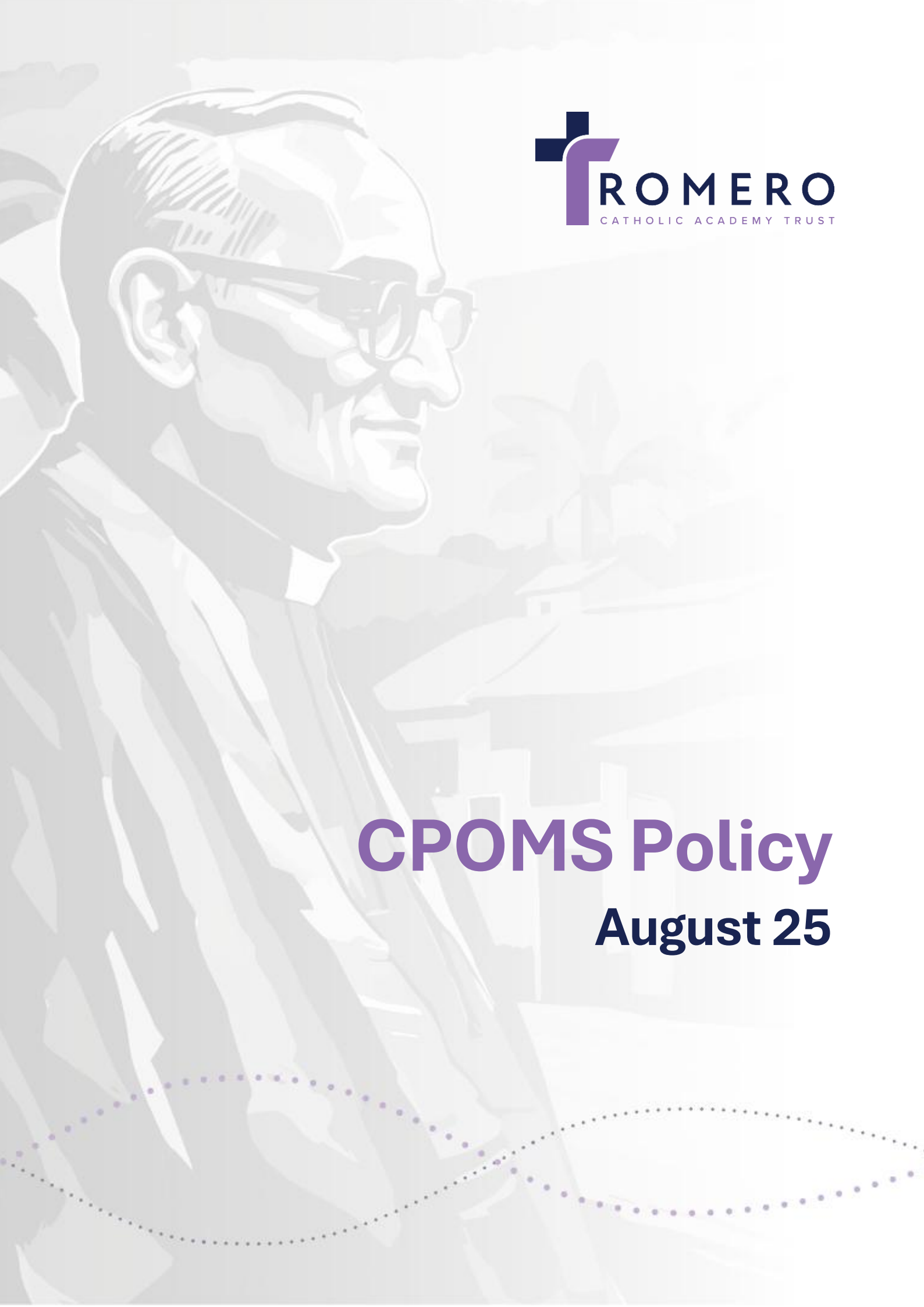


ROMERO
CATHOLIC ACADEMY TRUST

CPOMS Policy

August 25

Policy Title	Romero Catholic Academy Trust CPOMS policy
Policy Created	August 2025
Policy Version No.	1.3
Author / Owner	Rebecca Birtwistle
Approved By	Approved by trust board – Sep 2025
Review Frequency	Every 3 years
Next Review Date	September 2028
Last Updated	09/09/2026
Change Summary	Updated appendix A References to KCSIE 2025 changed to 2026

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1. INTRODUCATION

1.1 Romero Catholic Academy Trust is committed to ensuring that all safeguarding and child protection concerns are recorded promptly, accurately, and securely. Effective record-keeping is essential to protecting children from harm, supporting early intervention, and enabling informed decision-making.

