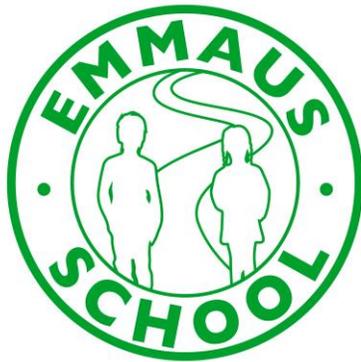


# Safeguarding Policy



## **EMMAUS SCHOOL**

School Lane, Staverton, Trowbridge,  
Wiltshire, BA14 6NZ

Tel: 01225 782684

Email: [info@emmaus-school.org.uk](mailto:info@emmaus-school.org.uk)

[www.emmaus-school.org.uk](http://www.emmaus-school.org.uk)

## KEY SAFEGUARDING PERSONNEL

Role	Name	Tel.	Email
Headteacher	Mrs M Wiltshire	01225 782684	headteacher@emmaus-school.org.uk
Designated Safeguarding Lead (DSL)	Mrs C Alsop	01225 782684	catrin.alsop@emmaus-school.org.uk
Deputy DSL (DDSL)	Miss N Oliver	01225 782684	naomi.oliver@emmaus-school.org.uk
Nominated Governor	Mrs H Greenman	01225 782684	hannah.greenman@emmaus-school.org.uk
Chair of Governors	Mr K Wiltshire	01225 782684	kevin.wiltshire@emmaus-school.org.uk

### Children's Social Care referrals:

Multi-Agency Safeguarding Hub (MASH): 0300 456 0108

Out of hours: 0300 456 0100

If you believe a child is at immediate risk of significant harm or injury, you must call the police on 999.

### Wiltshire Designated Officer For Allegations (DOFA):

01225 713945

### Early Help Single Point of Entry:

1225 30

## 1. INTRODUCTION

The Bible teaches that all children are precious in the sight of God. Jesus says, “Let the little children come to me and do not hinder them, for the kingdom of God belongs to such as these.”  
Matthew 19:14

However, we live in a fallen world and as such we have a responsibility to safeguard and promote the welfare of all the children in the School’s care. The School, therefore, has a responsibility to protect children from things that cause harm.

This policy is applicable to all pupils, including those in the EYFS

Safeguarding is a term which is broader than ‘child protection’ and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone’s responsibility, and in order to fulfil this responsibility effectively they should consider, at all times, what is in the best interests of the child. In most circumstances the procedures outlined in this policy will be followed; however, anyone may make a referral to social services, if necessary.

Safeguarding is defined as:

- Protecting children from maltreatment
- Preventing impairment of health and/or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to ensure that all children have the best outcomes.

This Safeguarding Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular, this policy should be read in conjunction with the Staff Recruitment and Employment Policy, Staff Code of Conduct, Discipline Policy and Anti-Bullying Policy.

### **Purpose of a Safeguarding Policy**

To inform staff, parents, volunteers and governors about the School's and each individual’s responsibilities for safeguarding children.

To enable everyone to have a clear understanding of how these responsibilities should be carried out.

## **School Staff & Volunteers**

The School and the staff and volunteers are responsible for providing a safe environment in which children can learn.

All school staff and volunteers have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer significant harm. This is because school staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.

Temporary staff will be made aware of the safeguarding policies and procedures by the designated safeguarding lead (DSL).

If any member of staff or volunteer is unsure about anything to do with this policy or with safeguarding in general they should speak to the DSL.

## **2. MISSION STATEMENT**

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.
- Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and wellbeing of a child.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.

## **3. STATUTORY FRAMEWORK**

In order to safeguard and promote the welfare of children, the school will act in accordance with the following DfE guidance:

- Keeping Children Safe in Education (KCSIE) (September 2018)
- Working Together to Safeguard Children (2018)
- Prevent Duty Guidance: for England and Wales (2015)

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

KCSIE places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established in any guidance issued by the Secretary of State
- Staff have a responsibility to provide a safe environment in which children can learn
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- The DSL should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for child protection should receive appropriate training.

