

Safeguarding and Child Protection Policy

Author:	ABY
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Version	Date	Updates
V2	September 2025	Various changes throughout, highlighted in yellow.
V3	February 2026	Updates highlighted in green.

Associated Policies	<ul style="list-style-type: none"> Anti-Bullying Policy Behaviour Policy Child on Child Abuse Policy Data Protection/GDPR Policies Online Safety and Acceptable Use Policy RSHE Policy Safer Recruitment Policy Single Equality Policy Whistle Blowing Policy
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NORTHAMPTON SCHOOL FOR GIRLS

KEY CONTACT DETAILS AT NORTHAMPTON SCHOOL FOR GIRLS		
ROLE	NAME	CONTACT DETAIL
Designated Safeguarding Lead (DSL)	Abigail Boddy	aboddy@nsg.northants.sch.uk safeguarding@nsg.northants.sch.uk
Deputy DSL Team	Cath Carre, Deputy Headteacher George Simmons, Assistant Headteacher Emma Findlay, safeguarding Officer Julia Smallman (SENCO), Lead for Inclusion and SEND	ccarre@nsg.northants.sch.uk gsimmons@nsg.northants.sch.uk efindlay@nsg.northants.sch.uk jsmallman@nsg.northants.sch.uk
Other contactable members of the DSL team	Heads of Academic Standards are all DSL trained and can be contacted directly. Julia Smallman has responsibility for Looked After and Previously Looked After students	jsmallman@nsg.northants.sch.uk
Headteacher	Cristina Taboada-Naya, Headteacher	c.taboada-naya@nsg.northants.sch.uk
Designated Officer (Local Authority)		Designated Officer admin: 07831 123 193 LADOConsultations@NCTrust.co.uk
Nominated Safeguarding Governor	Dawn Lewis	Clerk@nsg.northants.sch.uk

The Multi-Agency Safeguarding Hub (MASH)

MASH can advise on whether a family needs early help or whether they meet the threshold for statutory child protection. Telephone 0300 126 7000 or Email: MASH@nctrust.co.uk Any **member of staff can make a MASH referral**

Local Authority Designated Officer (DO)

To make a referral directly to Social Care if a child is in immediate danger, contact Children's Social Care during the evening, at night or at the weekend phone the out of hours team on 01604 626938. An operator will take the details of the call and your contact details. They will then pass this information over to the duty social worker. Additional advice and support can be found at the NSPCC at help@nspcc.or.uk or via the 24 hour help line 0808 800 5000. **Any member of staff can contact the LADO directly**

1	Policy Statement of Aims
1.1	<p>NSG is committed to providing an environment which safeguards and promotes the welfare, safety and health of our students in line with our mission and values statements:</p> <p style="text-align: center;">We expect everyone who works in our school to share this commitment.</p> <p>We will always act in the best interests of the child.</p> <p>The school aims to ensure that:</p> <ul style="list-style-type: none"> ● All staff are aware of their statutory responsibilities with respect to safeguarding. ● Staff are trained in recognising and reporting safeguarding issues. ● Staff encourage children and young people to talk to us about anything that worries them. ● Appropriate action is taken in a timely manner to safeguard and promote children’s welfare. <p>The following arrangements secure this climate, which safeguards and promote the welfare of children:</p> <p>Prevention:</p> <p>We will provide a safe and supportive environment, underpinned by a culture where students feel secure, are actively encouraged to speak openly, and are listened to with care and respect.</p> <p>All staff and volunteers will receive regular, high-quality training to ensure they fully understand their responsibilities in identifying and reporting any safeguarding or child protection concerns in line with statutory guidance and school policy.</p> <p>Protection:</p> <p>NSG is committed to ensuring the highest standards of safeguarding. Every member of staff, governor, and any visitor engaged in regulated activity with students will hold a current and valid DBS check.</p> <p>All individuals will receive appropriate training and support to ensure they are confident, well-informed, and equipped to respond to child protection concerns with sensitivity, professionalism, and in accordance with statutory guidance.</p> <p>Support:</p> <p>At NSG, the '3 Respects' ethos underpins a structured and proactive system of support for all students. This includes a curriculum that explicitly teaches students how to keep themselves safe from all forms of abuse, both online and offline.</p> <p>In addition, the school appoints appropriately qualified and experienced Designated Safeguarding Leads (DSLs) and Deputy Designated Safeguarding Leads (DDSLs) to provide expert advice, deliver safeguarding training, and offer responsive support in relation to any concerns that arise.</p> <p>Communication:</p> <p>NSG is committed to working in close partnership with parents and carers to ensure clear, timely and appropriate communication in all matters relating to safeguarding. The school actively builds and maintains strong links with relevant external agencies, ensuring a coordinated and effective approach to safeguarding and child protection that prioritises the safety and wellbeing of every student.</p>
2.	Legislation and statutory guidance

NORTHAMPTON SCHOOL FOR GIRLS

2.1	<p>This policy is based on the Department for Education's (DfE's) statutory guidance Keeping Children Safe in Education (2025) and Working Together to Safeguard Children (2023), and the Academy Trust Governance Guidance.</p> <p>We comply with this guidance and the arrangements, agreed and published by our 3 local safeguarding partners.</p> <p>Further legislation that this policy is also based on is shown at Appendix 1.</p>
3.	Definitions
3.1	<p>Safeguarding and promoting the welfare of children means:</p> <ul style="list-style-type: none"> ● Protecting children from maltreatment ● 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 ● Taking action to enable all children to have the best outcomes.
3.2	<p>Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.</p>
3.3	<p>Abuse is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm..</p>
3.4	<p>Neglect is a form of abuse and 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.</p>
3.5	<p>Sharing of nudes and semi-nudes (also known as sexting or youth-produced sexual imagery) is where children share nude or semi-nude images, videos or live streams.</p>
3.6	<p>Children includes everyone under the age of 18.</p>
3.7	<p>The following 3 safeguarding partners are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:</p> <ul style="list-style-type: none"> ● The local authority (LA) ● Integrated care boards (previously known as clinical commissioning groups) for an area ● The chief officer of police for a police area in the LA area
3.8	<p>Victim is a widely understood and recognised term, but we understand that not everyone who has been subjected to abuse considers themselves a victim or would want to be described that way. When managing an incident, the school will be prepared to use any term that the child involved feels most comfortable with.</p>
3.9	<p>Alleged perpetrator(s) and perpetrator(s) are widely used and recognised terms. NSG recognises the importance of using language with care and sensitivity, particularly in the presence of children. We are mindful that, in some circumstances, those displaying harmful behaviour may also be vulnerable or have experienced harm themselves.</p> <p>Decisions about the most appropriate terminology will be made on a case-by-case basis, taking into account the context, the individuals involved, and the need to uphold a supportive and non-prejudicial environment for all students.</p>
4.	Equality Statement
4.1	<p>NSG recognises that some children, including girls and young women, may face a heightened risk of abuse, exploitation or harm, both online and offline. We are particularly mindful of the gendered nature of some safeguarding risks, including sexual harassment, peer-on-peer abuse and harmful cultural norms, and we take a proactive approach to educating and protecting our students in response.</p>

	<p>We also recognise that additional barriers can exist which may affect a student’s ability to recognise, articulate or disclose concerns. These may arise from factors such as special educational needs and/or disabilities (SEND), mental health needs, communication differences, linguistic or cultural background, gender identity, sexual orientation or previous experiences of trauma or discrimination.</p> <p>As a girls’ school, we are committed to fostering an inclusive, safe and respectful environment in which every student is equally protected and supported. We uphold anti-discriminatory practice in all aspects of our safeguarding work, ensuring that all students, regardless of their individual background or circumstances, receive the same high standard of care, protection and response.</p>
4.2	<p>We give special consideration to children who:</p> <ul style="list-style-type: none"> ● Have special educational needs and/or disabilities (SEND) or health conditions (see section 10). ● Are young carers. ● May experience discrimination due to race, ethnicity, religion, gender identification or sexuality. ● Have English as an additional language. ● Are known to be living in difficult situations – for example, temporary accommodation. ● Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation. ● Are asylum seekers. ● Are at risk due to either their own or a family member’s mental health needs. ● Are looked after or previously looked after. ● Are missing or absent from education for prolonged periods and/or repeat occasions. ● Whose parent/carer has expressed an intention to electively home educate.
5.	<p>Roles and Responsibilities</p>
5.1	<p>Safeguarding and promoting the welfare of children is everyone’s responsibility:</p> <p style="text-align: center;">“Everybody, Everyday”.</p> <p>This policy applies to all staff, volunteers, and governors at Northampton School for Girls and is fully aligned with the procedures and expectations of the three local safeguarding partners. It also extends to all extended school provision and off-site activities, including trips, visits, and alternative education placements.</p> <p>To ensure that everyone who comes into contact with students understands their safeguarding responsibilities, the school provides regular, high-quality training and updates for all staff and volunteers. In addition, clear and prominent safeguarding signage is displayed throughout the school to reinforce key contacts, procedures and the importance of vigilance at all times.</p> <p>NSG’s commitment to the highest priority of safeguarding is based on an acknowledgment that ‘it could happen here’.</p>
5.2	<p>At NSG, we recognise the pivotal role we play in preventative education, ensuring that our students are equipped with the knowledge, confidence, and values to thrive in modern Britain.</p> <p>As a girls’ school that also admits boys into the sixth form, we are especially mindful of the specific challenges that girls and young women may face in relation to gender inequality, harmful stereotypes, and societal pressures.</p> <p>Our whole-school approach is rooted in a culture of zero tolerance towards all forms of discrimination, including sexism, misogyny, misandry, homophobia, biphobia, transphobia, and any form of sexual violence or harassment. This commitment is embedded across all aspects of school life and is underpinned by:</p> <ul style="list-style-type: none"> ● A Behaviour Policy that promotes mutual respect and sets high expectations for conduct. ● A robust pastoral support system, ensuring students have trusted adults to turn to and timely access to help and guidance.