1.2 This policy sets out how CPOMS (Child Protection Online Management System) will be used to maintain clear, chronological, and comprehensive safeguarding records, ensuring they are stored securely, shared appropriately, and retained in accordance with statutory guidance. It underpins our whole-school safeguarding culture by ensuring that every concern—no matter how small—is recorded, reviewed, and acted upon in the best interests of the child.

1.3 The trust is committed to learning from serious case reviews, child safeguarding practice reviews, and inspection feedback. These lessons will be integrated into training, policy updates, and day-to-day practice. Academies are expected to act promptly on any recommendations relating to record-keeping, especially where reviews have highlighted missed opportunities caused by incomplete or delayed entries.

2. SCOPE

2.1 This policy applies to all staff, volunteers, and contractors who have access to CPOMS or who may be required to log safeguarding concerns. It provides a framework for maintaining complete, clear, factual, and secure safeguarding records that support the protection of children from harm.

2.2 All safeguarding concerns, allegations, and incidents must be recorded promptly, whether they arise during lessons, extracurricular activities, online interactions, or through third-party reports. The use of CPOMS ensures that these records are organised chronologically, linked appropriately, and securely stored in compliance with statutory safeguarding guidance and data protection law.

2.3 This policy should be read alongside training documents for CPOMS which will specifically detail how to use the system.

3. LEGAL FRAMEWORK AND RATIONAL

3.1 In line with the requirements of ***KCSIE*, *Working Together to Safeguard Children*,** and the **Ofsted Education Inspection Framework**, Romero Catholic Academy Trust values robust, accurate, and secure recording of safeguarding concerns on CPOMS as vital. All staff must record concerns promptly, factually, objectively, and professionally. Entries should be chronological and include timelines of key events, enabling any reviewer to gain at-a-glance clarity on a child's safeguarding history.

3.2 Keeping Children Safe in Education (KCSIE) places a responsibility on the Designated Safeguarding Lead (DSL) to ensure that Child Protection Files are kept up to date. Records should capture all concerns, discussions and decisions made, and the reasons for those decisions.

3.3 In relation to incidents of child-on-child sexual abuse, KCSIE states that schools should record and be able to justify their decision-making by also recording reasons for their decisions. Where risk assessments are needed, these should also be recorded and kept under review.

3.4 Ofsted will assess safeguarding under the 'Leadership and Management' judgement and expects a positive culture where pupils' interests and welfare come first. The Ofsted Education Inspection Framework makes multiple references to record keeping, and dictates that schools must prepare to present their Single Central Record (SCR), child protection files, referrals, open cases, and outcomes when inspected. Inspectors sample CPOMS records during meetings with the DSL to verify that concerns are properly managed, actioned, and followed up in a timely way.

3.5 Serious case reviews and child safeguarding practice reviews consistently show that poor record-keeping—and delays in logging small concerns—are among the most common failings. Often, repeated minor incidents (e.g. unexplained absences, behavioural observations, low level welfare indicators) cumulatively signal risk. CPOMS must capture these 'small signs' before they escalate, aiding risk assessment and supporting timely referrals

3.6 Summarising key learning for the education sector, Research in Practice (2020) states that:

'*The use of clear and descriptive language is integral to effective information sharing. It can paint a vivid and detailed picture that accurately describes concerns and the context of the child's life; conversely, the use of vague or stock phrases or professional jargon can obscure concerns.'*

3.7 An annual review of all Child Safeguarding Practice Reviews (Child Safeguarding Practice Review Panel 2024, published in June 2025) further emphasised the importance of the quality and timeliness of referrals, using clear and accurate language, and ensuring that all concerns are considered in the context of a child's wider history.

4. ROLES AND RESPONSIBILITIES

4.1 The **Designated Safeguarding Lead** (DSL) holds overall responsibility for the management of all CPOMS safeguarding records. This includes overseeing the quality of entries, ensuring they are factual and professional, monitoring ongoing concerns, conducting regular audits, and leading on the secure transfer of safeguarding files when a pupil leaves the school.

4.2 The DSL will also be responsible for doing trust wide reports on incidents recorded on CPOMS to consider trends and direct resources and training appropriately

4.3 **Deputy DSLs** support the DSL in these duties and take on responsibility in their absence.

4.4 **All staff** have a legal and professional duty to log safeguarding or welfare concerns immediately, using objective language and avoiding unfounded opinions.

4.5 **The governing body** or **trust board** is responsible for ensuring that the school meets all statutory safeguarding and record-keeping requirements and that the DSL has the resources and training needed to carry out these duties effectively.

