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## CHILD PROTECTION AND SAFEGUARDING POLICY

### Policy Statement

This policy sets out expectations of child protection and safeguarding. This policy, combined with the associated procedures, provides guidance to all staff who may come across concerns of this nature within the context of their work for HSA.

### Principles

HSA seeks to ensure that apprentices learn in a supportive, caring and safe environment. Heritage Skills Academy aims to ensure that outcomes for apprentices are improved by the receipt of better care, services and education. Improved outcomes can only be achieved if apprentices are safe from harm. Therefore, safeguarding the apprentices and trainees in our care is part of our core business.

### Important contacts

ROLE/ORGANISATION	NAME	CONTACT DETAILS
<b>Designated safeguarding lead (DSL)</b>	Owain Johns	07587 586580
Deputy DSL	Janice Pitchforth	07973 844025
Local authority designated officer (LADO)	Oxfordshire Surrey	<a href="mailto:lado.safeguardingchildren@oxfordshire.gov.uk">lado.safeguardingchildren@oxfordshire.gov.uk</a> 01865 810603 0300 123 1650* or <a href="mailto:LADO@surreycc.gov.uk">LADO@surreycc.gov.uk</a> .
Channel helpline		020 7340 7264

### Aims

- Appropriate action is taken in a timely manner to safeguard and promote apprentice's welfare
- All staff are aware of their statutory responsibilities with respect to safeguarding
- Staff are properly trained in recognising and reporting safeguarding issues

### Legislation and statutory guidance

This policy is based on the Department for Education's statutory guidance, [Keeping Children Safe in Education](#) and [Working Together to Safeguard Children](#). We comply with this guidance and the procedures set out by our local safeguarding children board.

This policy is also based on the following legislation:

- Part 3 of the schedule to the [Education \(Independent School Standards\) Regulations 2014](#), which places a

- duty on academies and independent schools to safeguard and promote the welfare of apprentices at HSA
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what ‘regulated activity’ is in relation to children
- Statutory [guidance on the Prevent duty](#), which explains schools’ duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism

This policy also complies with our funding agreement and articles of association.

Individual HSA procedures are in line with to locally agreed inter-agency procedures that have been put in place by local safeguarding children boards.

## 1. Contents

Policy Statement.....	1
Principles.....	1
Important contacts.....	1
Aims.....	1
Legislation and statutory guidance.....	1
<b>2. Purpose of this document .....</b>	<b>4</b>
<b>3. Definitions .....</b>	<b>4</b>
Safeguarding and promoting the welfare of children means: .....	4
<b>4. Equality statement .....</b>	<b>4</b>
<b>5. Roles and responsibilities .....</b>	<b>5</b>
The designated safeguarding lead (DSL).....	5
The Leadership group .....	5
The Managing Director .....	6
<b>6. Confidentiality .....</b>	<b>6</b>
Recognising abuse and taking action .....	6
Figure 1: procedure if you have concerns about a child’s welfare (no immediate danger) .....	9
Notifying parents .....	10
<b>7. Apprentices with special educational needs and disabilities .....</b>	<b>10</b>
<b>8. Apprentices with a social worker .....</b>	<b>11</b>
<b>9. Looked-after and previously looked-after apprentices.....</b>	<b>11</b>
<b>10. Mobile phones and cameras .....</b>	<b>11</b>
<b>11. IT.....</b>	<b>11</b>
IT use is monitored by HSA staff during onsite learning weeks. ....	11
<b>12. Complaints and concerns about HSA safeguarding practices.....</b>	<b>11</b>
<b>13. Training and Promotion .....</b>	<b>12</b>
Monitoring arrangements.....	13

Links with other policies .....	13
These appendices are based on the Department for Education's statutory guidance, Keeping Children Safe in Education. ....	14
<b>14. Appendix 1: types of abuse .....</b>	<b>14</b>
<b>15. Appendix 2: safer recruitment and DBS checks – policy and procedures .....</b>	<b>15</b>
Appointing new staff .....	15
Existing staff.....	15
Agency and third-party staff .....	16
Contractors .....	16
Volunteers .....	16
Governors (where applicable ) .....	16
Adults who supervise apprentices on work experience .....	16
Apprentices staying with host families. ....	17
<b>16. Appendix 3: allegations of abuse made against staff.....</b>	<b>17</b>
Suspension.....	17
Definitions for outcomes of allegation investigations .....	17
Procedure for dealing with allegations .....	17
Timescales .....	18
Specific actions .....	19
Action following a criminal investigation or prosecution.....	19
Conclusion of a case where the allegation is substantiated .....	19
Individuals returning to work after suspension.....	19
Unsubstantiated or malicious allegations .....	19
Confidentiality .....	19
Record-keeping.....	19
References .....	20
Learning lessons.....	20
<b>17. Appendix 4: specific safeguarding issues .....</b>	<b>21</b>
Child sexual exploitation.....	21
Domestic abuse .....	21
Homelessness .....	22
Where a child has been harmed or is at risk of harm, the DSL will also make a referral to children's social care.....	22
FGM .....	22
Forced marriage.....	23
PREVENT - Preventing radicalisation.....	23
Checking the identity and suitability of visitors .....	24
Missing apprentices.....	24

