## Derby and Derbyshire Safeguarding Children Partnership logo

***<<Insert provider logo>>***

## Appendix L: Specific Safeguarding Issues

This Appendix covers the following Specific Safeguarding Issues:

* Bullying (including cyber bullying)
* Child-on-child abuse, including sexual violence and harassment
* Child Criminal Exploitation (CCE)
* Child Sexual Exploitation (CSE)
* Cybercrime
* Domestic Abuse
* Mental Health
* So-called ‘honour’- based abuse (including Female Genital Mutilation and Forced Marriage)
* Honour Based Violence (HBV)
* Female Genital Mutilation (FGM)
* Forced marriage
* Keeping Babies Safe
* Preventing radicalisation
* Serious Violence

*If this appendix is being used by Childminders – this will refer to I (and any co-childminders and, or assistants*

Bullying (including cyber bullying)

I, and or we recognise bullying and forms of bullying, on and offline, including prejudice based and cyber bullying is abusive. We acknowledge that bullying will include at least one, if not two, three or all four of the defined categories of abuse ***<<insert and cross reference to your relevant policies and procedures>>.***

Child-on-child abuse, including sexual violence and harassment

All staff maintain an attitude of *‘it could happen here’* – this is especially important when considering child-on-child abuse. Even if there are no reports it does not mean it is not happening.

I, and or we recognise that children may abuse their peers (child-on-child abuse) physically, sexually, emotionally and that sexual violence and sexual harassment can occur online and face-to-face (both physically and verbally). We also recognise it can also include causing someone to engage in extremist or radicalising behaviour.

I, and or we recognise that when referring to sexual harassment we are referring to unwanted conduct of a sexual nature in the context of child-on-child.

I, and or we recognise that sexual harassment can include sexual comments, physical behaviour, displaying pictures photos or drawings of a sexual nature, upskirting, online sexual harassment.

I, and or we have a have a zero-tolerance approach to child-on-child abuse; abuse is abuse and this will not be tolerated or passed off as ‘banter’, ‘just having a laugh’, ‘boys being boys’ or ‘part of growing up’ as this can lead to a culture of unacceptable behaviours and an unsafe environment for children.

I, and or we aim to prevent, minimise, and respond to child-on-child abuse where we believe a child may be at risk. However, where child-on-child abuse is suspected or occurs I, and or we, will take child-on-child abuse as seriously as abuse perpetrated by an adult and address it through the same processes as any safeguarding issue. I, and or we will respond to all reports and concerns, including those that have happened within or outside of the provision, within or outside of their household, and on or offline. In addition, I, and or we also recognise that children who abuse others and any other child affected by child-on-child abuse are also likely to have considerable welfare and safeguarding issues themselves.

I, and or we recognise child-on-child abuse exists on a continuum and different forms of abuse may overlap. We recognise:

* it can affect any child or young person of any age and sex and can occur between two children or through a group of children abusing a single child or group of children.
* sometimes vulnerable children are targeted.
* it is influenced by the nature of the environments in which children or young people spend their time - home, school, college, peer group, online and community - and is built upon notions of power and consent. Power imbalances related to gender, social status within a group, intellectual ability, economic wealth, social marginalisation etc, can all be used to exert power over a peer.
* child-on-child abuse involves someone who abuses a ‘vulnerability’ or power imbalance to harm another and has the opportunity or is in an environment where this is possible.
* while perpetrators of child-on-child abuse pose a risk to others, they are often victims of abuse themselves.

I, and or we aim to prevent child-on-child abuse, including child-on-child sexual violence and sexual harassment by seeking to minimise the risk of child-on-child abuse by ensuring an approach that prepares children for life in modern Britain.

I, and or we have a clear set of values and standards which are upheld and demonstrated throughout all aspects of our provision. We provide a safe environment, promote a culture of positive standards of behaviour, takes steps to address inappropriate behaviour, have effective systems in place where children can confidently raise concerns knowing they will be taken seriously and provide safeguarding through the delivery of the EYFS.

All staff understand the importance of challenging inappropriate behaviours between peers that are abusive in nature. Downplaying certain behaviours will not be tolerated or passed off. Staff will maintain an attitude of ‘*it could happen here’* and all inappropriate behaviour will be addressed.