4.6 At trust level, the Head of Safeguarding monitors safeguarding record-keeping practices across academies, provides training and quality assurance, and reports to the Trust Board.

4.7 **The Trust Board** holds ultimate accountability for ensuring that all statutory safeguarding and record-keeping duties are met.

5. RECORDING CONCERNS

If there is a significant safeguarding concern, this must be passed on immediately in person to the DSL before recording on CPOMS.

5.1 Staff in all academies must record welfare concerns, allegations, incidents, or observations in CPOMS as soon as possible, ideally on the same day. Records must include the date, time, location, and individuals involved, alongside a clear and factual account of the concern. Professional opinion should be clearly identified as such and supported by evidence. (see appendix B for guidance on good recording)

5.2 When logging a concern, it is the role of the person recording to effectively convey the nature of the concern to DSL. Records are at risk of misinterpretation and decisions made by DSLs will be based on the information provided. Staff should take time to ensure that concerns provide an accurate representation of the situation with clarification, and convey the voice of the child where appropriate. The information recorded is likely to have a direct influence on the support put in place for a child and their family. Records must, where relevant, include the reason referrals to statutory agencies have not been made/accepted.

5.3 When recording incidents or actions on CPOMS, staff should ensure that records are:

- Professional (consider spelling and grammar, avoiding jargon, initials, and abbreviations)
- Objective (be descriptive, use body maps and avoid subjective words (e.g. “inappropriate”)
- Accurate (avoid vague or ambiguous statements, distinguishing between fact and opinion)
- Child Centred (capture the perspectives, wishes and feelings of the child, wherever possible)
- Timely (concerns should be logged at the earliest opportunity) For concerns requiring immediate attention, this should be as soon as the allegation /concern has arisen. All concerns should be reported before the end of the school day.
- Succinct (details should be comprehensive, but concise)
- Evidenced (upload relevant evidence to the incident, such as statements, if applicable) Evidence of indecent images or videos of children MUST NOT be uploaded to CPOMS.
- Action focussed (include any action already taken)

5.4 Actions taken, follow-up steps, and outcomes must be documented, as well as any professional discussions and the decisions reached.

5.5 Any other student for which the log is relevant should be linked to the incident log and where appropriate the actions taken to ensure that the information is shared across all student files.

5.6 Each child with safeguarding concerns will have a dedicated chronology in CPOMS. Cumulative low-level concerns must be recorded in order to identify patterns of risk, recognising the learning from serious case reviews that highlight how repeated minor issues can escalate if unmonitored.

Staff should be mindful that records may be shared with children, their families or presented as evidence in court.

To ensure consistency, schools must not amend CPOMS categories. New categories should only be created where express permission is provided within the toolkit. Requests for new categories must be made in writing to the Romero Catholic Academy Trust head of Safeguarding for consideration and approval. Categories must not be altered until Romero Catholic Academy Trust has agreed in writing.

6. USE OF CPOMS ACROSS THE TRUST

6.1 CPOMS entries must be categorised accurately using the correct parent and sub categories and linked to related incidents where appropriate. (see appendix A for agreed trust categories)

6.2 Relevant documents, such as risk assessments or inter-agency correspondence, should be attached to ensure all information is stored together.

6.3 DSLs are expected to review CPOMS entries regularly to monitor progress and ensure appropriate actions are taken. The Trust Safeguarding Lead may conduct oversight checks across academies to identify good practice, highlight training needs, and ensure consistency.

7. INFORMATION SHARING, CONFIDENTIALITY AND ACCESS CONTROL

7.1 Romero Catholic Academy Trust recognises its responsibilities under the **UK General Data Protection Regulation (UK GDPR)** and the **Data Protection Act 2018** when processing personal data relating to safeguarding and child protection. CPOMS (Child Protection Online Management System) is used across all academies within the Trust as a secure platform for recording, storing, and managing safeguarding information.

7.2 All information entered into CPOMS must be:

- **Relevant** – limited to information necessary to fulfil safeguarding duties.
- **Accurate** – factually correct and kept up to date.
- **Secure** – protected by appropriate technical and organisational measures to prevent unauthorised access, loss, or misuse.

7.3 Access to CPOMS is strictly role-based and limited to staff with designated safeguarding responsibilities or others authorised by the Headteacher. All users must complete safeguarding and data protection training before being granted access.

7.4 The Trust will ensure that safeguarding records are retained in line with statutory requirements and the Trust's Record Retention Policy. When a pupil transfers to another school, safeguarding information will be shared securely via CPOMS or another secure method, in accordance with Keeping Children Safe in Education (KCSIE) and data protection legislation.