	<ul style="list-style-type: none"> ● A planned, inclusive and regularly delivered Relationships, Sex and Health Education (RSHE) curriculum, which empowers students through age-appropriate learning on topics such as: <ul style="list-style-type: none"> ○ Healthy and respectful relationships ○ Boundaries, consent and bodily autonomy ○ Stereotyping, prejudice, and equality ○ Body confidence and self-esteem ○ Recognising abusive or unhealthy relationships, including coercive and controlling behaviour ○ Understanding the concepts and laws relating to sexual consent, exploitation, abuse, grooming, harassment, rape, domestic abuse, and so-called honour-based violence (HBV), including forced marriage and Female Genital Mutilation (FGM) ○ Knowing how and where to access support ○ Understanding what constitutes sexual harassment and sexual violence, and why such behaviours are always unacceptable <p>This preventative approach not only supports the safeguarding and wellbeing of our students, but also fosters a respectful, inclusive and empowering school environment where girls and young women are confident to speak out, challenge injustice, and contribute positively to their communities.</p> <p>As part of their roles and responsibilities, all staff will:</p> <p>Annually read, understand and sign a declaration that they have read part 1 and annex B of the Department for Education’s statutory safeguarding guidance, Keeping Children Safe in Education, and review this guidance at least annually.</p> <p>Reinforce the importance of online safety when communicating with parents and carers. This includes making parents and carers aware of what we ask children to do online (e.g. sites they need to visit or who they’ll be interacting with online).</p> <p>Provide a safe space for students who are LGBTQ+ to speak out and share their concerns.</p>
5.3	<p>All staff will be aware of their responsibility to:</p> <ul style="list-style-type: none"> ● Identify children who may need early help or protection. ● Understand and follow the school’s safeguarding systems, including this Safeguarding and Child Protection Policy, the Staff Acceptable Use Policy, the Code of Conduct, the Behaviour Policy, and all relevant Online Safety Policies. This includes knowing the role and identity of the Designated Safeguarding Lead (DSL) and Deputy DSLs, as well as understanding responsibilities related to filtering and monitoring systems, in accordance with statutory guidance. ● Be aware of specific safeguarding concerns, including but not limited to: <ul style="list-style-type: none"> ▪ Children missing from education (CME) ▪ Risks of child sexual exploitation (CSE) ▪ Indicators of female genital mutilation (FGM) ▪ Signs of radicalisation ▪ Exposure to serious violence ● Recognise that students may be at risk of harm both inside and outside the home, including in online environments. ● Identify emerging concerns and work in partnership with the DSL by sharing relevant information. Where appropriate, support early help responses, such as Early Help Assessments (EHA) or contribute to statutory assessments led by external agencies. ● Pay particular attention to students who may be more vulnerable, including those who are, or are perceived to be, lesbian, gay, bisexual, transgender, asexual or questioning (LGBTQ+), as well as those with additional or complex needs.
5.4	<p>The designated safeguarding lead (DSL)</p>

	<p>The DSL is a member of the Senior Leadership Team. The DSL takes lead responsibility for child protection and wider safeguarding in the school.</p>
<p>5.5</p>	<p>Arrangements for Contacting the DSL</p> <p>During term time, the DSL will be available during school hours for staff to discuss any safeguarding concerns.</p> <p>Out of hours they can be contacted by email at safeguarding@nsg.northants.sch.uk. (Please note this is not 24hr service).</p> <p>In the absence of the Designated Safeguarding Lead (DSL), one of the Deputy DSLs named in Section 1 will assume responsibility for safeguarding matters. Deputy DSLs also provide support for safeguarding cover during out-of-hours periods and school holidays, as required.</p>
<p>5.6</p>	<p>The Role and Support of the Designated Safeguarding Lead (DSL)</p> <p>The DSL will be provided with the time, funding, training, resources and support necessary to carry out their role effectively. This includes responsibilities to:</p> <ul style="list-style-type: none"> ● Provide advice, guidance and support to all staff on matters relating to child welfare and child protection. ● Participate in strategy discussions and inter-agency meetings, or support other staff to do so where appropriate. ● Contribute to the assessment of children in need or at risk of harm. ● Refer suspected cases of abuse or safeguarding concerns to the relevant authority, such as the local authority children’s social care team, the Channel programme, the Disclosure and Barring Service (DBS), or the police, and offer support to staff who make referrals directly. ● Maintain a strong working knowledge of the school’s filtering and monitoring systems, ensuring these are used effectively to safeguard students. ● Keep up to date with the latest national and local safeguarding guidance, legislation and expectations, and disseminate this information to all relevant members of staff. This includes, for example, ensuring awareness of the requirement for an <i>appropriate adult</i> to be present during police searches or interviews, and knowing what specialist local services are available to support both victims and alleged perpetrators of sexual violence and harassment. ● As a girls’ school with a co-educational Sixth Form, we are especially mindful of the gendered nature of some safeguarding risks and the need for all students, regardless of gender, to feel safe, supported, and taken seriously. The DSL plays a central role in promoting this inclusive and responsive safeguarding culture. ● The DSL will also be offered regular safeguarding supervision by a senior leader or an external safeguarding partner, to support reflective practice and ensure continuous professional development.
<p>5.7</p>	<p>Additional Responsibilities of the Designated Safeguarding Lead (DSL)</p> <p>The DSL will keep the Headteacher informed of any safeguarding issues, and liaise, where appropriate, with local authority case managers and the school’s designated teacher for looked-after and previously looked-after children.</p> <p>At Northampton School for Girls, the DSL also holds responsibility for:</p> <ul style="list-style-type: none"> ● Staff training: <p>Ensuring that all staff receive comprehensive safeguarding training as part of their induction, as well as regular, appropriate update training. This includes specific guidance on how to report a safeguarding concern using the school’s CPOMS referral system.</p> <ul style="list-style-type: none"> ● Transfer of safeguarding records:

	<p>Ensuring that all relevant safeguarding documentation is securely and appropriately transferred when a student moves to another school, enters alternative provision, or receives off-site education.</p> <ul style="list-style-type: none"> ● Safer recruitment and the Single Central Record: <p>Overseeing the completion of safer recruitment checks in line with statutory requirements and ensuring the Single Central Record is accurate, up to date, and compliant with <i>Keeping Children Safe in Education</i> (KCSIE).</p> <ul style="list-style-type: none"> ● Policy development: <p>Ensuring that all safeguarding-related policies are kept under regular review and are informed by emerging national and local safeguarding issues, statutory guidance, and contextual concerns relevant to the school community.</p> <p>These responsibilities are critical to maintaining the robust, inclusive and proactive safeguarding culture that underpins our approach at NSG.</p>
5.8	<p>The role of the Governing Board</p> <p>The governing board will:</p> <ul style="list-style-type: none"> ● Champion a whole-school approach to safeguarding, ensuring that safeguarding and child protection are embedded at the heart of the school's culture and underpin all relevant policies, procedures, and decision-making processes. ● Review and approve this policy at each scheduled review, ensuring it remains compliant with current legislation and statutory guidance. Governors will also hold the Headteacher to account for the effective implementation and impact of the policy across the school. ● Be aware of its obligations under the Human Rights Act 1998, the Equality Act 2010 (including the Public Sector Equality Duty), and our school's local multi-agency safeguarding arrangements. ● Appoint a link governor to monitor the effectiveness of this policy in conjunction with the full governing board. This is always a different person from the DSL. ● Ensure all staff undergo safeguarding and child protection training, including online safety, and that such training is regularly updated and is in line with advice from the safeguarding partners. ● Ensure that the school has appropriate filtering and monitoring systems in place and review their effectiveness. This includes: ● Making sure that the leadership team and staff are aware of the provisions in place, and that they understand their expectations, roles and responsibilities around filtering and monitoring as part of safeguarding training. ● Review the Department for Education's filtering and monitoring standards, and engage in regular dialogue with IT staff and service providers to identify and implement the necessary actions to ensure the school meets these standards effectively. <p>The Governing Body must ensure the following:</p> <ul style="list-style-type: none"> ● The DSL has the appropriate status and authority to fulfil the role effectively. This includes ensuring the DSL is provided with sufficient time, funding, training, resources and support to carry out their responsibilities. ● Online safety is a continuous and integrated element of the school's safeguarding approach and is reflected across relevant policies and procedures. ● The DSL holds strategic lead responsibility for safeguarding, including online safety, and has a comprehensive understanding of the school's filtering and monitoring systems and processes. ● Clear procedures are in place to manage all safeguarding concerns, including those that do not meet the threshold for harm (known as low-level concerns) relating to staff, supply staff, volunteers or contractors. These procedures are outlined in Appendix 3 of this policy.