I, and or we are aware children’s behaviour (including sexual) exists on a wide continuum, ranging from normal and developmentally expected to inappropriate, problematic, abusive, and violent. We will ensure most cases will be dealt with via other policies and procedures e.g., behaviour and bullying etc. and are cross referenced and kept up to date.

I, and or we will listen to children and aim to create an environment for children to confidently report abuse. I, and or we will ensure all staff can identify and handle disclosures, including third party disclosures from other children.

I, and or we will consult with the child and work with the parents. Even if there are no reports, all staff understand it does not mean it is not happening; it may be the case that it is not being reported. I, and or we recognise that children may not find it easy to tell staff about the abuse, that certain children may have additional barriers to telling someone and children can show signs or act in ways they hope adults will notice or react to. In some cases, victims may make indirect reports via a friend or staff may overhear conversations. All staff recognise the indicators and signs of child-on-child abuse and know how to identify it.

I, and or we recognise child-on-child abuse may be a one-off serious incident or an accumulation of incidents. Staff may be able to easily identify some behaviours as abusive however in some circumstances it may be less clear. In particular, reports of sexual violence and harassment are likely to be complex and require difficult professional decisions to be made, often quickly and under pressure. In all cases the initial response to a report is very important.

Members of staff will take the concerns seriously and reassure the child that they will be supported and kept safe, regardless of how long it has taken them to come forward.

If possible, reports should be managed with two members of staff present (preferably one being the designated safeguarding lead or a deputy), however this might not be possible in all cases. The victim will not be given the impression they are creating a problem or made to feel ashamed for making a report or their experience minimised. Abuse which has occurred online or outside of the provision will be treated just as seriously as that which has occurred within the provision.

When an allegation is made by a child against another child, all members of staff should consider if the issues raised indicate that the child and, or alleged perpetrator may have low level, emerging needs, complex and serious needs, or child protection concerns and follow the process as outlined in the [Derby City and Derbyshire Threshold Document.](https://www.ddscp.org.uk/staff-and-volunteers/policies-and-procedures/)

Immediate consideration will also be given to how best to support and protect the victim and alleged perpetrator and any other children involved or impacted. For all reports of sexual violence and sexual harassment and forms of child-on-child abuse, the proximity of the victim and alleged perpetrator and considerations regarding sharing space in the provision and transport should be considered immediately.

All decisions will be made in the best interests of the children involved and should not be perceived to be a judgement on the guilt of the alleged perpetrator. In all cases, the initial report should be carefully evaluated on a case-by-case basis with the DSL taking a leading role and using their professional judgement, supported by other agencies, such as local authority children’s social care service and the police as required.

Whenever there is an allegation of abuse, including concerns about sexual harassment and violence, made against a child, the DSL and other appropriate staff will draw together separate risk and needs assessments and action plans to support the victim and the alleged perpetrator.

These will consider:

* the victim, especially their protection and support
* whether there have been other victims
* the alleged perpetrators
* all the other children (and if appropriate adult students and staff) in the provision, especially any actions that are needed to protect them from the perpetrators, or from future harms
* the time and location of the incident and any action required to make the location safer
* when information can be disclosed to staff and others, including the alleged perpetrator and parents or carers

Whenever local authority children’s social care service and, or the police are involved, the registered provider will work in collaboration to ensure the best possible support and protection is provided for both the victim and the alleged perpetrator.

All reports of child-on-child abuse (including sexual harassment and, or sexual violence) will be recorded in the child’s safeguarding or child protection file. This will include all decision making, risk and needs assessment and plans recorded in writing as outlined in the [Derby City and Derbyshire Threshold Document.](https://www.ddscp.org.uk/staff-and-volunteers/policies-and-procedures/)

All risk and needs assessment and action plans whether internal or multi-agency will be reviewed and updated on a regular basis. If things do not improve or deteriorate the situation should be reconsidered.

Where the victim or alleged perpetrator transfers to another provider, the DSL will ensure the new provider will be made aware of any on-going support needs (and will discuss this with the victim and where appropriate their parents, as to the most suitable way of doing this) as well as transferring the safeguarding or child protection file. In the case of the alleged perpetrator, where appropriate, this will also include potential risks to other children and staff.

Any suspicion or allegations that a child has been sexually abused or is likely to sexually abuse another child (or adult) or where there are concerns about any other form of abuse, a referral must be made immediately to local authority children’s social care service and where appropriate, the police.