## 2. Purpose of this document

The purpose of this document is to outline HSA's policy on responding to concerns regarding the safeguarding and protection of children and young people aged under 18 years. This policy, combined with the associated procedures, provides guidance to all staff who may come across concerns of this nature within the context of their work for Heritage Skills Academy. This includes:

- all members of HSA's workforce, Tutors, Assessors, and office-based staff
- HSA contract staff, sub-contractors, partners, and stakeholders
- individuals, consultants, and agencies contracted by Heritage Skills Academy

Heritage Skills Academy offer work-based training and teaching and learning for young people and adults. HSA has a policy and procedure for responding to concerns regarding the protection of vulnerable adults when these are identified. While the legislative and policy base is different when responding to the safeguarding needs of vulnerable adults, most of the principles and procedures for staff are the same.

## 3. Definitions

### **Safeguarding and promoting the welfare of children means:**

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

**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 mental or physical 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.

## 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 (see section 11)

## 5. Roles and responsibilities

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff and volunteers and is consistent with the procedures of our local safeguarding board. Our policy and procedures also apply to extended HSA and off-site activities.

### 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 complete Safeguarding and Child Protection training annually and attend any update training as required.

### All staff will be aware of:

- Our systems which support safeguarding, including the staff code of conduct, the role of the designated safeguarding lead (DSL), the professional expectations of apprentices in employment.
- The early help process sometimes known as the common assessment framework or early help assessment 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
- The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- 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 relevant professionals
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), FGM and radicalisation

Section 13 and appendix 4 of this policy outline in more detail how staff are supported to do this.

### The designated safeguarding lead (DSL)

HSA procedures name the DSL with job title and provide contact details. The DSL takes lead responsibility for child protection and wider safeguarding. We will also name a deputy DSL.

The DSL will be available during work hours for staff to discuss any safeguarding concerns.

When the DSL is absent, the deputy DSL will act as cover.

The DSL will be given the time, funding, training, resources and support to:

- Provide advice and support to other staff on child welfare and child protection matters
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- Contribute to the assessment of children
- Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly

The DSL will also keep the Managing Director informed of any issues and liaise with local authority case managers and designated officers for child protection concerns as appropriate.

The full responsibilities of the DSL are set out in their job description.

### The Leadership group

The leadership group will approve this policy at each review, and hold the Managing Director to account for its implementation.

**The leadership group will monitor the effectiveness of this policy. This is always a different person**

from the DSL.

## The Managing Director

The Managing Director is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff) and volunteers are informed of this policy as part of their induction
- Communicating this policy to parents, employers and apprentices when they/their child joins HSA and via the HSA website
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate (see appendix 3)

## 6. Confidentiality

HSA respects confidentiality and data protection with respect to safeguarding noting that:

- Timely information sharing is essential to effective safeguarding
- Information must only be shared on a 'need-to-know' basis, but you do not need consent to share information if a child is suffering, or at risk of, serious harm
- Staff should never promise a child that they will not tell anyone about an allegation, as this may not be in the child's best interests
- Confidentiality is also addressed in this policy with respect to record-keeping in section 11, and allegations of abuse against staff in appendix 3

## Recognising abuse and taking action

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

### If a child is in immediate danger

Make a referral to children's social care and/or the police **immediately** if a child is in immediate danger or at risk of harm. **Anyone can make a referral.**

Tell the DSL (see section 5.2) as soon as possible if you make a referral directly.

HSA has procedures in place for making referrals as agreed with their local safeguarding board. The following link to the GOV.UK webpage may also be used for reporting child abuse to local councils:

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

### If an apprentice makes a disclosure to you

If an apprentice 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

### **If you discover that FGM has taken place or an apprentice 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 an apprentice has already been subjected to FGM, and factors that suggest an apprentice may be at risk, are set out in appendix 4.