	<ul style="list-style-type: none"> • This policy explicitly recognises that children with special educational needs and disabilities (SEND), or with certain medical or physical health conditions, may face additional barriers to the recognition and reporting of abuse or neglect. • Where external organisations provide services or activities on school premises, whether or not the children involved are on the school roll, the Governing Body must seek assurance that the organisation has appropriate safeguarding and child protection policies and procedures in place. These may be inspected if necessary. Safeguarding compliance must be a condition of any agreement to use the school site, and such agreements should be terminated if safeguarding expectations are not met.
5.9	<p>The Role of the Chair and Vice Chair of Governors</p> <p>The Chair or Vice Chair of Governors will act as the ‘case manager’ in the event that an allegation of abuse is made against the Headteacher, where appropriate (see Whistleblowing Policy).</p>
5.10	<p>The Headteacher</p> <p>The Headteacher holds overall responsibility for the implementation of this Safeguarding and Child Protection Policy, including the following:</p> <ul style="list-style-type: none"> • Ensuring all staff, including temporary staff and volunteers, are made aware of the school's safeguarding systems and procedures as part of their induction. This includes familiarisation with this policy and an understanding of how to follow its procedures. • Communicating this policy clearly to parents and carers, both when their child joins the school and through its availability on the school website. • Providing the DSL with sufficient time, funding, training, and resources to carry out their duties effectively, and ensuring that suitable cover arrangements are in place whenever the DSL is absent. • Ensuring that all staff undertake appropriate safeguarding and child protection training, and that this training is updated regularly in line with statutory guidance and emerging safeguarding issues. • Making decisions regarding low-level concerns about staff, supply staff, volunteers or contractors, while retaining the option to consult with the DSL when appropriate. • Acting as the case manager in the event of an allegation of abuse made against a member of staff or a volunteer, where this responsibility is not delegated, in accordance with the school's <i>Allegations of Abuse Against Staff</i> and <i>Whistleblowing</i> policies. <p>As a girls' school that admits boys into the Sixth Form, the Headteacher is also responsible for ensuring that safeguarding practices reflect the specific vulnerabilities and experiences of all students, and that a culture of safety, inclusivity and respect is maintained throughout the school.</p>
6.	<p>Confidentiality</p>
<p style="text-align: center;"><i>In this and subsequent sections, when we make any references to the DSL we mean “the DSL (or deputy DSL team)”</i></p>	
6.1	<p>Record-Keeping</p> <p>NSG will manage all records in accordance with our GDPR Policy and Records Retention Schedule.</p> <p>Non-confidential records will be readily accessible to authorised staff as required. Confidential information, including safeguarding records, will be stored securely and only shared with individuals who have a legitimate professional need to access them.</p> <p>All safeguarding concerns, discussions, decisions made, and the rationale for those decision, must be recorded in a timely manner using the school's secure CPOMS system. Accurate and comprehensive record-keeping is essential to effective safeguarding practice and information sharing.</p>
6.2	<p>Information Sharing: Key Guidance for Staff</p>

	<p>All staff should be aware of the following principles:</p> <ul style="list-style-type: none"> ● Timely and appropriate information sharing is essential to effective safeguarding and the protection of children. ● Staff must never promise a child confidentiality in relation to a disclosure of abuse, as this may not be in the child’s best interests. It is important that children understand from the outset that concerns will be taken seriously and may need to be shared with others to keep them safe. ● Concerns about data protection must never be a barrier to sharing information where it is necessary to safeguard a child. Promoting a child’s welfare and safety must always take precedence. ● The Data Protection Act 2018 and the UK GDPR do not prevent, and should not be seen as a barrier to, the sharing of information for the purpose of safeguarding children. ● If in any doubt about whether to share information, staff must consult the DSL or a deputy without delay. ● Where it is necessary to share ‘special category personal data’, the Data Protection Act 2018 includes a specific lawful basis, <i>safeguarding of children and individuals at risk</i>, which allows practitioners to share information without consent where: <ul style="list-style-type: none"> ○ It is not possible to obtain consent, ○ It is not reasonable to obtain consent, or ○ Seeking consent would place a child at risk. <p>Staff must always act in the best interests of the child and ensure concerns are recorded and shared in line with school procedures.</p>
6.3	<p>If a victim asks the school not to tell anyone about the sexual violence or sexual harassment the DSL will have to balance the victim’s wishes against their duty to protect the victim and other children.</p> <p>The DSL should consider that:</p> <ul style="list-style-type: none"> ● Parents or carers should normally be informed (unless this would put the victim at greater risk). ● The basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to local authority children’s social care. ● Rape, assault by penetration and sexual assault are crimes. Where a report of rape, assault by penetration or sexual assault is made, this should be referred to the police. While the age of criminal responsibility is 10, if the alleged perpetrator is under 10, the starting principle of referring to the police remains. <p>Regarding anonymity, all staff will:</p> <ul style="list-style-type: none"> ● Be aware of anonymity, witness support and the criminal process in general where an allegation of sexual violence or sexual harassment is progressing through the criminal justice system. ● Do all they reasonably can to protect the anonymity of any children involved in any report of sexual violence or sexual harassment, for example, carefully considering which staff should know about the report, and any support for children involved. ● Consider the potential impact of social media in facilitating the spreading of rumours and exposing victims’ identities. <p>If staff are in any doubt about sharing information, they should speak to the DSL.</p>
6.4	<p>Transfer of Safeguarding Information</p> <p>If a child for whom the school has, or has previously had, safeguarding concerns transfers to another school, the DSL will ensure that the child protection file is transferred promptly, securely, and separately from the main pupil file, ideally on the same day the transfer is confirmed.</p> <p>Where the safeguarding concerns are significant, complex, or where children’s social care is involved, the DSL will make direct contact with the DSL at the receiving school. This conversation will provide contextual</p>

	information and allow the receiving school time to put appropriate support in place to ensure the child's safety and wellbeing from the outset.
7.	Recognising abuse and acting
7.1	<p>Responding to Safeguarding Concerns</p> <p>All staff, volunteers and governors must follow the procedures outlined below if they become aware of a safeguarding concern:</p> <p>If a child is suffering, likely to suffer harm, or is in immediate danger</p> <ul style="list-style-type: none"> • Act without delay. If you believe a child is suffering, at risk of suffering significant harm, or in immediate danger, you must make a referral to Children's Social Care and/or the police immediately. Anyone can make a referral. • Inform the DSL. If you make a referral directly, you must notify the Designated Safeguarding Lead (DSL) as soon as possible so appropriate follow-up actions can be taken. • Referral contact details can be found in Section 1 of this policy. • You may also use the following GOV.UK link to report child abuse to the local council: Report child abuse to the local council
7.2	<p>Reporting a Concern Within School: If a Child Makes a Disclosure to You</p> <p>If a child discloses a safeguarding concern to you, you must:</p> <ul style="list-style-type: none"> • Listen carefully and take the disclosure seriously. Allow the child time to speak freely, without interruption, and avoid asking leading or investigative questions. • Remain calm and composed. Do not express shock, disbelief or distress. • Reassure the child that they have done the right thing in telling you. Avoid saying they <i>should</i> have told someone sooner. • Be honest about next steps. Explain that you cannot keep the information secret and that you will need to pass it on to someone who can help. • Record the disclosure promptly and accurately. Upload a clear, factual account of the conversation to the school's CPOMS system as soon as possible, using the child's own words wherever appropriate. Avoid interpretation, opinion, or personal comment. • Alert the DSL immediately through CPOMS or in person, depending on the urgency of the concern. <p>Please be mindful that:</p> <p>Some children may:</p> <ul style="list-style-type: none"> • Not feel ready or know how to disclose abuse, neglect or exploitation • Not recognise their experiences as harmful • Feel shame, embarrassment or fear, this may be influenced by factors such as vulnerability, disability, sexual orientation, cultural background, or language barriers <p style="background-color: yellow;">These considerations must not prevent you from exercising <i>professional curiosity</i>. If you have any concerns about a child, whether or not they have made a disclosure, you must speak to the DSL without delay.</p>
7.3	<p>Raising Concerns About a Child</p> <p>If you have concerns about a child's welfare, but do not believe the child is suffering, likely to suffer significant harm, or in immediate danger, you should record your concerns on CPOMS. Where possible, speak with the DSL beforehand to discuss the concern and agree on an appropriate course of action.</p>
7.4	Parental Involvement in Safeguarding Concerns