Under *Prevent* obligations, this training includes *Prevent* awareness training in order to help the school to meet its duty to prevent the children at the school from radicalisation and extremism. Any member of staff is reminded to contact the local police force using the 101 non-emergency number and a DfE dedicated telephone helpline/mailbox offering non-emergency advice for staff and governors on 020 7340 7264 and [counter-extremism@education.gsi.gov.uk](mailto:counter-extremism@education.gsi.gov.uk) .

#### **4. SCHOOL PROCEDURES FOR DEALING WITH CONCERNS ABOUT A CHILD**

If a child or young person has suffered or is likely to suffer significant harm this should be reported immediately to Wiltshire Multi-Agency Safeguarding Hub or phone 999.

**Non-emergency contact number for police: 101**

**NSPCC Emergency help line: 0808 800 5000**

#### **4 (a) STAFF RESPONSIBILITIES**

If any member of staff is concerned about a child he or she must inform the DSL. The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

The DSL will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and

Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

All staff must be prepared to identify children who may benefit from early help, to identify learners who need this level of support. Early help means providing support as soon as a problem emerges at any point in a child's life. In the first instance, staff should discuss early help requirements with the DSL. Staff may be required to support other agencies and professional in an early help assessment. All staff will be made aware of the early help process. (See *Working Together to Safeguard Children*)

If a pupil who is/ or has been the subject of a child protection plan changes school, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving school, in a secure manner, and separate from the child's academic file.

The DSL is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

#### **4 (b) WHEN TO BE CONCERNED**

**Definition of abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family, an institutional/community setting by those know to them, or by others via the internet, for example. Abuse can take place wholly online and technology may be used to facilitate offline abuse. They may be abused by an adult or child (peer on peer abuse).

All staff and volunteers should be aware that the main categories of abuse are:

**Physical abuse** – a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation or otherwise causing physical harm. This also includes fabricating the symptoms of or inducing illness. Specifically this includes Female Genital Mutilation (FGM). Everyone in the school needs to be alert to the possibility of a girl being at risk of FGM or already having suffered FGM. (See paragraph 4 (d))

**Emotional abuse** – the persistent emotional maltreatment of a child such as to cause severe and adverse effects of a child's emotional development. This impacts on the wider duties of the school to seek to prevent children and young people from being drawn into terrorism.

**Sexual abuse** – the forcing or enticing of a child to take part in sexual activities. This does not necessarily involve violence. This includes Child Sexual Exploitation (CSE) where a child receives something as a result of engaging in sexual activities. What marks out CSE is an imbalance of power in a relationship. It also includes sexual abuse of children by children.

**Neglect** – the persistent failure to meet a child's basic physical and/or psychological needs.

Emotional and sexual abuse can take place online including cyber bullying and online exploitation.

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – see Appendix 1 for details.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of ‘boundaries’, lack stranger awareness
- Appear wary of adults and display ‘frozen watchfulness’

#### **4(c) LEARNERS WITH SEN AND DISABILITIES**

Learners with SEN and disabilities have additional safeguarding vulnerabilities. They are at greater risk of abuse, including peer on peer abuse, and significant barriers can exist to their safeguarding and wellbeing. Understanding a child’s needs, building on their strength, overcoming the barriers and developing innovative solutions for meeting the challenges will provide learning that will be of benefit for them and also non- disabled children. Disabled children have an equal right to protection from abuse.

Wiltshire Council provides targeted support services for children with SEND who need additional support:

**SEND Service: 01225 757 985.**

#### **4 (d) CHILDREN MISSING IN EDUCATION**

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.

Children who are poor or irregular attenders at school are, in many cases, more likely to be

vulnerable and a child going missing from education is a potential indicator of abuse or neglect.