I, and or we will work with partners for example, the police, health, children’s services, and youth offending to help keep the child safe and feel protected. I, and or we will seek advice for the child and signpost them to services.

Child Criminal Exploitation (CCE)

I, and or we recognise CCE is a form of abuse (where children under 18 years old and older where there is a vulnerable adult) occurring where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in criminal activity, in exchange for something the victim needs or wants.

Signs which may indicate CCE include:

* persistently going missing from the provision, home or being found out-of-area
* unexplained acquisition of money, clothes, or mobile phones
* excessive receipt of texts and, or phone calls
* relationships with controlling or older individuals or groups
* leaving home or care without explanation
* suspicion of physical assault or unexplained injuries
* parental concerns
* carrying weapons
* significant decline in results and performance
* gang association or isolation from other children or social networks
* self-harm or significant changes in emotional well-being

All staff are aware of specific forms of CCE, including county lines, cuckooing, committing vehicle crime or threatening or committing serious violence to others, or by being coerced into carrying prohibited items.

All staff are aware ‘County Lines’ is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets e.g., suburban areas and market and coastal towns etc. using dedicated mobile phone lines or “deal lines”.

All staff are aware ‘Cuckooing’ is a practice where people take over a person’s home and use the property to facilitate exploitation. There are different types of cuckooing:

* using the property to deal, store or take drugs
* using the property to sex work
* taking over the property as a place for them to live
* taking over the property to financially abuse the tenant

The most common form of cuckooing is where drug dealers take over a person’s home and use it to store or distribute drugs. We recognise children living in these properties are at risk of neglect and other types of abuse.

All staff are aware bringing and carrying prohibited itemsinto an early years and childcare provision is a criminal offence and immediate action will be taken by calling the police.

All staff will be trained to recognise signs which may indicate CCE and know how to identify children in the provision who may be at risk and how to report it.

Child Sexual Exploitation (CSE)

I, and or we recognise CSE is a form of sexual abuse (where children under 18 years old and older where there is a vulnerable adult) occurring where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual activity, in exchange for something the victim needs or wants.

All staff are aware CSE can occur online, and many young people can be persuaded or forced to have sexual conversations by text or online, send or post sexually explicit images of themselves, take part in sexual activities via a webcam or smartphone.

I, and or we recognise the following risk factors for CSE and will remain alert to these risk factors in the wider community and family context for our children.

Risk factors may include:

* going missing, staying out unusually late
* engagement in offending
* disengagement from education
* using drugs or alcohol
* unexplained gifts or money
* overly secretive
* repeat concerns about sexual health
* decline in emotional wellbeing
* association in gangs
* unexplained injuries
* carrying weapons, access to or carrying unusual number of mobile phones

Cybercrime

I, and or we will take immediate action if there is any concern about any cybercrime including online bullying or the online wellbeing a child in our care. If staff are targeted on-line (i.e., cyber bullying) the staff member concerned should inform the registered provider and, or management team **<<delete as appropriate>>** who will take appropriate action. Harassment by use of ICT is a criminal offence and if necessary, concerns will be reported to the police.

I, and or we ensure all staff know they must not share information about the provision or individual children on personal social media accounts, verbally or in any other method.

I, and or we ensure staff know under no circumstances either at work or in any other place will make, deliberately download, process, or distribute material known to be illegal, for example child sexual abuse material.

I, and or we are aware the motivations for taking and sharing nude and semi-nude images, videos and live streams are not always sexually or criminally motivated. However, staff are aware this does not apply to adults sharing nudes or semi-nudes of under 18-year-olds as this is a form of sexual abuse.

All staff accept that the sending of indecent images (including nudes or semi-nudes) is a safeguarding concern and one that is increasing which requires a robust response. All staff know if the concerns are about sharing nudes and semi-nudes that they do not view, copy, print or share the images. All staff will report concerns to the DSL and, or senior leadership team **<<delete as appropriate>>** and where appropriate will seek advice from the police as a matter of urgency, and where appropriate make a referral into local authority children’s social care service (Starting Point).