**Any staff member** who discovers that an act of FGM appears to have been carried out on an apprentice **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.

The duty above does not apply in cases where an apprentice is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine apprentices.

**Any other member of staff** who discovers that an act of FGM appears to have been carried out on an apprentice **under 18** must speak to the DSL and follow our local safeguarding procedures unless they've been specifically told not to disclose.

**Any member of staff** who suspects an apprentice is *at risk* of FGM or discovers that an apprentice **aged 18 or over** appears to have been a victim of FGM, must speak to the DSL and follow their local safeguarding procedures.

### **If you have concerns about a child (as opposed to a child being in immediate danger)**

Figure 1 illustrates the procedure to follow if you have concerns about a child's welfare and the child is not in immediate danger.

Where possible, speak to the DSL first to agree a course of action. Alternatively, make a referral to local authority children's social care directly (see 'Referral' below).

Staff should share details of any actions they've taken with the DSL as soon as possible if they have concerns about a child

You can also contact the charity NSPCC on 0808 800 5000 if you need advice on the appropriate action.

### **Early help**

If early help is appropriate, the DSL will support you in liaising with other agencies and setting up an inter-agency assessment as appropriate.

The DSL will keep the case under constant review and HSA will consider a referral to local authority children's social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.

### **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.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must contact the local authority and make sure the case is reconsidered to ensure the concerns have

been addressed and the child's situation improves.

### **If you have concerns about extremism**

If a child is not at immediate risk of harm, where possible, speak to the DSL first to agree a course of action. Alternatively, 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, 0207 340 7264, that staff and governors can call to raise concerns about extremism with respect to an apprentice. You can also email [counter.extremism@education.gov.uk](mailto:counter.extremism@education.gov.uk). Note that this is not for use in emergency situations. Staff should inform the DSL as soon as possible if they make a referral to local authority children's social care about any extremism concerns

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

### **If you have a mental health concern**

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

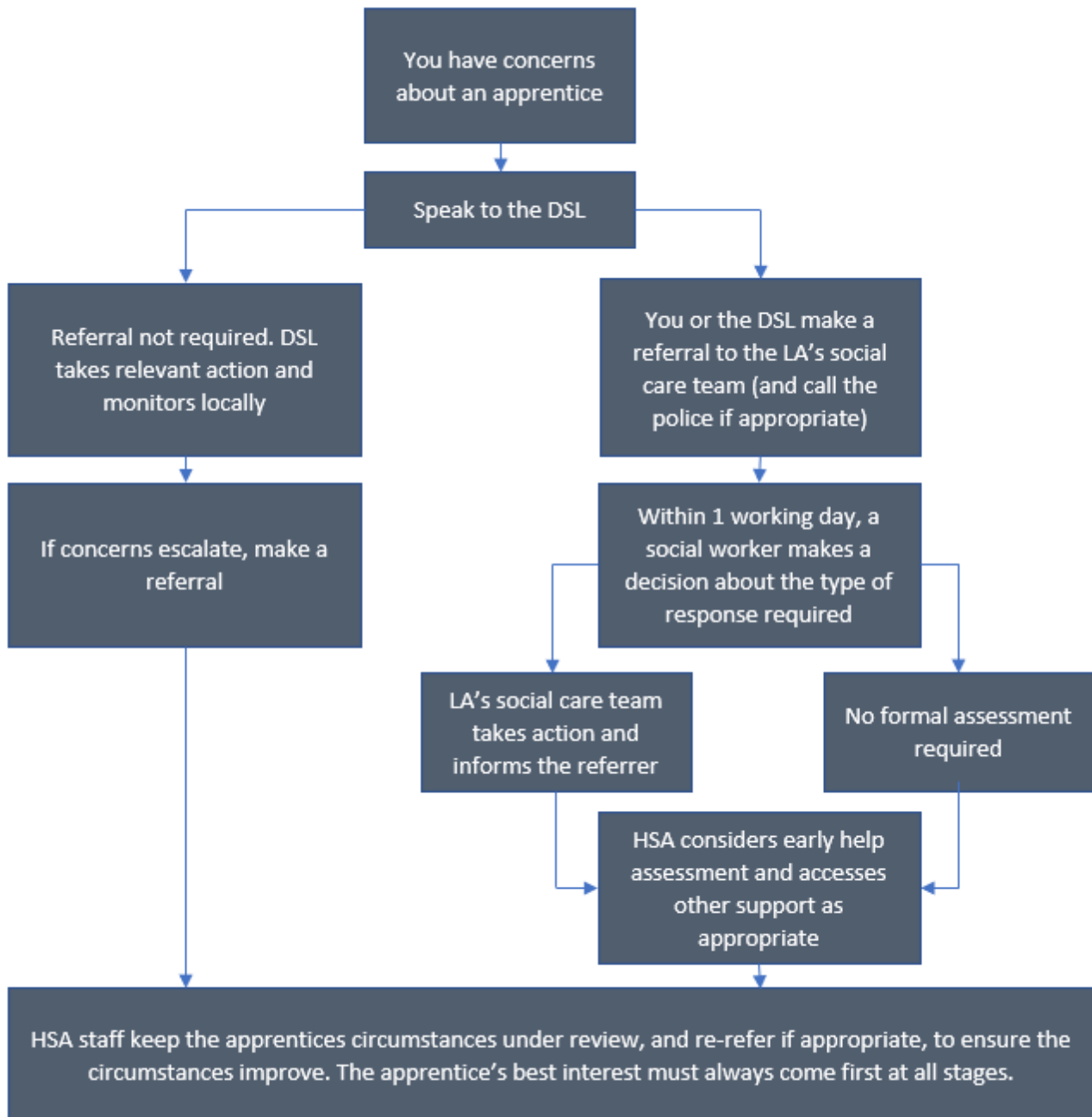
Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one.