### **Unaccounted absence.**

If a child is absent from school without an explanation, the School will phone the parent (and all additional contact numbers if it is not possible to contact the parent.) A log of the call will be completed. This procedure will also be followed if a child skips a lesson after registration.

### **Persistent and Long Term Absence**

If a child has four disrupted weeks in any half term period, a meeting will be arranged between the Headteacher and the parents to discuss the child's attendance at school and to agree actions to improve attendance.

If a child is absent from school for a continuous period of more than 10 school days and the Headteacher is not satisfied with the explanation provided by the parent, a meeting will be arranged with the parents to agreed actions to ensure the child's return to school. If necessary, and if there is cause for concern about the child's welfare, the matter will be referred to the LA.

### **Leavers**

The School will inform the LA of any pupil who is going to be deleted from the admission register as follows:

- Where a pupil ceases to attend a school which has been named in a school attendance order either because a different school has been substituted or the child is being educated otherwise than at a school, such as home education.
- Where a pupil has been registered at more than one school without the agreement of the proprietor.
- Where a pupil has been registered at more than one school but ceases to attend one of the schools.
- Where a pupil ceases to attend the school and is receiving education otherwise than at a school. (eg, homeschooling)
- Where a pupil has left the school because the family has moved out of the area.
- Where a pupil has been absent without permission for 10 days following an authorised absence, is not believed to be unwell, and neither the school nor the local authority knows where the child is. (The school and the LA are now required to work co-operatively to investigate the whereabouts of the pupil.)
- Where a pupil has been certified by the school medical officer as being medically unfit to attend school before ceasing to be of compulsory school age, and neither the child nor the parent has indicated to the school the intention to continue to attend the school after ceasing to be of compulsory school age.
- Where a pupil has been absent from school for a continuous period of 20 days without authorisation, is not believed to be unwell, and neither the school nor the Local Authority

knows where the child is. (The school and the LA are now required to work co-operatively to investigate the whereabouts of the pupil.)

- Where a pupil is detained by court order for no less than four months and there are no reasonable grounds to believe that the pupil will return to school at the end of that period.
- Where the pupil has died.
- Where the pupil has reached the end of compulsory school age and the school has been notified that the pupil will no longer be attending, or the pupil will leave before 6<sup>th</sup> Form or further education.
- Where the pupil ceases to attend other types of school such as an independent school. (eg. Other than a maintained school, academy, city technology college, city college for technology of the arts)
- Where a pupil has been permanently excluded from the school.

#### **4 (e) FEMALE GENITAL MUTILATION (FGM)**

FGM (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. FGM causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child. It is practised by families for a variety of complex reasons, but often in the belief that it is beneficial for the girl or woman. The girls may be taken to their countries of origin so that FGM can be carried out during the summer holidays, allowing them time to "heal" before they return to school. Some girls may have FGM performed in the UK. FGM is illegal in the UK; it is child abuse and a form of violence against women and girls.

The School will:

- Engage with staff and volunteers in training opportunities to raise awareness, especially in addressing signs of abuse specially with FGM and the issue of Child Sexual Exploitation radicalisation;
- Contact relevant authorities in any suspected cases in recognition of FGM as a serious form of abuse (from October 2015 it is mandatory for teachers report to the police any cases where they discover FGM has taken place).
- Recognise the mandatory duty to refer to the police any case of when "an act FGM appears to have been carried out" (KCSIE) in a child under 18 years of age, bearing in mind that staff must not engage in examining girls for this purpose.

Guidance is provided by the Department of Health and is available at:

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

see also

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

#### **4 (f) PREVENTING RADICALISATION – ‘Prevent’**

The *Prevent* Leads at Emmaus are the DSLs. Protecting children from the risk of radicalisation is seen as part of schools’ wider safeguarding duties, and is similar in nature to protecting pupils from other forms of harm and abuse. Young people can be exposed to extremist influences or prejudiced views, in particular via the internet and other social media. Schools can help to protect children from extremist and violent views in the same way that they help to safeguard children in other behavioural contexts. In KCSIE “radicalisation refers to the process by which a person comes to support terrorism and forms of extremism... Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.” Also included in the definition are...“calls for the death of members of our armed services, whether in this country or overseas.”