7.5 Safeguarding records will normally be retained until the child's date of birth plus twenty-five years. In cases involving sexual abuse, records will be retained indefinitely, in line with the recommendations of the Independent Inquiry into Child Sexual Abuse (IICSA). CPOMS provides secure, encrypted digital storage compliant with UK GDPR. Romero Catholic Academy Trust will ensure that data is managed in line with both statutory obligations and trust data protection policies

7.6 The lawful basis for processing safeguarding information within CPOMS is set out under Article 6(1)(c) and Article 9(2)(g) of the UK GDPR, as processing is necessary to comply with a legal obligation and for reasons of substantial public interest in safeguarding children

7.7 With regard to safeguarding children from harm, the key messages in Keeping Children Safe in Education are acknowledged. Information sharing is essential in identifying and addressing all forms of abuse and neglect, and Data Protection Legislation does not prevent the recording and sharing of information where it is necessary to keep children safe.

7.8 Fears about sharing information must not be allowed to obstruct the promotion of welfare or the protection of children. The Data Protection Act 2018 identifies the 'safeguarding of children and individuals at risk' as a lawful processing condition, enabling practitioners to share information for safeguarding purposes.

7.9 Safeguarding records on CPOMS are maintained separately from general pupil records and are accessible only to the Designated Safeguarding Lead (DSL), deputy DSLs, and other authorised safeguarding personnel within each academy, on a strict need-to-know basis. Trust-level safeguarding leaders may be granted read-only access for oversight and quality assurance. All staff

must use secure logins and maintain the confidentiality of passwords. Any breach of CPOMS confidentiality will be treated as a serious disciplinary matter.

7.10 The DSL, in consultation with the Headteacher, is responsible for determining administration rights and access levels for all staff. These rights must be authorised by the Headteacher. Any member of staff with access to safeguarding concerns on CPOMS must have undertaken appropriate safeguarding and data protection training prior to being granted access

7.11 Information stored in CPOMS will be shared with other agencies when required to safeguard a child, in accordance with Working Together to Safeguard Children. This may include sharing without parental consent if seeking consent would increase the risk of harm to the child. All records must clearly document when, how, and with whom information has been shared, along with the rationale and any resulting actions. Trust academies must be able to demonstrate to Ofsted inspectors and local safeguarding partners that safeguarding information is shared promptly, proportionately, and appropriately

8. TRANSFER OF RECORDS

8.1 When a pupil moves to another school, the academy DSL will arrange the secure transfer of the CPOMS safeguarding file, confirming receipt with the receiving school.

8.2 Where CPOMS transfer is not possible, alternative secure methods, such as encrypted email or hand delivery, must be used. For pupils with ongoing safeguarding involvement, a copy of relevant records may be retained until case closure. The Trust Head of Safeguarding will oversee procedures to ensure transfers are timely and secure across all academies.

9. AUDIT AND QUALITY ASSURANCE

9.1 DSLs in each academy will carry out regular audits of CPOMS records to check for completeness, accuracy, and timeliness. Minor concerns will also be reviewed to detect any emerging safeguarding patterns. At trust level, the Head of Safeguarding will conduct termly audits and report anonymised findings to the Trust Board. This ensures that safeguarding record-keeping standards are consistently applied across all academies. (see appendix C for templates)

9.2 Any actions from QA activities should be added as an incident on the file and assigned to a member of staff who is then responsible for actioning and ensuring that it is completed.

9.3 The table below provides a summary of the quality assurance activities that should be completed daily, weekly, and termly.

Summary of CPOMS QA Activity

Frequency	**Person responsible**	**Method**
Daily		
Review assigned incidents	ALL	CPOMS dashboard
Review assigned actions (on action automated alerts)	DSL	CPOMS dashboard
Ensure all incidents have been triaged	DSL	Open safeguarding concern report
Ensure all incidents have been assigned	DSL	Open unassigned incident report
Weekly		
Review status of incidents	DSL	Open safeguarding concern report

Review of actions	DSL	CPOMS report
Review referral outcomes	DSL	Monitoring report
Review SG watch list	DSL	Monitoring report
Review QA 'action needed'	DSL	QA 'action required' report
Review closed cases	DSL	CPOMS dashboard
Termly		
QA audit (Appendix D)	DSL/head/Lead governor for safeguarding/HOS Romero CAT	Headteacher led
Child on child abuse audit	DSL	Will inform HT report to governors
QA Child impact chronology (case summary completion)	DSL	Child impact chronology report

10. TRAINING

10.1 All trust staff will receive annual safeguarding training, which will include guidance on CPOMS usage, the importance of accurate record-keeping, and expectations for professional standards in safeguarding documentation.