If you have a mental health concern about a child that is also a safeguarding concern, take immediate action by following the steps in section 7.4.

If you have a mental health concern that is **not** also a safeguarding concern, speak to the DSL to agree a course of action.



Figure 1: procedure if you have concerns about a child’s welfare (no immediate danger)



### **Concerns about a staff member or volunteer**

If you have concerns about a member of staff (including a tutor or volunteer), or an allegation is made about a member of staff (including a tutor or volunteer) posing a risk of harm to children, speak to the Managing Director. If the concerns/allegations are about the headteacher, speak to the chair of governors. The managing director will then follow the procedures set out in appendix 3, if appropriate.

### **Allegations of abuse made against other apprentices.**

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as “banter” or “part of growing up”.

Most cases of apprentices hurting other apprentices will be dealt with under our 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 apprentices at risk
- Is violent
- Involves apprentices being forced to use drugs or alcohol
- Involves sexual exploitation or sexual abuse, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting)

If an apprentice makes an allegation of abuse against another apprentice:

- You must tell the DSL and record the allegation, but do not investigate it
- The DSL will contact the local authority children’s social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- The DSL will put a risk assessment and support plan into place for all children involved – both the victim(s) and the child(ren) against whom the allegation has been made – with a named person they can talk to if needed
- The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate  
We will minimise the risk of peer-on-peer abuse by:
- Challenging any form of derogatory or sexualised language or behaviour
- Being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards apprentices, and initiation or hazing type violence
- Ensuring our curriculum helps to educate apprentices about appropriate behaviour and consent
- Ensuring apprentices know they can talk to staff confidentially
- Ensuring staff are trained to understand that an apprentice 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

### **Notifying parents**

Where appropriate, we will discuss any concerns about a child with the child’s parents. The DSL will normally do this in the event of a suspicion or disclosure.

Other staff will only talk to parents about any such concerns following consultation with the DSL.

If we believe that notifying the parents would increase the risk to the child, we will discuss this with the local authority children’s social care team before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

### **7. Apprentices with special educational needs and disabilities**

We recognise that apprentices 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

- Apprentices being more prone to peer group isolation than other apprentices
- The potential for apprentices 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
- We offer extra pastoral support for apprentices with SEN and disabilities.

### **8. Apprentices with a social worker**

Apprentices may need a social worker due to safeguarding or welfare needs. We recognise that a child's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health.

The DSL and all members of staff will work with and support social workers to help protect vulnerable children. Where we are aware that an apprentice has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the apprentice's safety, welfare and educational outcomes. For example, it will inform decisions about:

- Responding to unauthorised absence or missing education where there are known safeguarding risks
- The provision of pastoral and/or academic support

### **9. Looked-after and previously looked-after apprentices**

We will ensure that staff have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe. In particular, we will ensure that:

- Appropriate staff have relevant information about children's looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements
- The DSL has details of children's social workers and relevant professionals
- We have appointed a designated staff member, who is responsible for promoting the educational achievement of looked-after children and previously looked-after children in line with statutory guidance.
- The designated person is appropriately trained and has the relevant qualifications and experience to perform the role.