In order to meet its obligations under *Prevent*, the School will:

- Train DSLs in *Prevent* issues
- Highlight the issues involved in *Prevent*, including spotting signs of radicalisation or extremism and ensuring staff awareness of the appropriate use of the Channel system through training
- Maintain vigilance about pupil/student attendance such that any child missing from education can be reported to the authorities immediately
- Are vigilant about detecting abusive or derogatory language in the pupils, which may indicate vulnerability to radicalisation and extremism, or an unhealthy attitude to the issue at large in our society, checking especially for racist, homophobic or disability discriminatory language
- At any sign of vulnerability in any of its students, make contact with relevant authorities possibly making a referral to the local Channel Panel or using the DfE dedicated helpline – such referrals do not require parental consent, but consultation may be judged to be helpful
- Check that any visiting speaker is always suitably supervised especially if invited to speak by pupils and member of staff must always take responsibility for knowing beforehand the profile of the visitor and take responsibility for the visit.
- Reiterate in the IT Policy the particular danger of radicalisation and vulnerability to extremism posed by social media

We recognise that there is no single route to extremism nor is there a simple profile of those who become involved. Thus, attempts to derive a 'profile' can be misleading. It must not be assumed that particular characteristics and experiences will necessarily lead to individuals becoming radicalised, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability. Further information is contained in the statutory guidance for Channel Panel members and partners of local panels, Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism. <https://www.gov.uk/government/publications/channel-guidance>

#### **4 (g) HONOUR BASED VIOLENCE**

So-called Honour Based Violence (HBV) is a term used to describe violence committed within the context of the extended family which are motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim. Most victims of HBV are female, although males may also be at risk.

Women and girls may lose honour through expression of autonomy, particularly if this autonomy occurs within the area of sexuality. Men may be targeted either by the family of a woman who they are believed to have dishonoured in which case both parties may be at risk, or by their own family if they are believed to be homosexual.

Some common triggers for HBV include:

- Refusing an arranged marriage
- Having a relationship outside the approved group
- Loss of virginity
- Pregnancy
- Spending time without the supervision of a family member
- Reporting of domestic violence

#### **4 (h) DEALING WITH A DISCLOSURE**

**Emmaus School follows the procedure set out by the Wiltshire Safeguarding Children Board (WSCB) 'What to do' flowchart.**

**DO:**

- Take the child to a private and safe place
- Stay calm
- Reassure the child and stress that he/she is not to blame and they were right to tell you
- Listen to the child and tell them that you believe them

- Tell the child what you have to speak to someone who can help to keep them safe
- Do not interview the child, keep questions to a minimum and encourage the child to use his/her own words: questioning should only include TED questions:
  - Tell me
  - Explain
  - Describe
  - Or use the mirroring technique:  
i.e. *“My dad hit me last night”*; respond by *“Your dad hit you last night?”*

Record as soon as possible exactly what the child has said to you / what you have heard or what you saw, and any other relevant information by completing a WSCB ‘Welfare and Child Protection Concern Form (see Staff Handbook) and hand it in to the DSL. The records must be signed and dated. The DSL should include outcomes and any agreed action that is to be taken.

- **Immediately** inform your DSL / DDSL (and nobody else) so that any appropriate action can be taken to protect the pupil if necessary.
- In the case of FGM, teachers must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless there is a good reason not to, teachers should discuss such a case with the DSL and involve children’s social care as appropriate.

#### **DO NOT:**

- Investigate the issue yourself
- Ask the child to write down what they said or repeat it to another adult
- Record the conversation on any device
- Ask another adult to witness their disclosure –the child has chosen to tell you.

#### **4 (i) CONFIDENTIALITY**

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

All staff, both teaching and non-teaching, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children’s Services: Safeguarding and Specialist Services and the Police).