10.2 DSLs and deputy DSLs will receive enhanced training covering advanced CPOMS features, updates to statutory guidance, and trust-wide safeguarding protocols.

11. POLICY REVIEW

11.1 This policy will be reviewed every three years at trust level, or sooner if there are changes in statutory guidance, Ofsted requirements, or CPOMS functionality. The review will be led by the Trust Head of Safeguarding in consultation with academy DSLs and the Trust Board, ensuring alignment with current legislation, regulation, and best practice in safeguarding record-keeping.

APPENDIX A – CATEGORIES AND SUBCATEGORIES

Categories	Subcategories	Guidance for use
Safeguarding level		
	Early Help Assessment	This will be the monitoring category for the children opn at the different levels. When they initially are opened this will need to be selected as an incident and when they close then the incident will be NFA. Should match information on the vulnerable children's list.
	Family Intensive Support/Child Family Wellbeing Service	
	Child In Need	
	Child Protection	
	Child Looked after	
	Special Guardianship Order/ Court Orders	
	Prevent Chanel panel	
Safeguarding concern		
	Physical Abuse	The category of abuse from a parent to a child.
	Emotional abuse	
	Neglect	
	Sexual abuse	
	Contact from external agency	concern raised by external partner
	Request advice	Either from the children's social care advice lines or from other professionals including Head of Safeguarding.
	Information request	for example from children's social care, police or any other professional body. Include what was shared and who with in the log.
	Operation Encompass	to record operation encompas notifications received.

	PSR	Police reports which are not allowed to be fully recorded but which can be summerised.
	DV incident	Domestic violence or abuse incident which is not covered by an encompass
	Missing from home/school	A child who has been reported as missing to the police whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another: or they are not in a place where they are expected or required to be.
	Disclosure	Any form of safeguarding disclosure made to a member of staff.
	Substance/alcohol child	
	Substance/alcohol adult	
	Homelessness	
	Private fostering	For children who have lived outside of their family network for more than 28 days. (must bee reported to CSC)
	Family member in prison.	
Safeguarding meeting		
	Care planning meeting	Meeting for cared for children to consider care plan and placement.
	CLA review	Child looked after meeting sometimes called LAC review.
	PEP	Personal Education Plan for those children in LA care to detail targets for education and how PP money will be spent.
	RCPC	Review child protection conference
	Child Protection conference	Initial child protection conference.
	Strategy meeting	meeting to decide if threshold for section 47 enquiries is met.
	Core group	
	CIN meeting	
	TAF	
	MARAC	(Multi-Agency Risk Assessment Conference) is a confidential, multi-agency meeting where professionals share information and create a coordinated safety plan for victims of high-risk domestic
	Channel meeting.	for those open to prevent.
Attendance		
	CME	Child missing education

	EHE	Elective home education
	Truancy	Either external or internal truancy
	Punctuality	To school or lessons.
	Leave of absence	
	Legal action	Any information relating to fixed penaly notices, fines or court
	Meeting with LA representative	
	Attendance Home visit	
	Unauthorised	
	Medically unfit for school	Where a medical practitioner has confirmed a pupil is unfit to attend
	EBSA	Emotionally based school avoidance.
	Part time timetable	For any students not attending full time. Will need to be NFA to close down monitoring when they return to school full time.
	Internal intervention	Attendance panels, altered start/finish times etc.
Bullying concern (For incidents of a prejudice/discriminatory nature)		
	Physical Perpetrator	Bullying is continuous/persistent behaviour by a person or group of people that intentionally hurts a child or group of children either physically or emotionally, and creates an imbalance of power, making the victim(s) feel vulnerable.
	Physical Victim	
	Verbal Perpetrator	
	Verbal victim	
	Cyber Perpetrator	For bullying using digital devices
	Cyber victim	For bullying using digital devices
	LGBTQ+ perpetrator	For any bullying which is linked to the sexual orentation or gender
	LGBTQ+ victim	
Child on child incident		
	Abuse in intimate personal relationships between peers	
	Causing someone to engage in sexual activity without consent	This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
#	Consensual sharing of nude/semi-nude	