	<p>The DSL will usually seek to discuss any safeguarding concerns about a student with their parents or carers. These conversations will be handled with sensitivity, care and discretion.</p> <p>However, if the DSL believes that a student is experiencing, has experienced, or may be at risk of significant harm, they will seek advice from the Local Safeguarding Children Partnership (LSCP) before informing parents or carers. This is to ensure that any action taken does not place the student at further risk.</p>
7.5	<p>Making a referral following a reported concern.</p> <p>If it is appropriate to refer the case to local authority children’s social care or the police, the DSL will make the referral or support you to do so. (If you make a referral directly you must tell the DSL as soon as possible.)</p> <p>The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.</p> <p>If the child’s situation does not seem to be improving after the referral, the DSL or person who made the referral must follow local escalation procedures to ensure their concerns have been addressed and that the child’s situation improves. The DSL will keep the case under constant review and the school will consider a referral to local authority children’s social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.</p>
7.6	<p>Actions Following a Referral</p> <p>Where the DSL contacts the Local Safeguarding Children Partnership (LSCP) or makes a referral to the Multi-Agency Safeguarding Hub (MASH), the school will follow the guidance and agreed course of action provided by MASH or the relevant safeguarding authority.</p> <p>Record-Keeping</p> <p>All child protection records will be securely maintained in a confidential file within the school. In accordance with best practice and in light of the ongoing Independent Inquiry into Child Sexual Abuse (formerly the Goddard Inquiry), no child protection records will be destroyed until the Inquiry has concluded, and not before the individual concerned has reached the age of 25.</p>
7.7	<p>Female Genital Mutilation (FGM)</p> <p>If you discover that FGM has taken place, or suspect that a student is at risk of FGM, you must act immediately.</p> <p><i>Keeping Children Safe in Education</i> defines FGM as:</p> <p>“All procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.”</p> <p>FGM is a criminal offence in the UK and is recognised as a serious form of child abuse with severe and long-lasting physical and emotional consequences. It may also be referred to as <i>female genital cutting</i>, <i>circumcision</i>, or <i>initiation</i>.</p> <p>If a member of staff discovers that FGM <u>has been</u> carried out on a girl under the age of 18, they have a legal and personal duty to report it directly to the police without delay. This is a mandatory reporting duty, and failure to comply may result in disciplinary action.</p> <p>In all cases, the DSL must also be informed immediately to ensure appropriate safeguarding procedures are followed.</p>

7.8	<p>Mandatory Reporting of FGM: Key Procedures</p> <p>Please note the following statutory guidance regarding the mandatory reporting of FGM:</p> <ul style="list-style-type: none"> • Reports should ideally be made orally by calling 101, the police non-emergency number. • Where there is an immediate risk to life or a likelihood of serious harm, the case must be reported to the police immediately by dialling 999. • In most cases, reports under the mandatory duty should be made as soon as possible after the disclosure or discovery, and no later than the end of the next working day. <p>Unless there is a compelling reason not to, the teacher making the report should also discuss the case with the Designated Safeguarding Lead (DSL). The DSL will then liaise with Children’s Social Care as appropriate.</p> <p>Staff must never conduct physical examinations of students under any circumstances.</p>
7.9	<p>Suspected Risk of FGM</p> <p>The mandatory reporting duty for teachers does not apply in cases where a student is suspected to be at risk of FGM, or where FGM is suspected but not confirmed as having taken place.</p> <p>In such cases, staff must not examine the student under any circumstances.</p> <p>Where there is a concern that FGM may be carried out, or where FGM is suspected, staff must report the concern to the DSL without delay. The DSL will determine the appropriate course of action, which may include contacting Children’s Social Care or the police.</p> <p>Additional guidance and support can be accessed through local safeguarding procedures, as outlined by the Local Safeguarding Children Partnership.</p>
7.10	<p>Important Note on Mandatory Reporting</p> <p>The following is a brief summary and must be read in conjunction with the full mandatory reporting guidance, at Appendix 2.</p> <p>Any member of staff other than a teacher who discovers that an act of FGM appears to have been carried out on a student under the age of 18 must immediately inform the DSL. The DSL will then make the appropriate referral in line with statutory requirements.</p>
7.11	<p>Concerns About Extremism and Radicalisation</p> <p>Under the <i>Counter-Terrorism and Security Act 2015</i>, all schools have a statutory duty to prevent individuals from being drawn into terrorism. This responsibility is referred to as the Prevent Duty.</p> <p>If staff have concerns that a child or young person is expressing extremist views or showing signs of radicalisation, they must report their concerns to the Designated Safeguarding Lead (DSL) without delay. The DSL has received appropriate training on the Prevent Duty and on recognising and responding to concerns relating to extremism. They are well-placed to advise and support staff.</p> <p>The DSL will assess the level of risk and determine the appropriate course of action. This may involve a referral to:</p> <ul style="list-style-type: none"> • Channel, the government’s early intervention programme for individuals at risk of being drawn into terrorism, or • Children’s Social Care, where wider safeguarding concerns are identified. <p>Prompt action and professional curiosity are vital in addressing concerns at the earliest opportunity.</p>

7.12	<p>Raising Concerns About Extremism: External Support</p> <p>The Department for Education operates a dedicated helpline for school staff and governors to raise concerns related to extremism:</p> <p>Tel: 020 7340 7264 Email: counter.extremism@education.gov.uk</p> <p>Please note: this helpline is not for use in emergency situations.</p>
7.13	<p>If You Have a Concern About a Student’s Mental Health</p> <p>Mental health difficulties can, in some cases, be an indicator that a child has experienced, or is at risk of, abuse, neglect, or exploitation. All staff must remain vigilant for signs of emotional distress, changes in behaviour, or other indicators that a student may be experiencing mental health challenges or is at risk of developing them.</p> <p>Further guidance can be found in the Department for Education’s publication: <i>Mental Health and Behaviour in Schools</i>.</p> <p>If your concern about a student’s mental health also constitutes a safeguarding concern, you must take immediate action by following the procedures outlined in Sections 8.1 and 8.2 of this policy.</p> <p style="background-color: yellow;">If the concern does not meet the threshold for a safeguarding referral, you should speak to the relevant pastoral lead or member of the senior leadership team to agree on the most appropriate course of action and ensure the student receives timely and effective support.</p>
7.14	<p>Concerns About a Staff Member, Supply Teacher, Volunteer, or Contractor / Whistleblowing</p> <p>Any member of staff who has concerns about the conduct of a colleague, including a supply teacher, volunteer, or contractor, towards a student must always prioritise the welfare and safety of the child. Safeguarding is everyone’s responsibility.</p> <p>The school’s Whistleblowing Policy and Procedures for Dealing with Allegations of Abuse Against Staff provide clear guidance for raising concerns or allegations, confidentially and appropriately, with the Headteacher. This includes concerns that fall within the definition of "low-level concerns", which may not meet the threshold for formal intervention but still require attention.</p> <ul style="list-style-type: none"> • If you have a concern or an allegation is made about a member of staff, including a supply teacher, volunteer or contractor, you must report it to the Headteacher immediately. <li style="background-color: yellow;">• If the concern or allegation relates to the Headteacher, you must report it directly to the Chair of Governors and notify the Local Authority Designated Officer (LADO) without delay. <p>Staff must not delay or investigate concerns themselves. Early reporting ensures appropriate procedures are followed and that students are kept safe at all times.</p>
7.15	<p>Allegations Against Staff: Statutory Thresholds</p> <p>The guidance set out in <i>Keeping Children Safe in Education</i> must be followed in all cases where it is alleged that anyone working in the school, including supply teachers, contractors, and volunteers, has:</p> <ul style="list-style-type: none"> • 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 they may not be suitable to work with children (this includes behaviour that may have occurred outside of school or outside of working hours).

	<ul style="list-style-type: none"> • These criteria apply regardless of whether the incident took place on school premises or elsewhere and are designed to protect all children under the age of 18 who receive education at the school.
7.16	<p>Allegations Involving External Providers Using School Premises</p> <p>If an allegation relates to an individual or organisation using the school premises to run an activity involving children, including where the children are not on the school roll, the school will follow its safeguarding policies and procedures. This includes informing the DSL and, where appropriate, making a referral to the LADO, in the same way as for any other safeguarding allegation.</p> <p>Safeguarding responsibilities apply to all individuals working with or around children on school premises, regardless of their direct employment status with the school.</p>
7.17	<p>Allegations of Abuse Made Against Other Students</p> <p>At NSG, we recognise that children are capable of abusing other children, and we are committed to ensuring that all such incidents are taken seriously and responded to appropriately.</p> <p>Abuse between students will never be tolerated or dismissed as "banter", "just having a laugh", or "part of growing up". Normalising such behaviours risks creating a culture in which harmful attitudes and actions are minimised, and can lead to an unsafe environment for all students.</p> <p>While national evidence may suggest that child-on-child abuse can often have a gendered dynamic, NSG does not accept or apply generalisations. All instances of child-on-child abuse, regardless of the gender, identity or background of those involved, are unacceptable and will be addressed with the same level of seriousness, care, and sensitivity.</p>
7.18	<p>Responding to Harm Between Students</p> <p>While most incidents of students hurting other students will be addressed through the school's Behaviour Policy, the Child Protection and Safeguarding Policy will take precedence in any case where the allegation raises safeguarding concerns.</p> <ul style="list-style-type: none"> • This includes, but is not limited to, situations where the alleged behaviour: <ul style="list-style-type: none"> • Is serious in nature and may constitute a criminal offence • Places other students at risk, either individually or collectively • Is violent or threatening • Involves students being coerced into using drugs or alcohol • Involves any form of sexual exploitation, abuse, or harassment, including: <ul style="list-style-type: none"> ○ Indecent exposure ○ Sexual assault ○ Upskirting ○ Sharing or possession of sexually inappropriate images or videos (including <i>sexting</i>) • In all such cases, the matter will be treated as a safeguarding concern, and the appropriate procedures will be followed to ensure the safety, welfare, and support of all students involved.
7.19	<p>Minimising the Risk of Child-on-Child Abuse</p> <p>We are committed to creating a culture where child-on-child abuse is never accepted and where preventative measures are embedded across the school.</p> <p>We minimise the risk of child-on-child abuse by:</p> <ul style="list-style-type: none"> • Challenging all forms of derogatory, inappropriate, or sexualised language or behaviour, including the requesting, sharing or sending of sexual images • Delivering a curriculum that educates students about respectful relationships, consent, and personal boundaries, through PSHE, RSHE, and across wider subject areas