If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child’s age/stage of development that they cannot promise complete confidentiality – instead

they must explain that they may need to pass information to other professionals to help keep the child or other children safe.

Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

#### **4 (j) COMMUNICATION WITH PARENTS**

The school will:

- Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm
- Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children

#### **4 (k) RECORD KEEPING**

The school will:

- Keep clear written records of all child safeguarding and child protection concerns using the standard recording form, including actions taken and outcomes as appropriate.
- Ensure all child safeguarding and child protection records are kept securely in a locked location. The record must be signed and dated and kept in a file under the child name (not family files), away from all the other records. The DSL is responsible for ensuring that concerns and discussions are written up properly and acted on appropriately.
- All records need to be given to the DSL promptly. No copies should be retained by the member of staff or volunteer.
- The DSL will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

#### **4 (l) ALLEGATIONS INVOLVING PUPILS**

Allegations of abuse by one or more pupils against another pupil are taken very seriously.

Peer on peer abuse can manifest itself in many ways. It can be verbal and emotional, physical or sexual. It can be virtual or in person. It is most likely to include, but not limited to: bullying (including cyberbullying), gender based violence, sexual assaults, sexual harassment, sexting, initiation/hazing type violence and rituals. Peer on peer abuse should never be tolerated or passed off as 'banter'.

First and foremost the school will seek to prevent peer on peer abuse by teaching children how to stay safe as part of a broad and balanced curriculum. The ethos of the School is that all pupils respect each other and care for each other at all times.

If such an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher and the DSL. The Headteacher and DSL will on all such occasions consult with the Wiltshire Designated Officer For Allegations (DOFA) and the Chair of Governors within one working day.

The school will not normally send the alleged victim home pending an investigation unless this advice is given in consultation with the DOFA.

Suspension of a pupil against whom an allegation has been made needs careful consideration and the Headteacher will seek advice from the DOFA before deciding on the course of action to be taken.

## **5 (a) ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS**

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Headteacher. There are restrictions on the reporting or publishing of allegations against teachers and the School must make every effort maintain confidentiality and guard against unwanted publicity.

If the concerns are about the Headteacher, then the nominated governor for safeguarding should be notified. In the absence of the nominated governor, another governor should be contacted.

If the concerns are about the DSL(s), the Headteacher should be notified.

The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Headteacher or nominated governor for safeguarding will not investigate the allegation itself, or take written or detailed statements. If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the DOFA within one working day. If a crime may have been committed this should be reported to the police at the same time.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with local authority Safeguarding Children Procedures.

If a criminal offence has been committed, the police will be informed.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Headteacher should, as soon as possible, following briefing from the DOFA inform the subject of the allegation.

## **5 (b) MAKING A DISCLOSURE TO THE DISCLOSURE & BARRING SERVICE (DBS)**

There is a legal duty for schools to make a referral to the DBS where they have permanently removed a person from regulated activity through dismissal or permanent transfer (or would have done so if the person had not left, resigned, retired or been made redundant); and the person has carried out one of the following:

- Been cautioned or convicted of a relevant (automatic barring) offence
- Engaged in relevant conduct in relation to children that has harmed a child or put them at risk of harm
- Satisfied the Harm Test in relation to children (i.e. no action or inaction occurred but the present risk that it could was significant). To satisfy the harm test there needs to be credible evidence of risk of harm to children such as statements made by an individual regarding conduct/behaviour etc.

Such a referral is made using the DBS Referral Form which can be found at the following website: <https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

The School should consider making a referral to the Teaching Regulation Agency (TRA) where a teacher have been dismissed (or would have done so if the person had not left, resigned, retired or been made redundant), as a prohibition order may be appropriate. Further information can be found here: <https://www.gov.uk/government/collections/teacher-misconduct>

## **6. STAFF BEHAVIOUR IN SCHOOL**

### **Time Alone With Children**

Other than for individual tuition, time alone with children needs to be kept to a minimum and

handled with the utmost care. If it is necessary for a teacher to be alone with a child, other members of staff should know of the meeting. If a school activity extends beyond normal school hours, then two adults should be on the premises until all the children have been collected. When transporting pupils, teachers should, where at all possible, avoid being alone with a pupil in the car. Where this is unavoidable, the pupil should be in the back of the car.