As part of their role, the designated person will:

- Work closely with the DSL to ensure that any safeguarding concerns regarding looked-after and previously looked-after children are quickly and effectively responded to
- Work with others to promote the educational achievement of looked-after and previously looked-after children, including discussing how apprentice premium plus funding can be best used to support looked-after children and meet the needs identified in their personal education plans

### **10. Mobile phones and cameras**

Staff are allowed to bring their personal phones to the academy for their own use but will aim to minimise use when apprentices are present. Staff will not take pictures or recordings of apprentices on their personal phones or cameras in any way that contravenes HSA policy on image sharing.

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

### **11. IT**

IT use is monitored by HSA staff during onsite learning weeks.

### **12. Complaints and concerns about HSA safeguarding practices**

#### **Complaints against staff**

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see appendix 3).

#### **Other complaints**

All other complaints regarding safeguarding should be directed to the DSL.

#### **Whistleblowing**

Whistleblowing concerns should be directed according to whistleblowing policy.

### **Record-keeping**

We will hold records in line with our records retention schedule.

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL.

Non-confidential records will be easily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they have left HSA.

Specific variations in record keeping and information sharing are detailed in our procedures. In addition:

1. Appendix 2 sets out our policy on record-keeping specifically with respect to recruitment and pre-employment checks.
2. Appendix 4 sets out our policy on record-keeping with respect to allegations of abuse made against staff.

## **13. Training and Promotion**

### **All staff**

All staff members will undertake safeguarding and child protection training at induction, including on whistleblowing procedures, to ensure they understand HSA's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. This training will be regularly updated and will be in line with advice from our local safeguarding children board.

All staff will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify apprentices at risk of being drawn into terrorism and to challenge extremist ideas.

Staff will also receive regular safeguarding and child protection updates (for example, through emails, e-bulletins and staff meetings) as required, but at least annually. In addition to this, Child Protection, Safeguarding and Prevent will be promoted with signage on site and covered in reviews with staff and apprentices to ensure everyone is aware of the processes and how to seek help and support. This policy will also be available on our website.

Volunteers will receive appropriate training, if applicable.

### **Apprentices and Employers**

All apprentices and employers commit to the child protection, safeguarding and prevent commitments as part of the commitment statement in their onboarding process. Information updates and information are sign posted during visits and through our website.

All employers and apprentices receive a reminder of who to contact, and how to contact them, in the block release joining instructions.

### **The DSL, and Deputy DSL**

The DSL, deputy DSL and cover DSL will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

They will also undertake Prevent awareness training.

### **Recruitment – interview/appointment panels**

At least one person on any interview/appointment panel for a post at HSA will have undertaken safer recruitment training. This will cover, as a minimum, the contents of the Department for Education's statutory guidance, Keeping Children Safe in Education, and be in line with local safeguarding procedures.

### **Staff who have contact with apprentices and families**

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

### **Monitoring arrangements**

This policy will be reviewed **annually** by the DSL of HSA. At every review, it will be approved by the full Board of Directors.

### **Links with other policies**

This policy links to the other HSA policies and procedures including but not limited to:

- Behaviour
- Staff Code of Conduct
- Complaints
- Health and safety
- Attendance
- Online safety
- Equality and Diversity
- Medical personal care
- First aid
- Privacy notices

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

#### 14. 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 caregivers)
- Ensure access to appropriate medical care or treatment

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

## 15. Appendix 2: safer recruitment and DBS checks – policy and procedures

We will record all information on the checks carried out in HSA's single central record (SCR). Copies of these checks, where appropriate, will be held in individuals' personnel files. We follow requirements and best practice in retaining copies of these checks, as set out below.

### Appointing 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 mental and physical fitness to carry out their work responsibilities
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications and experience, as appropriate
- Ensure they are not subject to a prohibition order if they are employed to be a tutor
- Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK, including (where relevant) any teacher sanctions or restrictions imposed by a European Economic Area professional regulating authority, and criminal records checks or their equivalent
- Check that candidates taking up a management position are not subject to a prohibition from management (section 128) direction made by the secretary of state
- Ask for written information about previous employment history and check that information is not contradictory or incomplete.

We will seek a minimum of one professional reference on successful applicants, ideally before interview. We will scrutinise this and resolve any concerns before confirming appointments. It is good practice where appropriate to seek an additional reference, this could be professional or character, if this is not available the interviewer can explore their employment history with additional questions at interview or carry out an additional interview upon appointment.