All staff will treat any disclosure of information, any suspected or actual cases relating to cybercrime as a safeguarding concern and will raise concerns with the DSL who will follow the provisions Child Protection and Safeguarding policy and procedures and local safeguarding procedures. Where required I, and or we will seek advice, work in partnership, and use other agencies and professionals (local and national). All staff will ensure the child is supported listened to and supported in a sensitive manner.

Domestic Abuse

I, and or we understand:

* domestic abuse encompasses a wide range of behaviours and may be a single incidence or a pattern of incidences.
* domestic abuse is any threatening behaviour, violence or abuse between adults who are, or have been in a relationship, or between family members. It can be psychological, physical, sexual, financial, or emotional.
* children can be victims of domestic abuse as they may see, hear, or experience the effects of abuse at home and, or suffer domestic abuse in their own intimate relationships (teenage relationship abuse).
* domestic abuse can also include coercive behaviour which is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This definition also includes so called 'honour’ based violence, (FGM) and forced marriage.
* children living with domestic abuse in their home or who are caught up in incidents of domestic abuse, are victims, and this can seriously harm children and young people.
* some children are physically harmed as they can get caught up in the incident, some children are witnesses to the abuse, or hear the abuse.
* the impact on children living in a household where there is domestic abuse is likely to influence their development and social skills.
* and acknowledge the Domestic Abuse Act 2021 and will work with its new powers when working with our staff, and all children and their families where we believe domestic abuse is a feature and children are living with domestic abuse.

All staff are aware of the Multi-Agency Risk Assessment Conference (MARAC) which is a multi-agency approach in managing cases of domestic abuse and where children are living, the victim will be seen as high risk of serious harm and, or homicide. I, and or we ensure all staff recognise that a multi-agency response is essential in ensuring that victims and their families are as safe as possible. I, and or we recognise this process and that as a partner we can make [Domestic abuse and. or MARAC referral](https://www.saferderbyshire.gov.uk/what-we-do/domestic-abuse/marac/domestic-abuse-and-marac-referrals.aspx) via Safer Derbyshire based on information provided to us by a child, parent and, or carer.

Mental Health

I, and or we:

* are aware that mental health problems can, in some cases, be an indicator that a child (or parents, carers) has suffered or is at risk of suffering abuse, neglect or exploitation.
* ensure staff are well placed to observe children (or parents, carers) and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.
* know and understand that where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences (ACES), this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children’s experiences, can impact on their mental health, behaviour, and attendance and progress in our provision.
* acknowledges many children will have periods of feeling anxious, afraid, upset and can develop phobias, but that some children will experience this more frequently.
* recognise that undertaking a coordinated and evidence-informed approach to mental health and well-being leads to improved emotional health and well-being in our children, and greater readiness to learn, improved attendance, attention, behaviour, and attainment.
* recognise only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. However, we will provide information and signposting services to children and parents and carers and assist with the teaching of emotional health and wellbeing as part of providing a broad and balanced curriculum.

If any staff have a mental health concern about a child I, and or we will respond to the child, inform, and discuss concerns with parents and carers and seek ways to support the child in and out of our provision.

So-called ‘honour’- based abuse (including Female Genital Mutilation and Forced Marriage)

I, and or we recognised we have a responsibility to take appropriate safeguarding action in relation to any identified or suspected cases of so-called ‘honour’-based abuse including Female Genital Mutilation (FGM) and forced marriage, in line with wider safeguarding frameworks.

Honour Based Violence (HBV)

I, and or we recognise that Honour Based Violence (HBV) is described as “a crime or incident which has or may have, been committee to protect or defend the honour of the family or community” (The Crown Prosecution Service). Honour can be the motivation, excuse, or justification behind a range of violent acts against women and girls. All staff are aware HBV is not a specific offence but covers a range of violent acts against women that are covered by other legislation.

Female Genital Mutilation (FGM)

I, and or we recognise FGM is a form of child abuse and violence against girls and women, it is a serious public health concern and a breach of their human rights. The World Health Organisation (WHO) defines female genital mutilation as “*all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons”.*

I, and or we acknowledge it is illegal in the UK to subject a girl or woman to FGM, to take a child abroad to undergo FGM or for any person to advise, help or force a girl to inflict FGM on herself. It is also an offence to fail to protect a girl from the risk of FGM, for each person is responsible for the girl at the time the FGM occurred.

All staff are aware, that under our statutory duties they mustreport any disclosure of information, threats or any suspected or actual cases of FGM to the Police.