### **Touch**

- Everything should be kept public. A hug in the context of a group is very different from a hug behind closed doors.
- Touch should be related to the child's needs and not the worker's.
- Touch should be age appropriate and generally initiated by the child rather than the adult.
- Any physical activity that is, or may be thought to be, sexually stimulating to the adult or child must be avoided.
- Children have the right to decide how much physical contact they have with another person, except in exceptional circumstances when they need medical attention or restraint for safety reasons.
- Staff members should monitor one another in the area of physical contact. They should be free to help each other by pointing out anything which could be misunderstood.

### **Communications**

Any form of communication with a child or young person which could be interpreted as sexually suggestive or provocative i.e. verbal comments, letters, notes, email, phone calls, texts, social media should be avoided.

### **Use of Cameras and Mobile Phones**

Photographs documenting the learning and activities of children, including those in the EYFS, are taken for valid reasons. These photographs will be taken on a school camera, which is stored in the school only. Photographs will not be taken by staff, volunteers or visitors on a personal camera or mobile phone. Parental permission will be sought before using pictures of children in any promotional material, including the school webs. All teachers, including those in the EYFS, should switch their phones off and put in a personal bag during contact time with pupils.

## **7. WHISTLE BLOWING**

See Staff Code of Conduct

## **8. SAFER RECRUITMENT**

See separate Safer Recruitment Policy

## **9. MANAGEMENT OF SAFEGUARDING**

### **9 (a) THE DESIGNATED SAFEGUARDING LEAD**

It is the role of the DSL for Child Protection to:

- Decide upon the appropriate level of response to specific concerns about a child, e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Wiltshire MASH or relevant Children's Services in cases of possible abuse and to the DOFA, within 24 hours, in cases of allegations against staff, trustees or volunteers. The DSL will act as a focal point for staff to discuss any concerns and will support staff who make referrals to the local authority children's social care.
- Refer cases to the Channel programme where there is a radicalisation concern as required. Supporting staff who make referrals to the Channel programme.
- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required.
- Ensure that s/he receives refresher training at two yearly intervals
- To keep his or her knowledge and skills up to date, including on-line safety
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals
- Ensure that temporary staff and volunteers are made aware of the School's arrangements for safeguarding children within 7 working days of their commencement of work
- Ensure that all staff and volunteers read Part 1 of KCSIE.
- Ensure that the school operates within the legislative framework and recommended guidance
- Develop effective working relationships with other agencies and services
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse

- Provide advice and support to other members of staff and volunteers on protecting children from the risk of radicalisation
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports to the relevant agencies, ensure the School's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the School effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- Ensuring the child's wishes and feelings are taken into account when determining what action to take and what services to provide to protect individual children through ensuring there are systems in place for children to express their views and give feedback.
- Discuss with new parents the role of the DSL and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the Safeguarding Policy.
- If early help is appropriate, the DSL will support staff in liaising with other agencies and setting up an inter-agency assessment as appropriate. The case should be kept under constant review and consideration given to a referral to Children's Social Care if the child's situation does not appear to be improving.

## **9 (b) THE GOVERNING BODY**

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

In particular the Governing Body must ensure:

- Child protection policy and procedures are established and implemented
- Safe recruitment procedures are established and implemented

- Appointment of a DSL who is a senior member of staff
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- The nominated governor for safeguarding is nominated to be responsible in the event of an allegation of abuse being made against the Headteacher
- Safeguarding policies and procedures are reviewed annually

## **10. STAFF TRAINING**

All staff must read at least Part One of KCSIE and staff must be updated each time KCSIE is updated by the DfE.