**Regulated activity** means a person who will be:

- Responsible, on a regular basis in a school or college, for teaching, training, instructing, caring for or supervising children
- Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children
- Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

### 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 the 'harm test' is satisfied in respect of the individual (i.e. that no action or inaction occurred but the present risk that it could was significant)
- Where the individual has received a caution or conviction for a relevant offence
- If there is reason to believe that the individual has committed a listed relevant offence, under the [Safeguarding Vulnerable Groups Act 2006 \(Prescribed Criteria and Miscellaneous Provisions\) Regulations 2009](#)
- If the individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

### **Agency and third-party staff**

We will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. We will also check that the person presenting themselves for work is the same person on whom the checks have been made.

### **Contractors**

We will ensure that any contractor, or any employee of the contractor, who is to work at HSA has had the appropriate level of DBS check. This will be:

- An enhanced DBS check with barred list information for contractors engaging in regulated activity
- An enhanced DBS check, not including barred list information, for all other contractors who are not in regulated activity but whose work provides them with an opportunity for regular contact with children

We will obtain the DBS check for self-employed contractors.

We will not keep copies of such checks for longer than 6 months.

Contractors who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances.

We will check the identity of all contractors and their staff on arrival at HSA.

### **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
- Obtain an enhanced DBS check without barred list information for all volunteers who are not in regulated activity, but who have an opportunity to come into contact with children on a regular basis, for example, supervised volunteers
- Carry out a risk assessment when deciding whether to seek an enhanced DBS check for any volunteers not engaging in regulated activity

### **Governors (where applicable )**

All trustees and governors will have an enhanced DBS check without barred list information and section 128 check

They will have an enhanced DBS check with barred list information if working in regulated activity. The chair of the board of trustees will have their DBS check countersigned by the secretary of state.

All trustees, proprietors and local governors will also have the following checks:

Right to work in the UK

Other checks deemed necessary if they have lived or worked outside the UK

### **Adults who supervise apprentices on work experience**

When organising work experience, we will ensure that policies and procedures are in place to protect children from harm.

We will also consider whether it is necessary for barred list checks to be carried out on the individuals who supervise an apprentice under 16 on work experience. This will depend on the specific circumstances of the work experience, including the nature of the supervision, the frequency of the activity being supervised, and whether the work is regulated activity.



### **Apprentices staying with host families.**

Where HSA makes arrangements for apprentices to be provided with care and accommodation by a host family to which they are not related (for example, during a block release placement), we will request enhanced DBS checks with barred list information on those people.

### **16. Appendix 3: allegations of abuse made against staff**

This section of this policy applies to all cases in which it is alleged that a current member of staff, supply staff, or volunteer, has:

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

It applies regardless of whether the alleged abuse took place at HSA. Allegations against a staff member who is no longer working at HSA and historical allegations of abuse will be referred to the police.

We will deal with any allegation of abuse against a member of staff or volunteer very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

Our procedures for dealing with allegations will be applied with common sense and judgement.

### **Suspension**

Suspension will not be the default position and will only be considered in cases where there is reason to suspect that a child or other children is/are at risk of harm, or the case is so serious that it might be grounds for dismissal. In such cases, we will only suspend an individual if we have considered all other options available and there is no reasonable alternative.

Based on an assessment of risk, we will consider alternatives such as:

- Redeployment within HSA so that the individual does not have direct contact with the child or children concerned.
- Providing an assistant to be present when the individual has contact with children.
- Redeploying the individual to alternative work at HSA so that they do not have unsupervised access to children.
- Moving the child or children to classes where they will not come into contact with the individual, making it clear that this is not a punishment and parents have been consulted.
- Temporarily redeploying the individual to another role in a different location.

### **Definitions for outcomes of allegation investigations**

**Substantiated:** there is sufficient evidence to prove the allegation

**Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive

**False:** there is sufficient evidence to disprove the allegation

**Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence)

### **Procedure for dealing with allegations**

In the event of an allegation that meets the criteria above, the Managing Director - the 'case manager' – will take the following steps:

Immediately discuss the allegation with the designated officer at the local authority. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or

children's social care services. (The case manager may, on occasion, consider it necessary to involve the police *before* consulting the designated officer – for example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the designated officer as soon as practicably possible after contacting the police)

Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the designated officer (and the police or children's social care services, where necessary). Where the police and/or children's social care services are involved, the case manager will only share such information with the individual as has been agreed with those agencies.

Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at HSA is justified or whether alternative arrangements such as those outlined above can be put in place. Advice will be sought from the designated officer, police and/or children's social care services, as appropriate.

**If immediate suspension is considered necessary**, agree and record the rationale for this with the designated officer. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the individual facing the allegation or concern within 1 working day, and the individual will be given a named contact at HSA and their contact details.

**If it is decided that no further action is to be taken** in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the designated officer what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation.

**If it is decided that further action is needed**, take steps as agreed with the designated officer to initiate the appropriate action at HSA and/or liaise with the police and/or children's social care services as appropriate.

Provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and consider what other support is appropriate.

Inform the parents or carers of the child/children involved about the allegation as soon as possible if they do not already know (following agreement with children's social care services and/or the police, if applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against staff (where this applies) while investigations are ongoing. Any parent or carer who wishes to have the confidentiality restrictions removed in respect of a staff member will be advised to seek legal advice.

Keep the parents or carers of the child/children involved informed of the progress of the case and the outcome, where there is not a criminal prosecution, including the outcome of any disciplinary process (in confidence)

Make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child.

If HSA is made aware that the secretary of state has made an interim prohibition order in respect of an individual, we will immediately suspend that individual from teaching, pending the findings of the investigation by the National College for Teaching and Leadership.

Where the police are involved, wherever possible HSA will ask the police at the start of the investigation to obtain consent from the individuals involved to share their statements and evidence for use in the HAS disciplinary process, should this be required at a later point.

### **Timescales**

- Any cases where it is clear immediately that the allegation is unsubstantiated or malicious will be resolved within 1 week
- If the nature of an allegation does not require formal disciplinary action, we will institute appropriate action within 3 working days
- If a disciplinary hearing is required and can be held without further investigation, we will hold this within 15 working days

## **Specific actions**

### **Action following a criminal investigation or prosecution**

The case manager will discuss with the local authority's designated officer whether any further action, including disciplinary action, is appropriate and, if so, how to proceed, taking into account information provided by the police and/or children's social care services.

### **Conclusion of a case where the allegation is substantiated**

If the allegation is substantiated and the individual is dismissed or HSA ceases to use their services, or the individual resigns or otherwise ceases to provide their services, the case manager and HSA's personnel adviser will discuss with the designated officer whether to make a referral to the DBS for consideration of whether inclusion on the barred lists is required. If they think that the individual has engaged in conduct that has harmed (or is likely to harm) a child, or if they think the person otherwise poses a risk of harm to a child, they must make a referral to the DBS.

If the individual concerned is a member of teaching staff, the case manager and personnel adviser will discuss with the designated officer whether to refer the matter to the Teaching Regulation Agency to consider prohibiting the individual from teaching.

### **Individuals returning to work after suspension**

If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this.

The case manager will also consider how best to manage the individual's contact with the child or children who made the allegation if they are still attending HSA.

### **Unsubstantiated or malicious allegations**

If an allegation is shown to be deliberately invented, or malicious, the Managing Director, or other appropriate person in the case of an allegation against the Managing Director, will consider whether any disciplinary action is appropriate against the apprentice(s) who made it, or whether the police should be asked to consider whether action against those who made the allegation might be appropriate, even if they are not an apprentice.

### **Confidentiality**

HSA will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the local authority's designated officer, police and children's social care services, as appropriate, to agree:

- Who needs to know about the allegation and what information can be shared
- How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality
- What, if any, information can be reasonably given to the wider community to reduce speculation
- How to manage press interest if, and when, it arises

### **Record-keeping**

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case. Such records will include:

- A clear and comprehensive summary of the allegation
- Details of how the allegation was followed up and resolved
- Notes of any action taken, and decisions reached (and justification for these, as stated above)

If an allegation or concern is not found to have been malicious, HSA will retain the records of the case on the

individual's confidential personnel file and provide a copy to the individual. We will retain these records at least until the individual has reached normal pension age, or for 10 years from the date of the allegation if that is longer.

The records of any allegation that is found to be malicious will be deleted from the individual's personnel file.

### **References**

When providing employer references, we will not refer to any allegation that has been proven to be false, unsubstantiated, or malicious, or any history of allegations where all such allegations have been proven to be false, unsubstantiated or malicious.

### **Learning lessons**

After any cases where the allegations are *substantiated*, we will review the circumstances of the case with the local authority's designated officer to determine whether there are any improvements that we can make to HSA's procedures or practice to help prevent similar events in the future.