Signs may include:

* Days absent from the provision
* Not participating in Physical Education
* In pain, has restricted movement, frequent and long visits to the toilet, broken limbs
* Confides that she is having a special procedure, cut or celebration
* Unauthorised and or extended leave, vague explanations or plans for removal of a female in a high-risk category (parents from a country who are known to practice FGM) especially over the summer period
* Plans to take a holiday which may be unauthorised, unexplained, or extended in a country known to practice FGM

Forced marriage

I, and or we recognise a forced marriage is a marriage conducted without the full and valid consent of both parties and where duress is a factor. This may include physical, psychological, and emotional abuse to force a child, young person, or an adult to comply with the marriage. Forced marriage is an abuse of human rights and a form of domestic abuse. Where it affects children and young people it is child abuse, and it can never be justified on religious or cultural grounds.

I, and or we recognise it is a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. As with the existing forced marriage law, this applies to non-binding, unofficial ‘marriages’ as well as legal marriages.

I, and or we recognise there is a clear distinction between forced marriage and arranged marriage. In arranged marriages, the families of both spouses take a leading role in choosing the marriage partner, but the choice whether or not to accept the arrangements remains with the individual and consent must be from both parties.

Where there are concerns about forced marriage, all staff will consider whether there are also concerns about so-called HBV and, or FGM.

All staff will treat any disclosure of information, subject to threats, any suspected or actual cases of HBV, forced marriage or FGM as a safeguarding concern and will raise concerns with the DSL who will follow the provisions Child Protection and Safeguarding policy and procedures, the local authority children’s social care service (Starting Point) and the Police.

All staff are aware in these circumstances, that the child’s family, or those with influence within the community, will not be approached in advance of any enquiries by the Police or the local authority children’s social care service. As in cases where a child is at immediate risk of harm it is necessary to speak to the local authority children’s social care service (Starting Point) immediately. Where required I, and or we will seek advice, work in partnership, and use other agencies and professionals (local and national).

All staff know where a referral is about a ‘known’ case of FGM, in addition to a referral to the local authority children’s social care service (Starting Point), the individual member of staff has a mandatory reporting duty ([Mandatory Reporting of Female Genital Mutilation; procedural information](https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information) (2015)). Under this duty, ‘known’ cases of FGM where a girl under 18 informs the person that an act of FGM has been carried out on her, or where physical signs appear to show that an act of FGM was carried out, this must be reported to the police on 101. This is a personal responsibility in addition to the referral to the local authority children’s social care service (Starting Point), the member of staff who identifies FGM and, or receives the disclosure should make the report by the close of the next working day.

Following a referral, the DSL or other appropriate member of staff will:

* where a referral was made by phone follow up the referral in writing using the online referral system within 48 hours and attaching any existing assessment e.g., early help assessment. In all cases we will also include information held about any harm outside of the home.
* be aware that local authority children’s social care service (Starting Point) should make a decision within one working day of the referral being made about what course of action they are taking and let the provision know the outcome. If the information is not forthcoming, the DSL or another appropriate member of staff will follow this up.
* maintain contact with the allocated social worker and support them or other agencies following any referral
* contribute to any strategy discussion or meetings e.g., attend and provide reports. This could include sharing any reports with parents and carers and where appropriate, the child, prior to the meeting.
* if after the referral the child’s situation does not appear to be improving the DSL should press for re-consideration to ensure their concerns have been addressed and the child’s situation improves.

Keeping Babies Safe

I, and or we are aware that within Derby and Derbyshire that ‘Keeping Babies Safe’ has become a priority for number of reasons. I, and or we recognise that babies

* are entirely dependent on their parents and carers to meet all their needs all the time, they demand and need a lot of time and attention and are unable to move away from danger.
* are also unable to report abuse making them more at risk, and so it is this helplessness that makes them so vulnerable.
* have also emerged as a key theme from recent safeguarding practice reviews.

Preventing radicalisation

All specified authorities must comply with the duty under Section 26 of the Counter-Terrorism and Security Act 2015.