The DSL will receive updated child protection training at least every 2 years, which will include local inter-agency protocols and training in the LSCB's approach to *Prevent* duties. In addition to their formal training their knowledge and skills will be updated during each year via meeting other designated safeguarding leads and giving time to read and digest safeguarding developments.

All staff will be trained in child protection every 3 years, in line with advice from the LSCB and *Prevent* awareness training will be part of this. In addition to this all staff will receive an annual update/refresher training on safeguarding. In the normal course of events this will take place in September at the beginning of each academic year. Also all staff members will receive safeguarding and child protection updates via e mail and staff meetings as required to provide them with relevant skills and knowledge.

All new staff, including temporary staff and volunteers, must be provided with induction training that includes:

- The School's child protection policy
- The staff code of conduct
- Whistleblowing procedures
- The identity of the DSLs
- A copy of Part 1 of KCSIE

## **11. ARRANGEMENTS FOR REVIEWING SAFEGUARDING POLICIES AND PROCEDURES**

The safeguarding policy and the effectiveness of procedures will be reviewed by the Governing

Body annually. If there are any changes in legislation throughout the year, the safeguarding policy must be updated as soon as possible. The safeguarding governor and DSLs will meet 3 times per year to review policies and procedures and will report to the Governing Body at each full Governors' Meeting.

If there has been any substantiated allegation against a member of staff, the School must work with the DOFA to determine whether there are any improvements to be made to the School's procedures or practice to help prevent similar events in the future.

## **12. ARRANGEMENTS TO FULFIL OTHER SAFEGUARDING RESPONSIBILITIES**

### **12 (a) TEACHING CHILDREN HOW TO KEEP SAFE**

Pupils will be taught about how to stay safe, including internet safety and the safe use of electronic equipment.

Appropriate levels of filtering will be applied to protect children from accessing, amongst other things, extremist and terrorist material whilst using the internet.

### **12 (b) LOOKED AFTER CHILDREN**

In the event that there are children on roll who are looked after by the local authority, the governors will ensure that staff have the skills, knowledge and understanding necessary to keep such children safe.

Each looked after child will have a designated member of staff to take responsibility for their welfare and progress.

## **Appendix 1 - Indicators of Harm**

### **PHYSICAL ABUSE**

**Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.**

#### **Indicators in the child:**

##### **Bruising**

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

##### **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures

- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
- Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

### **Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

### **Poisoning**

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

### **Fabricated or Induced Illness**

- Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:
- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding/eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self-esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

### **Bite Marks**

- Bite marks can leave clear impressions of the teeth when seen shortly after the injury has

been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

- A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

### **Burns and Scalds**

- It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.
- The following points are also worth remembering:
- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out but and there will be splash marks
- Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out but and there will be splash marks

### **Scars**

- A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.
- Emotional/behavioural presentation
- Refusal to discuss injuries

- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

#### **Indicators in the parent**

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication

#### **EMOTIONAL ABUSE**

**Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.**

**It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate.**

**It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.**

**It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.**

**Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.**

### **Indicators in the child**

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate

physical illness in the child

- Wider parenting difficulties, may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

### **Indicators in the family/environment**

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

### **Female Genital Mutilation (FGM)**

- FGM is a form of physical abuse and is a criminal act. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.
- Victims of FGM are likely to come from a community that is known to practice it. The following may be warning signs that a girl is at risk of FGM:
- The position of the family and the level of integration within UK society.
- Any girl born to a woman who has been subjected to FGM or who has a sister already subjected to FGM is at risk.
- Any girl withdrawn from PSHE may be at a risk.
- Any girl taken out of the country for a prolonged period.
- There are a number of indicators that a girl has already been subjected to FGM:
- Difficulty walking or sitting. When standing she may even look uncomfortable.
- Making more frequent trips and spending longer than normal in the toilet due to difficulty urinating.
- Frequent urinary, menstrual or stomach problems.
- Prolonged or repeated absences from school.
- A prolonged absence with noticeable behaviour changes on the girl's return.
- Reluctance to undergo a medical examination.