	<ul style="list-style-type: none"> • Ensuring students know how and where to seek confidential support, particularly through our pastoral system and personal development programmes • Training staff to recognise that when a student harms a peer, this may be an indicator of abuse or trauma in their own life, and should be treated as a safeguarding concern within the scope of this policy <p>Further information is available in the school's Child-on-Child Abuse Policy.</p>
7.20	<p>Sharing of Nudes and Semi-Nudes ('Sexting')</p> <p><i>(Based on guidance from the UK Council for Internet Safety (UKCIS))</i></p> <p>All incidents involving the consensual or non-consensual sharing of nude or semi-nude images or videos, commonly referred to as 'sexting' or 'youth-produced sexual imagery', require a sensitive, proportionate, and safeguarding-led response.</p> <p>If you become aware of such an incident, you must report it to the DSL immediately.</p> <p>You must not:</p> <ul style="list-style-type: none"> • View, copy, print, share, store, or save the imagery yourself, nor ask a student to share or download it. If you have accidentally viewed the imagery, you must inform the DSL without delay. • Delete the imagery, or instruct the student to do so. • Ask the student(s) involved to provide information about the imagery—this is the responsibility of the DSL or other trained safeguarding professionals. • Discuss the incident with other staff, students, or parents/carers—beyond those who are strictly required to be involved. • Say or do anything that could blame or shame the young people involved. <p>You should:</p> <ul style="list-style-type: none"> • Explain that you are required to report the incident to the DSL. • Reassure the student(s) that they will be supported and that the situation will be managed with care and sensitivity. • The DSL will lead the response, ensuring that it is compliant with UKCIS guidance, proportionate to the incident, and prioritises the welfare of all students involved.
7.21	<p>Initial review meeting</p> <p>The DSL will make an immediate referral to the police and/or children's social care if any of the following apply:</p> <ul style="list-style-type: none"> • There is an immediate risk to one or more students • A referral is required based on the nature or severity of the incident • It is deemed necessary to view the imagery in order to safeguard the student (in most cases, imagery should not be viewed) • Further information is needed to determine the most appropriate safeguarding response • The imagery has been widely shared, and/or the platforms or services used are known or suspected • Immediate action is required to remove images or videos from devices or online services • Key contextual information about the students involved influences the risk assessment • There is a need to contact another school, college, setting, or individual • The situation requires contacting parents or carers (in most cases, they should be involved, unless doing so places the student at further risk) • The DSL will also make an immediate referral where: <ul style="list-style-type: none"> • The incident involves an adult • There is reason to believe the student has been coerced, groomed, blackmailed, or lacks capacity to consent (e.g. due to special educational needs or disabilities)

	<ul style="list-style-type: none"> ● The imagery contains content that is sexually explicit, developmentally inappropriate, or violent ● Any student in the imagery is under the age of 13 ● There is reason to believe the student is at immediate risk of serious harm, including threats to life, suicidal ideation, or self-harm <p>When a Referral May Not Be Required</p> <p>If none of the above criteria apply, the DSL, in consultation with the Headteacher and other relevant staff, may decide to manage the incident internally without involving the police or children’s social care. This decision will be made in line with the procedures set out in this policy and must be clearly recorded, along with the rationale and actions taken to safeguard those involved.</p> <p>All incidents of this nature will be recorded in CPOMS.</p>
7.22	<p>Education, Prevention and Response: Sharing of Nudes and Semi-Nudes</p> <p>In line with updates to <i>Keeping Children Safe in Education (2025)</i>, Northampton School for Girls recognises that safeguarding actions may, in some cases, include making a referral to external agencies even without the consent of the student, where doing so is necessary to prevent harm. Staff must also be mindful of the potential impact of social media and peer networks, particularly where these may breach confidentiality, amplify distress, or escalate incidents.</p> <p>As part of our commitment to proactive safeguarding and preventative education, students are taught about the issues surrounding the sharing of nudes and semi-nudes (often referred to as ‘sexting’ or ‘youth-produced sexual imagery’) through our PSHE and Computing curricula. This is delivered in an age-appropriate, inclusive, and sensitively structured manner.</p> <p>Teaching covers the following key areas:</p> <ul style="list-style-type: none"> ● What the sharing of nudes and semi-nudes is, and how it is most likely to be encountered in real-life and online contexts ● How to report an incident, whether a student has sent, received, or become aware of an incident involving peers <ul style="list-style-type: none"> ○ Students are actively encouraged to speak with a trusted adult, referred to in school as their “safe person”, as well as their Form Tutor, Pastoral Mentor, or Head of Academic Standards ● The consequences of requesting, forwarding, or distributing such images, including distinctions between inappropriate behaviour, abusive conduct, and online sexual harassment ● The legal implications, including criminality where relevant ● The emotional and reputational impact such incidents can have on those involved <p>In addition, students develop the knowledge, strategies, and skills needed to manage:</p> <ul style="list-style-type: none"> ● Specific requests or pressure to send or forward explicit content ● The receipt of unsolicited images, and how to respond safely and responsibly <p>Students are made explicitly aware of the school’s safeguarding procedures and response processes in relation to the sharing of nudes and semi-nudes. This transparency ensures they understand how incidents will be managed, and reinforces that support, not blame, is at the heart of our approach.</p>
7.23	<p>Student Voice and Reporting Safeguarding Concerns</p> <p>Where safeguarding concerns arise, NSG is committed to ensuring that the wishes and feelings of the child are taken into account when deciding what action to take and which services to provide. We recognise the importance of creating an environment where students feel safe, listened to, and confident to report concerns or allegations.</p> <p>To support this, we will:</p>

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	<ul style="list-style-type: none"> • Establish clear and accessible reporting systems that enable students to confidently disclose concerns about abuse, harm, or wellbeing. These systems will be actively promoted, regularly reviewed, and clearly explained to all students. • Support every student in identifying a “safe space” and a “safe person” within school to whom they feel comfortable speaking. This is embedded through Tutor Time activities, the PSHE/RSE curriculum, and the assembly programme. • Reinforce through our curriculum and wider pastoral offer that all concerns will be taken seriously, and that students can express their views, ask questions, and give feedback without fear of judgement. • Ensure students are aware that any safeguarding, wellbeing, or safety concern raised will be recorded securely using CPOMS and brought to the attention of the DSL or a deputy. <p>This approach supports a culture of openness and trust, where students are empowered to speak up and know that their voice matters.</p>
7.23	<p>Child Abduction and Community Safety Incidents</p> <p>NSG recognises that our students can be at risk of harm as a result of child abduction and wider community safety incidents, including going missing from education, leaving the school site without permission or being at risk outside the school environment. These incidents will be treated as a safeguarding concern.</p> <p>The School has appropriate procedures in place to prevent unauthorised removal of students and to respond quickly to concerns about a student’s safety or whereabouts. Where concerns arise, staff will act immediately in line with procedures, including contact with parents/carers, referral to the police, the local authority and other relevant agencies as appropriate. We will work in partnership with safeguarding agencies to reduce risks and support students who may be vulnerable to harm outside their home or school.</p>
7.24	<p>Children and the Court System</p> <p>We recognise that students may be involved in the court system as victims, witnesses or defendants, and this is likely to have an impact on their welfare, wellbeing and educational engagement. This involvement will be treated as a safeguarding matter, whenever there are concerns about a child’s safety or emotional wellbeing.</p> <p>NSG will work in partnership with parents/carers and any relevant agencies, including children’s youth justice services, social care and the police, to support students involved in court proceedings. Where appropriate, reasonable adjustments and additional pastoral support will be offered to minimise disruption to education and support emotional needs.</p>
7.25	<p>Modern Slavery and the National Referral Mechanism</p> <p>NSG recognises that our students may be victims of modern slavery, including exploitation such as child criminal exploitation, child sexual exploitation, forced labour, county lines activity or trafficking. These risks may occur both inside or outside the home.</p> <p>Any concerns that a student may be a victim of modern slavery or trafficking will be treated as a safeguarding matter and responded to promptly. The school will follow statutory guidance and procedures, working in partnership with the local authority, the police and other relevant agencies.</p> <p>Where appropriate, we will make a referral to the National Referral Mechanism (NRM) to ensure any child receives appropriate protection and support. We will ensure that any student identified as being at risk is supported through appropriate pastoral care, risk assessment and multi-agency working.</p>
8.	<p>Online safety and the use of mobile technology</p>
8.1	<p>Online Safety</p> <p>Northampton School for Girls is committed to promoting the welfare and safety of our students when using digital technologies. We recognise the importance of safeguarding children from potentially harmful or inappropriate online content and acknowledge that technology plays a significant role in many safeguarding and wellbeing concerns.</p>