I, and or we recognise that early year’s providers serve arguably the most vulnerable and impressionable members of society. The Early Years Foundation Stage (EYFS) accordingly places clear duties to keep children safe and promote their welfare. The EYFS makes it clear that to protect children in their care, providers must be alert to any safeguarding and child protection issues in the child’s life at home or elsewhere and must take action to protect children from harm and should be alert to harmful behaviour by other adults in the child’s life.

I, and or we will ensure all staff, including volunteers, adhere to their duties under the government’s statutory guidance [Prevent duty guidance](https://www.gov.uk/government/publications/prevent-duty-guidance#:~:text=The%20Counter%2DTerrorism%20and%20Security,know%20as%20the%20Prevent%20duty.) and departmental advice [Protecting children from radicalisation: the prevent duty](https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty) to have due regard to prevent people from becoming drawn into terrorism. The objectives of Prevent are to:

* tackle the ideological causes of terrorism
	+ intervene early to support people susceptible to radicalisation
	+ enable people who have already engaged in terrorism to disengage and rehabilitate

Leaders will:

* establish or use existing mechanisms for understanding the risk of extremism.
* ensure staff understand the risk and build capabilities to deal with issues arising.
* communicate the importance of the duty.
* ensure all staff implement the duty.
* ensure we have a designated lead in a senior management role who is responsible for the delivery of Prevent. They should ensure that there are appropriate capabilities (to understand and manage risk) and that the role and importance of Prevent is made clear to relevant staff.

All staff meet the requirements of Prevent by:

* ensuringat a minimum, the DSL will attend Prevent Awareness training in line with statutory requirements and share this knowledge and information with all staff.
* at a minimum, attend [Prevent duty training: Learn how to support people vulnerable to radicalisation](https://www.support-people-vulnerable-to-radicalisation.service.gov.uk/portal) in line with statutory requirements and share this knowledge and information with all staff. This will include attendance on either training, or training considered sufficient by the local authority which fulfils the requirements of the Prevent duty guidance for early years and childcare providers. The DSL will attend additional more regular training in order to support others on Prevent matters and update them on relevant issues.
* having measures in place to prevent our facilities being exploited by radicalisers. This includes seeking to ensure that any event spaces or IT equipment are not being used to facilitate the spread of extremist narratives which encourage people into participating in or supporting terrorism. I, and or we recognise this does not mean that the Prevent duty should limit discussion of these issues. Instead, we understand and discuss sensitive topics, including, where appropriate, terrorism and the extremist ideas that are part of terrorist ideology, and learn how to challenge these ideas.
* consider the extent to which any external speakers and events held on our premises pose a risk of radicalising learners into terrorism and decide whether to host a particular external speaker or not.
* undertake own due diligence to understand any risks around a particular speaker’s and whether their views constitute views that are used to encourage people into participating in or supporting terrorism, or are shared by terrorist groups.
* follow a risk-based approach, using professional judgement and curiosity
* recognise that it is important to safeguard all children, young people, and families from being susceptible to extremist ideology and radicalisation.
* understand what the terminology **extremism, radicalisation and terrorism** involve. All staff understand there is no single way of identifying whether a child is likely to be susceptible to an extremist ideology, there are [possible indicators](https://www.gov.uk/government/publications/the-prevent-duty-safeguarding-learners-vulnerable-to-radicalisation/managing-risk-of-radicalisation-in-your-education-setting) that all staff will take into consideration alongside other factors and contexts.
* recognise a person’s susceptibility to radicalisation may be linked to their vulnerability and may be relevant to their susceptibility to radicalisation and to the early intervention approach that is required to divert them away from radicalisation.
* recognise in other cases, vulnerabilities may not be present or relevant to the early intervention approach required and that not all people susceptible to radicalisation will be vulnerable, and there are other circumstances, needs or other underlying factors that may make a person susceptible to radicalisation but do not constitute a vulnerability.
* understand the risk of radicalisation will vary greatly, but no area, institution or body is risk free. I, and or we will consider the risk within our area, institution or body, and consider the type and scale of activity that is appropriate to address it.
* ensuring staff know what measures are available to prevent radicalisation into terrorism and how to recognise the extremist ideologies that drive people to become terrorists or support terrorism. All staff should have awareness of the signs of radicalisation and [possible indicators](https://www.gov.uk/government/publications/the-prevent-duty-safeguarding-learners-vulnerable-to-radicalisation/managing-risk-of-radicalisation-in-your-education-setting).
* being alert to violent extremism but also non-violent extremism, including certain divisive or intolerant narratives which can reasonably be linked to terrorism. [Educate Against Hate](https://www.educateagainsthate.com/category/school-leaders/advice-and-training-school-leaders/) and [Prevent duty training](https://www.gov.uk/guidance/prevent-duty-training) provide further information on extremist narratives.
* treating any disclosure of information, any suspected or actual cases relating to extremism and radicalisation as a safeguarding concern and will raise concerns with the DSL who will follow the provisions Child Protection and Safeguarding policy and procedures and local safeguarding procedures including use of the Prevent national referral form - [Get help for radicalisation concerns.](https://www.gov.uk/guidance/get-help-if-youre-worried-about-someone-being-radicalised)
* considering whether it is appropriate to rely on a child’s and, or person’s consent to share personal data regarding people susceptible to radicalisation and by complying with the requirements of data protection legislation. Where it is not possible to rely on consent, I, and or we understand it is still possible to share information if there is a lawful basis for doing so.
* [make a referral to Prevent](https://www.gov.uk/guidance/making-a-referral-to-prevent) to the [Derbyshire Prevent Team](https://www.saferderbyshire.gov.uk/what-we-do/counter-terrorism/prevent-referrals/prevent-referrals.aspx) at Safer Derbyshire will trigger triage for the Police’s Prevent Team and where suitable will be referred into the ['Channel' process](https://www.gov.uk/government/publications/channel-guidance). Where required I, and or we will seek advice, work in partnership, and use other agencies and professionals (local and national).
* ensuring the child is listened to and supported in a sensitive manner.
* partnership working**.** I, and or we know effective partnership is a key component of delivering Prevent and recognise the Prevent Duty builds on multi agency partnerships e.g. parents and carers, local Prevent leads, the police and local authorities etc.
* performing a risk assessment:
* to ensure staff are alert to changes in children’s behaviour and can identify children who may be vulnerable to radicalisation which may indicate that they may need help or protection and report concerns via the safeguarding procedures.
* which assesses how their learners or staff may be at risk of being radicalised into terrorism, including online.