- Asking for help but not being explicit about the problem due to embarrassment or fear.
- Talking about pain or discomfort between the legs.
- Low self-esteem
- Air of detachment – ‘don’t care’ attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

#### **Indicators in the parent**

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.

#### **Indicators of in the family/environment**

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

## **NEGLECT**

**Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.**

**Once a child is born, neglect may involve a parent or carer failing to:**

- **provide adequate food, clothing and shelter (including exclusion from home or abandonment);**
- **protect a child from physical and emotional harm or danger;**
- **ensure adequate supervision (including the use of inadequate care-givers); or**
- **ensure access to appropriate medical care or treatment.**
- **It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.**

### **Indicators in the child**

#### **Physical presentation:**

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent/untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies/diarrhoea
- Unmanaged/untreated health/medical conditions including poor dental health
- Frequent accidents or injuries

#### **Development**

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

### **Emotional/behavioural presentation**

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

### **Indicators in the parent**

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child, e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs, e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs, e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

### **Indicators in the family/environment**

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, selfharm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

### **SEXUAL ABUSE**

**Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.**

**The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.**

**They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).**

**Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.**

**Sexual abuse also includes Child Sexual Exploitation (CSE). Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 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. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.**

**Some people who are being sexually exploited do not exhibit any external signs of abuse.**

### **Indicators in the child**

#### **Physical presentation**

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

#### **Emotional/behavioural presentation**

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention/concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners

- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

#### **Indicators in the parents**

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

#### **Indicators in the family/environment**

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

## **Appendix 2 – Private Fostering**

### **Private fostering**

Under certain conditions, a child might be cared for, as part of a private arrangement, by someone who is not their parent or a 'close relative'. This constitutes private fostering when the following conditions are met:

- a child is under 16 years of age – 18 if they have a disability
- the arrangement is for 28 days or longer
- the child's new carer does not have parental responsibility for the child and is not a close relative.

Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

By law parents and carers must notify the local authority of private fostering arrangements to safeguard and protect the child's welfare as well as ensuring the child, carer and parent are receiving appropriate support and help.

As a school, if we do become aware that a child or young person is being privately fostered, we will inform the carer/parent of their legal duty to notify Wiltshire Children's Social Care; we will follow this up by contacting Children's Social Care directly.

**Appendix 3 – Training Record**

**Emmaus School  
Safeguarding Training  
Record**

Name:

Course Title:

Course Date:

Attendee Declaration:

I confirm that:

I attended this course;

I have read and understand the provisions of the most recent version of the Emmaus School Safeguarding Policy and how they apply to me in my role in the school;

I have read the most recent version of Part 1 of Keeping Children Safe in Education and;

I have raised any queries or concerns I have with the Designated Senior Person or their Deputy.

Name:

Signature:

Date:

Designated Senior Person  
Countersignature:

Name:

Signature:

Date:

### Appendix 3 – Relating to *Prevent*

Example indicators in concern about students vulnerable to radicalisation and extremism:

Example indicators that an individual is engaged with an extremist group, cause or ideology include:

- spending increasing time in the company of other suspected extremists;
- changing their style of dress or personal appearance to accord with the group;
- their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause;
- loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups);
- attempts to recruit others to the group/cause/ideology; or communications with others that suggest identification with a group/cause/ideology.

Example indicators that an individual has an intention to use violence or other illegal means include:

- clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills;
- using insulting or derogatory names or labels for another group;
- speaking about the imminence of harm from the other group and the importance of action now;
- expressing attitudes that justify offending on behalf of the group, cause or ideology;
- condoning or supporting violence or harm towards others; or plotting or conspiring with others.

Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include:

- having a history of violence; being criminally versatile and using criminal networks to support extremist goals;
- having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction);
- having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways.