

Child protection and safeguarding

The Conversation Stamford

the conversation...



Approved by: Gemma Holbird

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Where DSL is referred to in the document - it is in reference to the designated safeguarding lead on duty at that time, within the school or other institution within which we are working. “The Conversation Stamford” is trained to identify safeguarding and child-protection issues and report them on to these DSLs.

All references to the protection of children also apply to adults at risk when working in institutions with adult clients.

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1. Aims

“The Conversation Stamford” aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote children’s welfare
- All staff are aware of their statutory responsibilities with respect to safeguarding
- Staff are properly training in recognizing and reporting safeguarding issues

2. Legislation and statutory guidance

This policy is based on the Department for Education’s statutory guidance [Keeping Children Safe in Education \(2019\)](#) and [Working Together to Safeguard Children \(2018\)](#), and the [Governance Handbook](#). We comply with this guidance.

This policy is also based on the following legislation:

- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what ‘regulated activity’ is in relation to children
- [Statutory guidance on the Prevent duty](#), which explains schools’ duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism
- The [Childcare \(Disqualification\) and Childcare \(Early Years Provision Free of Charge\) \(Extended Entitlement\) \(Amendment\) Regulations 2018](#) (referred to in this policy as the “2018 Childcare Disqualification Regulations”) and [Childcare Act 2006](#), which set out who is disqualified from working with children

3. Definitions

Safeguarding and promoting the welfare of children means:

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

Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

Neglect is a form of abuse and is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Appendix 1 defines neglect in more detail.

Sexting (also known as youth produced sexual imagery) is the sharing of sexual imagery (photos or videos) by children

Children includes everyone under the age of 18.

The following 3 **safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- The local authority (LA)
- A clinical commissioning group for an area within the LA
- The chief officer of police for a police area in the LA area

4. Equality statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs (SEN) or disabilities (see section 9)
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after

5. Roles and responsibilities

Safeguarding and child protection is **everyone's** responsibility. **This policy applies to all staff in our organisation. However should any cause for concern or safeguarding issues arise, they will be immediately passed on to the Designated Safeguarding Leads of the schools we work within. Our policy and procedures also apply to off-site activities.**

5.1 All staff

All staff will read and understand part 1 and Annex A of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education](#), and review this guidance at least annually.

All staff will be aware of:

- Our systems which support safeguarding, including this child protection and safeguarding policy, the staff code of conduct, the role and identity of the designated safeguarding lead (DSL) in the institution they are working within.
- The early help process (sometimes known as the common assessment framework) and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with the DSL and relevant professionals
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), indicators of being at risk from or involved with serious violent crime, FGM and radicalisation

5.2 The designated safeguarding lead (DSL)

The organisation must be aware of the DSL on duty that day when teaching in a school - any concerns must be immediately reported to this individual.

6. Confidentiality

All concerns should only be shared with the DSL and if appropriate the class teacher the organisation is working with. You should note that:

- Timely information sharing is essential to effective safeguarding
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children
- The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe
- If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if it is not possible to gain

consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk

- Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests
- The government's [information sharing advice for safeguarding practitioners](#) includes 7 'golden rules' for sharing information, and will support staff who have to make decisions about sharing information
- If staff are in any doubt about sharing information, they should speak to the designated safeguarding lead (or deputy)

7. Recognising abuse and taking action

Staff and volunteers must follow the procedures set out below in the event of a safeguarding issue.

Please note – in this and subsequent sections, you should take any references to the DSL to mean “the DSL (or deputy DSL)”.

7.1 If a child is suffering or likely to suffer harm, or in immediate danger

Make a referral to children's social care and/or the police **immediately** if you believe a child is suffering or likely to suffer from harm, or in immediate danger. **Anyone can make a referral.**

The organisation should as first response tell the DSL (see section 5.2) as soon as possible, who should then make the referral.

You might also include the following link to the GOV.UK webpage for reporting child abuse to your local council:

<https://www.gov.uk/report-child-abuse-to-local-council>

7.2 If a child makes a disclosure to you

If a child discloses a safeguarding issue to you, you should:

- Listen to and believe them. Allow them time to talk freely and do not ask leading questions
- Stay calm and do not show that you are shocked or upset
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own judgement on it

- Sign and date the write-up and pass it on to the DSL. Alternatively, if appropriate, make a referral to children’s social care and/or the police directly (see 7.1), and tell the DSL as soon as possible that you have done so

7.3 If you discover that FGM has taken place or a pupil is at risk of FGM

The Department for Education’s Keeping Children Safe in Education explains that FGM comprises “all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs”.

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as ‘female genital cutting’, ‘circumcision’ or ‘initiation’.

Possible indicators that a pupil has already been subjected to FGM, and factors that suggest a pupil may be at risk, are set out in appendix 4.

Any teacher who discovers (either through disclosure by the victim or visual evidence) that an act of FGM appears to have been carried out on a **pupil under 18** must immediately report this to the police, personally. This is a statutory duty, and teachers will face disciplinary sanctions for failing to meet it.

Unless they have good reason not to, they should also discuss the case with the DSL and involve children’s social care as appropriate.

Any other member of staff who discovers that an act of FGM appears to have been carried out on a **pupil under 18** must speak to the DSL and follow our local safeguarding procedures.

The duty for teachers mentioned above does not apply in cases where a pupil is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils.

Any member of staff who suspects a pupil is *at risk* of FGM or suspects that FGM has been carried out must speak to the DSL.

7.4 If you have concerns about a child (as opposed to believing a child is suffering or likely to suffer from harm, or is in immediate danger)

Figure 1 on page 10 illustrates the procedure to follow if you have any concerns about a child’s welfare.

Where possible, speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or take advice from local authority children’s social care. You can also seek advice at any time from the NSPCC helpline on 0808 800 5000.

Make a referral to local authority children’s social care directly, if appropriate (see ‘Referral’ below). Share any action taken with the DSL as soon as possible.

Referral

If it is appropriate to refer the case to local authority children’s social care or the police, the DSL will make the referral or support you to do so.

If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible.

The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

7.5 If you have concerns about extremism

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above).

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include [Channel](#), the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team.

The Department for Education also has a dedicated telephone helpline, 020 7340 7264, which school staff and governors can call to raise concerns about extremism with respect to a pupil. You can also email counter.extremism@education.gov.uk. Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group
- See or hear something that may be terrorist-related

7.6 Concerns about a staff member or volunteer

If you have concerns about a member of staff or volunteer, or an allegation is made about a member of staff or volunteer posing a risk of harm to children, staff should speak to a CEO. If the concerns/allegations are about a CEO, you should speak to another member of the management/CEO.

7.7 Allegations of abuse made against other pupils

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up".

We also recognise the gendered nature of peer-on-peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators). However, all peer-on-peer abuse is unacceptable and will be taken seriously.

Most cases of pupils hurting other pupils will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could put pupils in the school at risk
- Is violent
- Involves pupils being forced to use drugs or alcohol
- Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, upskirting or sexually inappropriate pictures or videos (including sexting)

If a pupil makes an allegation of abuse against another pupil:

- You must record the allegation and tell the DSL, but do not investigate it

We will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualised language or behaviour, including requesting or sending sexual images
- Being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female pupils, and initiation or hazing type violence with respect to boys
- Ensuring our curriculum helps to educate pupils about appropriate behaviour and consent
- Ensuring pupils know they can talk to staff confidentially
- Ensuring staff are trained to understand that a pupil harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy

7.8 Sexting

Your responsibilities when responding to an incident

If you are made aware of an incident involving sexting (also known as 'youth produced sexual imagery'), you must report it to the DSL immediately.

You must **not**:

- View, download or share the imagery yourself, or ask a pupil to share or download it. If you have already viewed the imagery by accident, you must report this to the DSL
- Delete the imagery or ask the pupil to delete it

- Ask the pupil(s) who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility)
- Share information about the incident with other members of staff, the pupil(s) it involves or their, or other, parents and/or carers
- Say or do anything to blame or shame any young people involved

You should explain that you need to report the incident, and reassure the pupil(s) that they will receive support and help from the DSL.

Curriculum coverage

Pupils are taught about the issues surrounding sexting as part of our PSHE education. Teaching covers the following in relation to sexting:

- What it is
- How it is most likely to be encountered
- The consequences of requesting, forwarding or providing such images, including when it is and is not abusive
- Issues of legality
- The risk of damage to people's feelings and reputation

Pupils also learn the strategies and skills needed to manage:

- Specific requests or pressure to provide (or forward) such images
- The receipt of such images

8. Notifying parents

Where appropriate, the DSL of the institution we are working within, will normally do this in the event of a suspicion or disclosure.

9. Pupils with special educational needs and disabilities

We recognise that pupils with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Pupils being more prone to peer group isolation than other pupils
- The potential for pupils with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers

10. Mobile phones and cameras

Staff are allowed to bring their personal phones to school for their own use, but will limit such use to non-contact time when pupils are not present. Staff members' personal phones will remain in their bags or cupboards during contact time with pupils.

Staff will not take pictures or recordings of pupils on their personal phones or cameras, and only on the work phone with permission from the schools and parents/carers where appropriate.

We will follow the General Data Protection Regulation and Data Protection Act 2018 when taking and storing photos and recordings for promotional use.

11. Training

11.1 All staff

All staff members will undertake safeguarding and child protection training every two years to ensure they can identify signs of possible abuse or neglect.

Volunteers will receive appropriate training, if applicable.

11.2 Staff who have contact with pupils and families

All staff who have contact with children will have supervisions which will provide them with support, coaching and training, promote the interests of children and allow for confidential discussions of sensitive issues.

14. Monitoring arrangements

This policy will be reviewed **annually** by Gemma Holbird (CEO). At every review, it will be approved by both CEOs.

These appendices are based on the Department for Education’s statutory guidance, Keeping Children Safe in Education.

Appendix 1: types of abuse

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

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.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse may involve:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate
- Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another

- Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

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
- 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.

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)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix 2: safer recruitment and DBS checks - policy and procedures

New staff

When appointing new staff, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity (see definition below). We will not keep a copy of this for longer than 6 months

- Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- Verify their professional qualifications, as appropriate

We will ask for written information about previous employment history and check that information is not contradictory or incomplete.

We will seek references on all short-listed candidates, including internal candidates, before interview. We will scrutinise these and resolve any concerns before confirming appointments. The references requested will ask specific questions about the suitability of the applicant to work with children.

Regulated activity means a person who will be:

- Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children

Existing staff

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual was a new member of staff. We will also do this if an individual moves from a post that is not regulated activity to one that is.

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:

- We believe the individual has engaged in [relevant conduct](#); or
- The individual has received a caution or conviction for a relevant offence, or there is reason to believe the individual has committed a listed relevant offence, under the [Safeguarding Vulnerable Groups Act 2006 \(Prescribed Criteria and Miscellaneous Provisions\) Regulations 2009](#); or
- The 'harm test' is satisfied in respect of the individual (i.e. they may harm a child or vulnerable adult or put them at risk of harm); and
- The individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

Volunteers

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- Obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity

- Carry out a risk assessment when deciding whether to seek an enhanced DBS check without barred list information for any volunteers not engaging in regulated activity. We will retain a record of this risk assessment

Child sexual exploitation

Child sexual exploitation (CSE) is a form of child sexual abuse that occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator.

This can involve violent, humiliating and degrading sexual assaults, but does not always involve physical contact and can happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam.

Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Indicators of sexual exploitation can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying inappropriate sexualised behaviour
- Suffering from changes in emotional wellbeing
- Misusing drugs and/or alcohol
- Going missing for periods of time, or regularly coming home late
- Regularly missing school or education, or not taking part in education

So-called 'honour-based' violence (including FGM and forced marriage)

So-called 'honour-based' violence (HBV) encompasses incidents or crimes committed to protect or defend the honour of the family and/or community, including FGM, forced marriage, and practices such as breast ironing.

Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators.

All forms of HBV are abuse and will be handled and escalated as such. All staff will be alert to the possibility of a child being at risk of HBV or already having suffered it. If staff have a concern, they will speak to the DSL, who will activate local safeguarding procedures.

FGM

Indicators that FGM has already occurred include:

- A pupil confiding in a professional that FGM has taken place
- A mother/family member disclosing that FGM has been carried out
- A family/pupil already being known to social services in relation to other safeguarding issues
- A girl:
 - Having difficulty walking, sitting or standing, or looking uncomfortable
 - Finding it hard to sit still for long periods of time (where this was not a problem previously)
 - Spending longer than normal in the bathroom or toilet due to difficulties urinating
 - Having frequent urinary, menstrual or stomach problems
 - Avoiding physical exercise or missing PE
 - Being repeatedly absent from school, or absent for a prolonged period
 - Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
 - Being reluctant to undergo any medical examinations
 - Asking for help, but not being explicit about the problem
 - Talking about pain or discomfort between her legs

Potential signs that a pupil may be at risk of FGM include:

- The girl's family having a history of practising FGM (this is the biggest risk factor to consider)
- FGM being known to be practised in the girl's community or country of origin
- A parent or family member expressing concern that FGM may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues
- A girl:
 - Having a mother, older sibling or cousin who has undergone FGM
 - Having limited level of integration within UK society

- Confiding to a professional that she is to have a “special procedure” or to attend a special occasion to “become a woman”
- Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents stating that they or a relative will take the girl out of the country for a prolonged period
- Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
- Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
- Being unexpectedly absent from school
- Having sections missing from her ‘red book’ (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

Forced marriage

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the ‘one chance’ rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them.

If a member of staff suspects that a pupil is being forced into marriage, they will report this to the DSL.

The DSL will:

- Speak to the pupil about the concerns in a secure and private place
- Activate the local safeguarding procedures and refer the case to the local authority’s designated officer
- Seek advice from the Forced Marriage Unit on 020 7008 0151 or fmu@fco.gov.uk
- Refer the pupil to an education welfare officer, pastoral tutor, learning mentor, or school counsellor, as appropriate

Preventing radicalisation

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, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. If a member of staff suspects any of this they will refer them to the DSL at the school they are working in.

The government website [Educate Against Hate](#) and charity [NSPCC](#) say that signs that a pupil is being radicalised can include:

- Refusal to engage with, or becoming abusive to, peers who are different from themselves
- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities they used to enjoy
- Converting to a new religion
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter
- Possessing extremist literature
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations

Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

Checking Staff's identity and suitability as visitors

As visitors in schools, all staff will be required to verify their identity to the satisfaction of staff and to leave their belongings, including their mobile phone(s), in a safe place during their visit.

Staff should be ready to produce identification.

Staff are expected to sign the visitors' book and wear a visitor's badge.

Staff should be willing to

- show their DBS certificate, which will be checked alongside their photo ID; or

- The Conversation as an organisation will provide prior written confirmation that an enhanced DBS check with barred list information has been carried out