verbal (child on child) Homophobic/transphobic (adult directed) Homophobic/transphobic (child on child) Physical (adult directed) Physical (child on child) Racial Comments (child on child) Racial comments (adult directed) Verbal (adult directed) Community Team Teach Incident Restorative Conversation Formal Internal Suspension FTE PEX *** schools can add their own behaviour procedures in categories, e.g stage 4***</p>	<p>3. Bullying Subcategories</p> <p>Prejudicial Online Physical Verbal Relational</p>
<p>4. Safeguarding Subcategories</p> <p>Home visit Grooming CDE CSE Domestic Violence Emerging neglect Filtering and Monitoring Neglect (all forms) Physical Sexual Fabricated Illness FGM Private Fostering Operation Encompass Radicalisation/Prevent Self-Harm</p>	<p>5. Intervention Subcategories</p> <p>Draw and Talk ELSA Nurture OSCP Toolkit Exploitation Tool Other</p>	<p>6. Contact with Professionals Subcategories</p> <p>Telephone call Text Message Email Report Professional Meeting Core Group Meeting Initial Child Protection Conference Review Child Protection Conference Pre – proceedings TAF Meeting STRAT Meeting PEP MARAMP</p>

<p>Intimate Image Sharing Inappropriate Touch (child on child) Inappropriate Comment (child on child) Harmful sexual behaviour Sexual Harassment (adult directed) Sexual Harassment (child on child) Sexual Violence (adult directed) Sexual Violence (child on child) CWCF Previous CWCF Voice of the Child Online Concern</p>		
<p>7. <u>Medical Issues</u> Subcategories Allergy Asthma Bladder and Bowl Diabetic Epi Pen Medication administered. First Aid Other</p>	<p>8. <u>Parent Contact</u> Subcategories Text message Telephone call. Email Face to Face meeting Home visit and home visit form (please upload this into document vault) Home Visit Risk assessment (please upload this into document vault)</p>	<p>9. <u>Pastoral Support</u> Subcategories Advice Food bank referral Toiletries provided. Uniform provided. Family Links Other</p>
<p>10. <u>External Agencies</u> Subcategories School MASH referral MASH Ed Check STRAT The Children’s Assessment Team CIN TAF S&N Offered S&N completed CAMHS CAHBS</p>		

CP Family Support and Safeguarding Team CWCF ESAT HSLW LCSS Family Help	Adult Mental Health
11. Professional Curiosity	
12. Young Carers – Add subcategories you feel are relevant	

APPENDIX B- Reporting low level concerns