	images/videos including AI generated	
#	Non-consensual sharing of nude/semi-nude images/videos including AI generated	
	HSB risk assessment	For Harmful Sexual Behaviour risk assessments
	HSB risk management plan	For Harmful Sexual Behaviour risk management plans
	Sexual harrassment - perpetrator	Sexual harassment may be verbal, physical and/or online
	Sexual harrassment - victim	Sexual harassment may be verbal, physical and/or online
	Sexual violence - perpetrator	For rape, assault by penetration or sexual assault only
	Sexual violence - victim	For rape, assault by penetration or sexual assault only
	Upskirting	Taking a picture under a person's clothing (not necessarily a skirt) without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
	Verbal assault - perpetrator	For verbal assaults (using language that causes someone reasonably to believe they are going to be hurt) not of a sexual nature that are not prejudice-related
	Verbal assault - victim	For verbal assaults (using language that causes someone reasonably to believe they are going to be hurt) not of a sexual nature that are not prejudice-related
	Initiation/hazing	For activities involving harassment, abuse or humiliation used as a way of initiating a person into a group
	Racism victim	When an individual is treated unfairly because of their race, or because of the race of someone they are connected with.
	Racism Perpetrator	
	Rasism victimless	
	Physical assault - perpetrator	For physical assaults not of a sexual nature that are not prejudice-related
	Physical assault - victim	For physical assaults not of a sexual nature that are not prejudice-related
	Misogyny	Misogyny is the hatred, contempt, or ingrained prejudice against women, often manifesting in both individual attitudes and systemic practices
	Harmful sexual behaviour	sexual behaviour by a child or young person under 18 that is developmentally inappropriate, harmful to self or others, or abusive towards another child, young person or adult
Communication		

	Email	
	Telephone call	
	School comms system	eg dojo, class charts etc.
	Text	
	Home visit	
	Informal meeting	
	Formal meeting	
*	Letter	
Behaviour		
*	Conflict verbal	
*	Conflict physical	
*	Damage to property	
*	Persistent disruption	
*	Absconding	
Behaviour towards an adult		
*	Physical	
*	Verbal	
*	Sexual	
*	Online	
Direct Work		
*	Internal	
*	External	
*	Pupil voice	
Exploitation		
	CCE	Child criminal exploitation or criminal exploitation concern This category includes concerns related to gangs, county lines and serious youth violence
	CSE	A form of child sexual abuse. It occurs where an adult or groupof adults take advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. CSE does not always involve physical contact; it can also occur through the use of technology.

	Radicalisation	An incident/concern which suggests a child has been radicalised (actually or evidence of potential to be radicalised). Radicalisation is the process by which a person comes to support terrorism and extremist ideologies. Extremism is the vocal or active opposition to fundamental values including democracy and the rule of law, individual liberty and respect and tolerance for different faiths and beliefs. Terrorism is an action that endangers or causes serious violence to a person/people.
	FGM	When a case of FGM is suspected. FGM is a form of child abuse and violence against women where the female genitals are deliberately cut, injured or changed, but where there is no medical reason for this to be done.
	Forced marriage	A Forced Marriage (FM) is a marriage conducted without the valid consent of one or both parties and where duress is a factor. FM is a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014.
	Honor based abuse.	So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing.
	Grooming	For grooming in preparation for abuse
	Chanel panel	
Health		
	First Aid administered	when any form of treatement is administered by first aider in school.
	Head injury	
	Abmbulance called	
	School Nurse	If seen by school nurse or those who are receiving regualr intervention from the nurse.
	Health plan	Those who have health care plans which detail adjustments within school based on a health condition.
	Medicine administered	
	Under investigation	
*	Injury	
*	Illness	
*	Hospital admission	
*	Allergy incident medical intervention	Allergy incident which required the administration of Epi pen or child to attend the hospital
*	Allergy incident near miss	
Mental Health		
#	CYPMH/CYPPS	Child and adolescence mental health service. This can include ELCAS

	MHST/EMHP	Mental health support team intervention.
#	Suicide attempt	When a child's behaviours and/or language indicates that they may have thoughts or feelings which may lead to them making an attempt to end their own life or when a child makes an attempt to end their own life.
*	Suicide threat	
	Self-harm	This is a 'Level 2' category and is when a child intentionally causes mild/serious damage or injury to themselves. It's usually a symptom of a way of coping with or expressing overwhelming emotional distress. Sometimes when people self-harm, they feel on some level that they intend to die. More than half of people who die by suicide have a history of self-harm but the intention is more often to punish themselves, express their distress, or relieve unbearable tension. Sometimes the reason is a mixture of both.
*	Self-harm threat	
	Hospital admission	
	Direct work	Around mental health concerns including internal counselling services.
	Risk assessment/plan	Either those completed by school or by mental health professionals.
Online concern		
*	Home concern	
*	School concern	
Referral		
	Section 47	Referral to children's sevices which you believe meets the threshold for child protection
	Level 4 Section 17	Child in need level with children's services involvement.
	Level 3 FIS/ CFWS	Involvement from child nd fmily wellbeing service.
	Level 2	early help level.
	Information sharing	
	Prevent	Referral in response to concerns about radicalisation and extremism.
	Police	
	Other agency referral	
Welfare		
#	Changes in demeanour	
	Diet	
*	Home conditions	

*	Parental/family conflict	
*	Financial Hardship	
*	House move	
	Hygiene	
	Presentation	including both physical such as uniform but also personal
	Search of pupil	when any kind of search has taken place.