	<p>With reference to the Department for Education’s <i>Teaching Online Safety in Schools</i> guidance, NSG recognises the critical contribution schools can make in protecting and educating students in their use of digital technologies. For further information, please refer to the school’s <i>Online Safety and Acceptable Use Policy</i>.</p> <p>To support this, NSG aims to:</p> <ul style="list-style-type: none"> • Maintain robust systems, including filtering and monitoring processes, to ensure the online safety of students, staff, volunteers, and governors • Educate and protect the whole school community in the safe, responsible, and respectful use of technology, including mobile and smart devices • Set clear expectations and guidelines for the appropriate use of mobile phones across the school community • Implement effective mechanisms to identify, respond to, and escalate any online safety concerns or incidents as appropriate
8.2	<p>The Four Key Categories of Online Risk</p> <p>Our approach to online safety at NSG is guided by an understanding of the following four categories of risk, as outlined in national guidance:</p> <ul style="list-style-type: none"> • Content: Exposure to misinformation, disinformation, illegal, inappropriate, or harmful material, including pornography, fake news, racism, misogyny, self-harm, suicide content, antisemitism, radicalisation, and extremism. • Contact: Harmful online interactions with others, such as peer pressure, targeted advertising, or adults impersonating children or young people with the intent to groom or exploit them for sexual, criminal, financial, or other purposes. • Conduct: Personal online behaviour that increases the risk of harm or causes harm to others, such as the creation or sharing of explicit images (including consensual and non-consensual sharing of nudes and semi-nudes and/or pornography), distribution of other explicit content, and online bullying. • Commerce: Risks linked to online commercial activity, including gambling, inappropriate advertising, phishing, and financial scams. <p>This framework informs how we educate, prevent, and respond to online safety concerns across the school.</p>
8.3	<p>Online Education</p> <p>To meet our aims and address the risks outlined above, we will educate students about online safety as part of our curriculum.</p> <p>This includes teaching students about:</p> <ul style="list-style-type: none"> • The safe use of social media, the internet, and technology: Understanding how to navigate digital platforms responsibly and with awareness of associated risks. • Keeping personal information private: Recognising what should and should not be shared online and understanding the implications of oversharing. • How to recognise unacceptable behaviour online: Identifying online abuse, manipulation, and bullying, and knowing when and how to seek help. • How to report incidents of cyber-bullying: Encouraging students to report concerns—whether they are victims or witnesses—and reinforcing that their concerns will be taken seriously and acted upon appropriately. <p>We will also:</p> <ul style="list-style-type: none"> • Educate students about online safety as part of the curriculum, including: <ul style="list-style-type: none"> ○ The safe use of social media, the internet, and technology ○ Keeping personal information private

	<ul style="list-style-type: none"> ○ How to recognise unacceptable online behaviour ○ How to report incidents of cyber-bullying, including where students are witnesses rather than direct victims <ul style="list-style-type: none"> ● Train all staff, as part of their induction, on safe internet use and online safeguarding issues, including cyber-bullying, the risks of online radicalisation, and expectations, roles and responsibilities relating to filtering and monitoring. ● Ensure that staff will receive refresher training as required and at least once each academic year. ● Educate parents and carers about online safety through the school website, targeted communications, and parent events such as parents’ evenings. We will also provide clear guidance on how they can raise concerns regarding online safety. ● Ensure all staff are aware of restrictions regarding personal mobile phone and camera use, including that: <ul style="list-style-type: none"> ○ Staff may bring personal phones to school but must limit their use to non-contact time when students are not present ○ Staff must not take photographs or recordings of students using personal devices without the Headteacher’s explicit permission ● Require all students, parents/carers, staff, volunteers and governors to sign an Acceptable Use Agreement covering: <ul style="list-style-type: none"> ○ Use of the school’s ICT systems and internet access ○ Use of mobile and smart technologies within the school environment <p>We recognise that many students now have unrestricted access to the internet via mobile phone networks (3G, 4G, 5G). While NSG’s internet access is protected by regularly reviewed filtering and monitoring systems, we also seek to minimise inappropriate internet use on personal devices through both the curriculum and by applying, consistently, our "NSG Expects" behaviour rules regarding mobile phone use.</p> <ul style="list-style-type: none"> ● Clearly communicate the sanctions that will be applied if a student breaches our policies on internet and mobile phone use. ● Ensure all members of the school community are aware that, in line with Department for Education guidance on searching, screening and confiscation, staff have the legal authority to search students’ phones where appropriate. ● Put in place robust filtering and monitoring systems to limit students’ exposure to the four key categories of online risk: content, contact, conduct, and commerce. ● Carry out an annual review of our approach to online safety, supported by a risk assessment that considers and reflects the specific risks faced by our school community. ● Provide regular safeguarding and child protection updates to all staff, including online safety content, to ensure they continue to develop the knowledge and skills required to safeguard effectively. ● Review this policy, including online safety procedures, annually, and ensure implementation is evaluated and updated regularly in response to emerging risks, statutory updates, and feedback from the school community.
9.	Notifying parents or carers
9.1	<p>Notifying parents and carers</p> <p>Where appropriate, NSG will involve parents or carers in discussions regarding concerns about a child’s welfare. In most cases, this will be carried out by the Designated Safeguarding Lead (DSL), particularly in instances of a disclosure or when concerns have been identified.</p> <p>Other members of staff must only engage in such conversations with parents or carers after consulting with the DSL.</p>

	<p>If it is believed that notifying a parent or carer could place the child at increased risk of harm, the DSL will seek advice from the local authority children’s social care team before making any contact.</p> <p>For specific guidance regarding the notification of parents or carers in cases of child-on-child abuse, please refer to the school’s <i>Child-on-Child Abuse Policy</i>.</p>
10.	Students with special educational needs, disabilities or health issues
10.1	<p>Students with Special Educational Needs, Disabilities, or Health Conditions</p> <p>At NSG, we recognise that students with special educational needs (SEND), disabilities, or certain medical conditions may face additional safeguarding vulnerabilities. Research shows that these students are up to three times more likely to experience abuse than their peers.</p> <p>We are alert to the additional barriers that can make it more difficult to identify abuse or neglect among this group, including:</p> <ul style="list-style-type: none"> • Assumptions that signs of possible abuse, such as changes in behaviour, mood, or physical injury, are related to a student’s condition without further exploration • A higher likelihood of experiencing peer group isolation or prejudice-based bullying • The risk of being disproportionately affected by bullying or exploitative behaviour without showing obvious indicators • Communication barriers or challenges in expressing concerns and reporting experiences <p>To ensure a robust safeguarding response, the SENCO attends weekly safeguarding review meetings, enabling close collaboration between the safeguarding and inclusion teams. This ensures that students’ vulnerabilities are recognised, monitored, and supported through tailored interventions and appropriate provision.</p>
11.	Students with a social worker

11.1	<p>Working with Social Workers</p> <p>Some students at NSG may have an allocated social worker due to safeguarding or welfare concerns. We recognise that experiences of adversity, trauma, or abuse can increase a child’s vulnerability to further harm and may present barriers to school attendance, learning, behaviour, and mental health.</p> <p>We also acknowledge that not all students with a social worker are looked-after or in care. Many live at home while still experiencing complex circumstances. As such, these students are entitled to additional consideration and support to help safeguard their wellbeing and promote positive outcomes.</p> <p>The DSL, supported by all staff, will work in close partnership with social workers and other professionals to protect and support these students. The DSL has oversight of all students known to a social worker and ensures their needs are identified, monitored, and addressed in line with school procedures.</p> <p>Where a student has an allocated social worker, the DSL will always take this into account when making decisions, particularly those relating to:</p> <ul style="list-style-type: none"> • Responding promptly and appropriately to unauthorised absence or episodes of missing education, particularly where safeguarding risks are present • Providing targeted pastoral and/or academic support tailored to the student's needs and circumstances • Reviewing and analysing attendance data regularly to identify patterns, address barriers, and liaise with external partners where appropriate • Sharing relevant information in a timely, proportionate, and lawful manner to support safeguarding and planning decisions <p>Where applicable, the DSL will also liaise with the Virtual School Head (VSH) to ensure that any available additional funding, such as Pupil Premium Plus, is used effectively to support the progress, engagement, and wellbeing of students with a social worker.</p> <p>By working collaboratively with external agencies, the DSL helps ensure that NSG secures the best possible outcomes for all students known to social care.</p>
12.	<p>Looked-after and previously looked-after children</p>
12.1	<p>Looked-After and Previously Looked-After Children</p> <p>At NSG, we are committed to supporting and safeguarding the needs of looked-after children and previously looked-after children. We recognise that these students may face additional vulnerabilities and challenges, and we ensure that all staff have the skills, knowledge, and understanding necessary to keep them safe and promote their wellbeing.</p> <p>To achieve this, we will:</p> <ul style="list-style-type: none"> • Ensure that appropriate members of staff have relevant information regarding a looked-after child’s legal status, contact arrangements with birth parents or those with parental responsibility, and their current care arrangements • Ensure the DSL holds up-to-date details of the student’s social worker and Virtual School Head (VSH), where applicable • NSG has appointed a Designated Teacher in line with statutory guidance, who is responsible for promoting the educational achievement of looked-after and previously looked-after children. The Designated Teacher is appropriately trained and possesses the qualifications and experience required to fulfil the role effectively. <p>As part of their responsibilities, the Designated Teacher will:</p> <ul style="list-style-type: none"> • Work closely with the DSL to ensure that any safeguarding concerns regarding looked-after and previously looked-after children are identified and addressed promptly

	<ul style="list-style-type: none"> Collaborate with Virtual School Heads to promote educational progress and engagement, including strategic use of Pupil Premium Plus funding to meet the needs identified in each child's Personal Education Plan (PEP)
13.	Pupils attending Alternative Provision
13.1	<p>NSG retains overall responsibility for the safeguarding and welfare of students in Alternative Provision (AP).</p> <p>Prior to placement, we will undertake appropriate due diligence to ensure that any provider has robust safeguarding policies, suitable supervision and clear reporting arrangements.</p> <p>The School will maintain regular contact with the provider to monitor attendance, progress, behaviour and wellbeing and will share relevant safeguarding information in line with procedures.</p> <p>Any safeguarding concerns relating to students attending alternative provision will be acted upon immediately and referred to the relevant agencies as appropriate.</p>
14.	Complaints and concerns about school safeguarding policies
14.1	<p>Complaints and Whistleblowing</p> <p>Complaints Against Staff Any complaint or allegation against a member of staff that may involve a child protection concern will be managed in accordance with the school's Policy for Dealing with Allegations of Abuse Against Staff. These cases will be treated with the utmost seriousness and referred to the appropriate safeguarding authorities where necessary.</p> <p>Other Complaints All other complaints will be addressed in line with the school's Complaints Procedure, which ensures concerns are dealt with fairly, promptly, and in accordance with statutory requirements.</p> <p>Whistleblowing Concerns about the school's safeguarding practices, including suspected poor or unsafe practice or potential failures in the school's safeguarding arrangements, will be managed under the school's Whistleblowing Policy. Staff are encouraged to raise concerns in good faith and are assured that all disclosures will be treated sensitively and without fear of reprisal.</p>
15.	Record-keeping
15.1	<p>Record-Keeping</p> <p>NSG maintains safeguarding records in accordance with its Records Retention Schedule and in line with statutory guidance. All safeguarding concerns, discussions, decisions made, and the rationale behind those decisions must be recorded promptly and accurately using the school's secure CPOMS system. If there is any doubt about whether to record a concern, staff should seek advice from the DSL without delay.</p> <p>Records will include:</p> <ul style="list-style-type: none"> A clear and comprehensive summary of the concern Details of how the concern was followed up and resolved A note of any action taken, decisions made, and the outcome <p>Any non-confidential records will be readily accessible to appropriate staff. Confidential information and records will be stored securely and made available only to those with a legitimate professional need to access them.</p> <p>Safeguarding records relating to individual students will be retained for an appropriate period after the student has left the school, in line with data protection and child protection guidance.</p>

	When a student for whom the school has, or has previously had, safeguarding concerns transfers to another school, the DSL will ensure that their child protection file is transferred securely and within five school days , separate from the main student file. Where safeguarding concerns are significant or complex, and/or where social care is involved, the DSL will make direct contact with the DSL at the receiving school. This will allow time for the receiving school to prepare and put appropriate support in place to ensure the student's continued safety and wellbeing.
16.	Training and Recruitment
16.1	<p>All staff</p> <p>All staff members will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures and online safety, to ensure they understand the school's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect.</p>
16.2	<p>Ongoing Training for Staff</p> <p>Safeguarding training will be updated regularly and will:</p> <ul style="list-style-type: none"> ● Be delivered through a combination of annual face-to-face CPD, specialist online CPD, and 'bitesize' learning throughout the academic year, addressing current school-based, local and national safeguarding issues ● Be integrated and aligned with the school's broader safeguarding strategy, wider staff development, and curriculum planning ● Reflect the latest guidance and expectations from the three safeguarding partners ● Include online safety training, covering staff responsibilities, expectations, and roles in relation to filtering and monitoring ● Take into account the <i>Teachers' Standards</i>, particularly those which require teachers to: <ul style="list-style-type: none"> ○ Manage behaviour effectively to ensure a safe and positive learning environment ○ Understand the individual needs of all students
16.3	<p>Prevent Duties</p> <p>All staff will receive training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn into terrorism and to recognise and challenge extremist ideologies.</p>
16.4	<p>Contractors</p> <p>Contractors provided through a Private Finance Initiative (PFI) or similar arrangements will receive safeguarding training where appropriate, in accordance with their level of contact with students.</p>
16.5	<p>Volunteers</p> <p>Volunteers will receive safeguarding training appropriate to their role and level of engagement with students. Volunteers will receive appropriate training, if applicable.</p>
16.6	<p>DSL and Deputy DSLs</p> <p>The DSL and deputy DSLs will undertake child protection and safeguarding training at least every two years, including Prevent awareness training. They will also update their knowledge and skills at regular intervals, and at least annually, through activities such as reading safeguarding briefings, attending DSL networks, or accessing relevant CPD.</p>
16.7	<p>Governors</p> <p>All governors will receive safeguarding and child protection training, including online safety, as part of their induction. This training will be regularly updated and will ensure governors:</p> <ul style="list-style-type: none"> ● Have the knowledge and understanding required to fulfil their strategic responsibilities

	<ul style="list-style-type: none">• Can provide effective oversight and challenge to ensure safeguarding policies and procedures are embedded and effective• Understand their role in supporting a robust whole-school safeguarding culture <p>The Chair of Governors will also undertake specific training on managing allegations, to enable them to act as case manager should an allegation be made against the Headteacher.</p>
16.8	<p>Safer Recruitment – Interview Panels</p> <p>At least one member of any interview panel will have completed safer recruitment training, in line with KCSIE and local safeguarding procedures. This includes an understanding of all relevant pre-employment checks, such as Section 128 directions and enhanced DBS checks.</p>

Appendix 1: Further Legislation

Part 3 of the schedule to the [Education \(Independent School Standards\) Regulations 2014](#), which places a duty on academies and independent schools to safeguard and promote the welfare of students at the school.

[The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children.

Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18.

[Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM

[The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children.

Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children.

[Statutory guidance on the Prevent duty](#), which explains schools' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism.

[The Human Rights Act 1998](#), which explains that being subjected to harassment, violence and/or abuse, including that of a sexual nature, may breach any or all of the rights which apply to individuals under the [European Convention on Human Rights](#) (ECHR).

[The Equality Act 2010](#), which makes it unlawful to discriminate against people regarding particular protected characteristics (including disability, sex, sexual orientation, gender reassignment and race).

In line with the Equality Act 2010, the Governing Body and Headteacher of NSG have a duty to actively consider how best to support students with protected characteristics. The Act permits schools to take *positive action* where students face particular disadvantages, provided such measures are proportionate and evidence-based.

This includes making *reasonable adjustments* for disabled students and taking targeted steps to address disparities, for example, implementing specific support strategies for girls if there is evidence that they are disproportionately affected by sexual violence or harassment.

[The Public Sector Equality Duty \(PSED\)](#), which explains that we must have due regard to eliminating unlawful discrimination, harassment and victimisation.

The PSED helps us to focus on key issues of concern and how to improve student outcomes. Some students may be more at risk of harm from issues such as sexual violence; homophobic, bi-phobic or transphobic bullying; or racial discrimination.

NSG commits to work in partnership with the Northamptonshire Safeguarding Children Partnership (NSCP) <https://www.northamptonshirescp.org.uk/> and will follow their guidance, implement their systems and protocols for referring families for early help and reporting child protection concerns.

The Partnerships will ensure that NSG is aware of issues within the community that are relevant to them.



Home Office

Mandatory Reporting of Female Genital Mutilation – procedural information

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 came into force on 31 October 2015.**

‘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
- teachers² - 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.

¹ As inserted by section 74 of the Serious Crime Act 2015 ² For more information, see sections 2.1a and 2.1b.

² Section 5B(11) of the FGM Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) provides the definition for the term ‘teacher’: “‘teacher’ means – (a) in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England); (b) in relation to Wales, a person who falls within a category listed in the table in paragraph 1 of Schedule 2 to the Education (Wales) Act 2014 (anaw 5) (categories of registration for purposes of Part 2 of that Act) or any other person employed or engaged as a teacher at a school (within the meaning of the Education Act 1996) in Wales”.