This will include consideration of (as applicable):

- Issues arising from the decision to suspend the member of staff
- The duration of the suspension
- Whether or not the suspension was justified
- The use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual

## 17. Appendix 4: specific safeguarding issues

### Child criminal exploitation

Child criminal exploitation (CCE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity, in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator, and/or through violence or the threat of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. It does not always involve physical contact and can happen online. For example, young people may be forced to work in cannabis factories, coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

Indicators of CCE can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Suffering from changes in emotional wellbeing
- Misusing drugs and alcohol
- Going missing for periods of time or regularly coming home late
- Regularly missing from education
- Not taking part in education

If a member of staff suspects CCE, 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.

### Child sexual exploitation

Child sexual exploitation (CSE) is a form of abuse 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. It may, or may not, be accompanied by violence or threats of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. 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.

CSE can include both physical contact (penetrative and non-penetrative acts) and non-contact sexual activity. It can also 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. CSE may also occur without the victim's immediate knowledge, for example through others copying videos or images.

In addition to the CCE indicators above, indicators of CSE can include a child:

- Having an older boyfriend or girlfriend
- Suffering from sexually transmitted infections or becoming pregnant

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.

### Domestic abuse

Children can witness and be adversely affected by domestic abuse and/or violence at home where it occurs between family members. In some cases, a child may blame themselves for the abuse or may have had to

leave the family home as a result. Older children may also experience domestic abuse and/or violence in their own personal relationships.

Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children.

If police are called to an incident of domestic abuse and any children in the household have experienced the incident, the police will inform the key adult at HSA (usually the designated safeguarding lead) before the child or children arrive onsite. This is the procedure where police forces are part of Operation Encompass – if your local force is not, check your local procedures and adapt if necessary.

The DSL will provide support according to the child's needs and update records about their circumstances.

### **Homelessness**

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare.

The DSL [and deputy/deputies] will be aware of contact details and referral routes into the local housing authority so they can raise/progress concerns at the earliest opportunity (where appropriate and in accordance with local procedures).

**Where a child has been harmed or is at risk of harm, the DSL will also make a referral to children's social care.**

### **So-called 'honour-based' abuse (including FGM and forced marriage)**

So-called 'honour-based' abuse (HBA) 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 HBA 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 HBA or already having suffered it. If staff have a concern, they will speak to the DSL, who will activate local safeguarding procedures.

### **FGM**

The DSL will make sure that staff have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM.

Section 7.3 of this policy sets out the procedures to be followed if a staff member discovers that an act of FGM appears to have been carried out or suspects that an apprentice is at risk of FGM.

Indicators that FGM has already occurred include:

- An apprentice confiding in a professional that FGM has taken place
- A mother/family member disclosing that FGM has been carried out
- A family/apprentice 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
  - Being repeatedly absent from work or training, 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 an apprentice 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 work/training
  - 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 an apprentice is being forced into marriage, they will speak to the apprentice about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- Speak to the apprentice 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 [fmf@fco.gov.uk](mailto:fmf@fco.gov.uk)
- Refer the apprentice to a development coach or learning mentor, as appropriate

### **PREVENT - 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.

We all have a duty to prevent children from being drawn into terrorism. The DSL will undertake Prevent awareness training and make sure that staff have access to appropriate training to equip them to identify children at risk.

We will assess the risk of apprentices in our academy being drawn into terrorism. This assessment will be based on an understanding of the potential risk in our local area, in collaboration with our local safeguarding children board and local police force.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period.

Staff will be alert to changes in apprentices’ behaviour.

The government website [Educate Against Hate](#) and charity [NSPCC](#) say that signs that an apprentice 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

Apprentices 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.

If staff are concerned about an apprentice, they will follow our procedures set out in section 7.5 of this policy, including discussing their concerns with the DSL.

Staff should **always** take action if they are worried.

Further information on HSA's measures to prevent radicalisation are set out in other HSA policies and procedures.

### **Checking the identity and suitability of visitors**

All visitors will be required to verify their identity to the satisfaction of staff.

If the visitor is unknown to the setting, we will check their credentials and reason for visiting before allowing them to enter the setting. Visitors should be ready to produce identification.

All visitors to our setting, including visiting speakers, will be accompanied by a member of staff where appropriate. We will not invite any speaker who is known to disseminate extremist views and will carry out appropriate checks to ensure that any individual or organisation using HSA facilities is not seeking to disseminate extremist views or radicalise apprentices or staff.

### **Missing apprentices**

Our procedures are designed to ensure that a missing child is found/contacted as soon as possible.