APPENDIX B- GOOD PRACTICE GUIDANCE FOR STAFF IN RECORDING ON CPOMS

When making any decisions in relation to incidents or pupils, it is fundamental that the DSL records the rationale for their decision making. This should include when referrals are not made to statutory agencies or where these have been made and subsequently declined. This is in line with KCSiE.

Whilst pupil files are only accessible to designated staff in schools, records may be reviewed by Romero CAT Central Team, external inspectors, auditors, or partner agencies. Importantly, in some circumstances, the file may also be read by the child or their family (e.g. following Subject Access Requests). It is therefore imperative that staff recognise this resource as a professional tool.

It is important to describe clearly what is happening, or what you perceive. Opinion can be used but must always be quantified. Avoid vague or ambiguous statements. Accurate, factual recording avoids making value judgements, which can influence how information is interpreted. CPOMS records could potentially be used in legal proceedings so care must be taken in the use of language.

Example 1

“During a home visit, the living conditions were terrible.”

Example 2

“During a home visit at XXX on XXX, I observed 15 full refuse sacks in the living room, and evidence of mice droppings in the kitchen and hallway. There was a strong odour of urine downstairs.

In Example 1, the description “terrible” is subjective. Example 2 provides an objective description of the living conditions. This description would also enable improvements or deteriorations to be assessed or measured in the future.

It is important to recognise that accurate recording can sometimes feel uncomfortable, especially when this relates to something particularly sensitive (e.g. personal hygiene or parenting capacity). However, it is important to provide clarity.

Example 1

“Rowena has issues with her personal hygiene.”

Example 2

“Over the past two weeks, I have noticed an increase in body odour coming from Rowena. Negative comments by peers suggest this is having an adverse impact on her relationships. I spoke to Rowena about her hygiene routine. Rowena told me her mother is struggling financially so the family have tried to reduce the frequency of bathing.”

Whilst Example 2 is longer to write, it captures the severity of the situation more accurately. The additional detail may significantly affect the response made by the DSL.

All pupil concerns must be made as soon as possible. This enables information to be recorded whilst details are fresh in memory. Whilst it may be tempting to delay updating records, incomplete records can delay the response by the DSL in securing the right support for the child. Where records are not recorded

immediately in an exceptional circumstance only, the record should clearly stipulate the reason (e.g. taking a child to hospital A+E dept)

Given that records may be shared with other agencies or may be reviewed in future years for possible court proceedings, it is important that jargon is avoided. Records should include full names and job roles of individuals, rather than referring to staff and students using their initials.

Evidence Based

It is important that anyone recording a concern can substantiate what they are recording. If recording a fact, ensure that the accuracy of the fact can be evidenced. If recording an opinion, ensure that the opinion can be justified with evidence from what you have seen or heard.

It is acceptable to record opinions, as this forms part of professional judgement. However, professional judgement should be based on experiences of similar situations, awareness of individual circumstances and knowledge gleaned from training and evidence. As well as clearly identifying an opinion, it is important to state the basis on which the opinion has been formed.

Good Practice Example "I believe Yasmin is at risk. She is in a relationship with two men aged over 18. Yasmin has told me "they're great" and that she "really enjoys their company." Yasmin has told me that last month she met them once a week, but she now meets them for two or more hours every day. I am concerned that this is impacting on Yasmin's wider life. Yasmin has been absent from school three days this week and was missing from home last week for the first time. Yasmin has suggested that the men are discouraging her from seeing her friends and have said they will buy her cigarettes when she runs out. Based on the information she has given me I am concerned that the behaviour of the men might be the start of grooming of Yasmin.

The example above captures the staff member's concerns but recognises that these cannot be proven. The record also captures the child's understanding of the situation. The author has provided a rationale for their professional judgement in relation to grooming.

Concerns must be considered in the context of prior known information about the pupil. Doing so ensures that patterns, trends, and accumulating risks can be considered. Records may include important information about a pupil's history and how best to support them. Reviewing records also prevents a pupil from having to re-tell their story, which may be traumatic for them. This also highlights why it is important to ensure case summaries are up to date.