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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 [Working Together to Safeguard Children](#) (in England) or [Working Together to Safeguard People](#) (in Wales) as appropriate, and the [multi-agency statutory guidance on FGM](#).

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 [Working Together to Safeguard Children](#) (in England) or [Working Together to Safeguard People](#) (in Wales) as appropriate.

The duty applies in England and Wales only.

⁴ Section 5B(11) of the Female Genital Mutilation Act 2003 defines a "social care worker" as a person registered in a register maintained by the Care Council for Wales under section 56 of the Care Standards Act 2000.

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 [Working Together to Safeguard Children](#) (in England) or [Working Together to Safeguard People](#) (in Wales) as appropriate, and/or the [multi-agency statutory 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.

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 out³.

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 statutory guidance on FGM](#).

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 made⁴ 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.

³ More information is available in the General Medical Council's [guidance on intimate examinations](#) and the [child protection examinations](#) section of their guidance on protecting children and young people

⁴ As required by section 5B (5)(c) of the 2003 Act (as amended by the Serious Crime Act 2015)

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.

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 [Working Together to Safeguard Children](#) (in England) or [Working Together to Safeguard People](#) (in Wales) 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.

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 statutory 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.

2.5 Safeguarding duty in Wales

Professionals working within Wales should be aware that section 130 of the Social Services and Well-being (Wales) Act 2014 also applies 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 came into force in April 2016. It requires “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 need to make a report to both the police and the local authority.

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Section 162(4) of the Social Services and Well-being (Wales) Act 2014 defines relevant partners as follows:

- “(a) the local policing body and the chief officer of police for a police area any part of which falls within the area of the local authority;
- (b) any other local authority with which the authority agrees that it would be appropriate to co-operate under this section;
- (c) the Secretary of State to the extent that the Secretary of State is discharging functions under sections 2 and 3 of the Offender Management Act 2007 in relation to Wales;
- (d) any provider of probation services that is required by arrangements under section 3(2) of the Offender Management Act 2007 to act as a relevant partner of the authority;
- (e) a Local Health Board for an area any part of which falls within the area of the authority;
- (f) an NHS trust providing services in the area of the authority;

- (g) the Welsh Ministers to the extent that they are discharging functions under Part 2 of the Learning and Skills Act 2000; (h) such a person, or a person of such description, as regulations may specify.”

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: [Working Together to Safeguard Children](#) (in England) or [Working Together to Safeguard People](#) (in Wales) as appropriate, the [multi-agency statutory guidance on FGM, information sharing](#), and, for the police, the [authorised professional practice on FGM](#).

The police will provide you with feedback on the outcome of the case, including an update on any safeguarding action taken.

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.

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

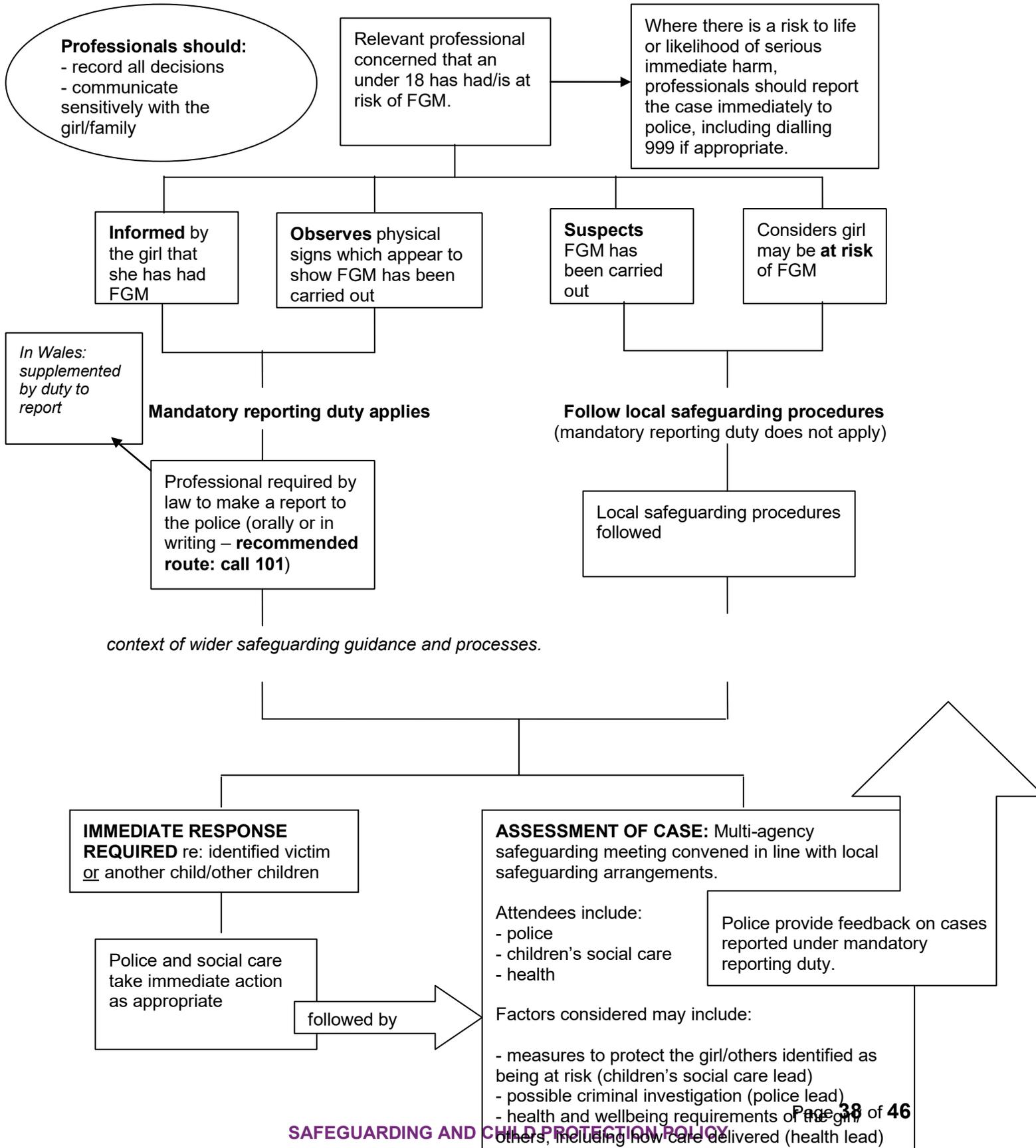
For teachers, schools will need to consider any failure to comply with the duty in accordance with their staff disciplinary procedures. Where the school determines it is appropriate to dismiss the teacher as a result of the failure to comply, or the teacher would have been dismissed had they not resigned, 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.

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



Response initiated by police, in consultation with local authority children's social care

Response initiated by local authority children's social care

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)⁵.

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.

Education professionals

Which teachers are within scope of the duty?

⁵ S5B(11) of the Female Genital Mutilation Act 2003 defines a “social care worker” as a person registered in a register maintained by the Care Council for Wales under section 56 of the Care Standards Act 2000.

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 [Working Together to Safeguard Children](#) (in England) or [Working Together to Safeguard People](#) (in Wales) as appropriate, and the [multi-agency statutory guidance on FGM](#).

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 [Working Together to Safeguard Children](#) (in England) or [Working Together to Safeguard People](#) (in Wales) as appropriate, and the [multi-agency statutory 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 statutory 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.

The duty applies to my profession and I do volunteer work with children. When volunteering, a girl has disclosed that she has had FGM. Am I required to report under the duty?

The duty only applies to cases discovered by a relevant professional in the course of the professional work. It therefore does not apply to cases a relevant professional discovers outside of their professional work, and this includes volunteer work.

If you discover a case in your capacity as a volunteer, you should ensure that you follow appropriate safeguarding procedures (in line with the organisation's processes) and any wider safeguarding responsibilities which apply to your profession.

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 statutory 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)⁶. 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 statutory guidance on FGM](#).

I have identified a girl under 18 who has had a genital piercing/genital tattoo/female genital cosmetic surgery. What should I do?

You should make a report. Further information on genital piercings and female genital cosmetic surgery and the law in England and Wales is available in the [multi-agency statutory guidance on FGM](#). For the purpose of the duty, you are not required to be satisfied that a criminal offence has been committed.

Visually identified cases

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

⁶ For these purposes, professionals regulated by a body which belongs to the Professional Standards Authority for Health and Social Care are considered as belonging to the same profession.

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 also applies to cases covered by the FGM mandatory reporting duty.

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.

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.

Cases identified before 31 October 2015

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 2015 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.

After making the report

I made a report - will I be informed of the outcome and of any safeguarding action being taken?

The police will provide you with feedback on the outcome of the case and about any follow-up action being taken. 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.

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 statutory guidance on FGM](#). You may also wish to seek advice from your manager or designated safeguarding lead.

A [fact sheet for communities](#) which explains the duty, including what happens after a case is reported to the police, is available in 11 languages.

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 [Working Together to Safeguard Children](#) (in England) or [Working Together to Safeguard People](#) (in Wales) as appropriate.