Where specific risks are identified, I, and or we will develop an action plan to set out the steps they will take to mitigate the risk.

I, and or we will use non-statutory self-assessment tools available to assist in understanding how well embedded existing policies and practices are. These documents include:

* [Prevent duty: risk assessment templates](https://www.gov.uk/government/publications/prevent-duty-risk-assessment-templates)
* [Understanding and identifying radicalisation risk in your education setting](https://www.gov.uk/government/publications/the-prevent-duty-safeguarding-learners-vulnerable-to-radicalisation/understanding-and-identifying-radicalisation-risk-in-your-education-setting)

If I, and or we have anurgent or immediatePrevent concern (within Derbyshire), I, and or we must contact**:**

* Derbyshire Starting Point: 01629 533190

If I, and or we have a non-urgent Prevent concern, I, and or we can contact:

* Derbyshire County Council’s Prevent Lead: 01629 538473 or prevent@derbyshire.gov.uk
* Police: 101
* Police Prevent Team: 0300 122 8694 or ctp-em-prevent@derbyshire.pnn.police.uk
* Starting Point Consultation & Advice Service for Professionals (The service operates Monday to Friday from 8am – 6pm): 01629 535353

Where it is identified that it is a non-urgent referral, an Early Help Assessment (if it has not already done so) will be started and completed. This will help to support the young person and family as well as evidencing actions taken, should additional support be required.

**Serious Violence**

I, and or we are aware of the indicators, which may signal children are at risk from, or are involved with, serious violent crime. These include:

* increased absence
* a change in friendships with older individuals or groups
* a significant decline in performance
* signs of self-harm or a significant change in wellbeing
* signs of unexplained injuries
* unexplained gifts or now possessions

Further information about specific safeguarding issues and national links to key documentation and websites can be found within [Keeping Children Safe in Education](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) or on the following websites:

* [DDSCP - Information and Resources](https://www.ddscp.org.uk/staff-and-volunteers/info-and-resources/)
* [DDSCP procedures](https://derbyshirescbs.proceduresonline.com/contents.html)
* [Derby & Derbyshire - Emotional Health & Wellbeing](https://derbyandderbyshireemotionalhealthandwellbeing.uk/)