It is important to consider that prior information may contain inaccuracies and that the pupil's situation may have changed over time. Professional judgement is therefore a key consideration.

Case Example: A child was excluded and allocated a place in Alternative Provision after bringing a knife to school. Three days into this placement, the child was seriously assaulted by another pupil. A review of the child's file highlighted notes from a prior strategy meeting which identified the child was at significant risk of violence from the perpetrator, and that efforts should be taken to ensure his safety.

Whilst much of the above focusses on the importance of detailed and accurate recording, records should be as succinct as possible. Avoid repetition, and present information clearly and concisely.

Example 1

I visited Mrs Smith at home today for 30 minutes. She was tired. We discussed her plans to support Jacob's reintegration to school. His attendance is currently poor. He is regularly absent. I discussed whether, after her upcoming operation, she would need any support in the home, or whether she feels she can manage with the family around her. I offered a referral to Young Carers for Jacob, which he seemed really interested in. However, mum declined this. She was tired, so I agreed to visit on Thursday to meet Jacob and see if he will talk about his open about his worries about Mum.

Example 2

I visited Mrs Smith at home today. I discussed Jacob's attendance of 76% (school expectation is 95%). Mrs Smith is due to have an operation next week, linked to her Multiple Sclerosis. I discussed whether Jacob would benefit from a referral to Young Carers. Mum declined, but Jacob expressed an interest. I have agreed to visit on Thursday to explore Jacob's views and Mum's reluctance.

Given that children and families are often supported by multiple professionals and organisations, records should clearly demonstrate who else is supporting the child and family and the nature of the support. When supporting vulnerable pupils, child protection records should routinely cross-reference relevant information held on other school systems which may provide evidence in relation the child's safety of welfare (e.g., attendance, accident, behaviour, physical intervention, and progress data).

Care should be taken to ensure that language remains professional at all times. This is supported by the correct use of spelling and grammar. It is important to note that, whilst you might hold strong emotional views about a situation, you will need to separate this from the information that is required to be stated.

APPENDIX C- AUDIT TOOLS

CPOMS: File Audit

Audit Date		Audit Type (DSL/Head)	
Child's Name		Child's Year Group	
Current Status (e.g. CIN/CP)		Audit Completed By	

	Yes	No	Notes
Record is up to date and complete			
Chronology is clear (e.g. incidents merged)			
Evidence of regular review			
Evidence of appropriate information sharing			
Evidence of multi-agency working			
Engagement with family			
Evidence of challenge (where appropriate)			
Evidence of escalation (where appropriate)			
Record is clear, objective, and transparent?			
Risk is identified and managed			
Free from victim blaming language			
Record captures the voice of the child			
Actions are rationale and clear			
Record provides a clear outcome of any actions taken to safeguard the pupil?			
Correct application of local thresholds			
Key contacts utilised and up to date			
Appropriate application of categories			
Appropriate use of actions			
Meeting minutes / plans / documents uploaded in a timely manner and clearly named			
Evidence of Child Impact Chronology (if applicable)			

Overall Audit RAG Rating (see descriptions below)	

Action Required	Due	Who	Update	RAG

RED	Several areas for development have been identified
AMBER	Key information is included, but improvements are required
GREEN	Record keeping is robust, and no improvements are required

CPOMS: Incident Audit

Audit Reference		Referrer	
Concern Reference		DSL Assigned	
Audit Date		Audit Completed By	

Initial Incident	Yes	No	Notes
Incident attached to the correct child			
Linked children clearly identified			
Date/Time of concern distinguished (if applicable)			
Safeguarding category correctly applied			
Pupil's own words used referenced (If applicable)			
Free from jargon			
Professional account (Spag)			
Objective (descriptive without objective language)			
Accurate (Distinguishes between fact and opinion)			
Child centred (Voice of the child referenced)			
Timely (incident logged in a timely manner)			
Succinct (but with sufficient detail)			
Initial action taken captured when logged			
Evidence uploaded			
Body map completed (if applicable)			
Key contacts utilised and up to date			
DSL Response			
Timely acknowledgement			
Information assessed by DSL			
Clear actions proposed by DSL			
Case owner and correct categories assigned			
Subsequent actions completed in a timely manner			
Evidence of risk identification and management			
Evidence that local thresholds have been applied			
Evidence of information sharing or referral			
Evidence of escalation where necessary			
DSL outcome completed including categories			
Incident closed upon completion			
Overall Audit RAG Rating (see descriptions below)			

Action Required	Due	Who	Update	RAG

RED	Several areas for development have been identified
AMBER	Key information is included, but improvements are required
GREEN	Record keeping is robust, and no improvements are required