# THAME PRIDE

# Safeguarding and Protection of Children, Young Adults & Vulnerable Adults

## 1. Document Version History

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|---|---|---|---|
| Version 1 | November 2024 | Xarius Austin & Simon White | First draft |
| Version 2 | February 2025 | David Dawson | Minor layout changes |
| Version 3 | June 2026 | Hannah Kape | Review:<br>Changed OSCB to OSCP and updated link.<br>Updated link to Threshold of Needs Matrix.<br>Changed wording from Safeguarding Officer to Designated Safeguarding Lead.<br>Added Deputy Designated Safeguarding Lead. |

## 2. Introduction and Statement

Thame Pride:

- recognises its duty of care to safeguard children, young adults and vulnerable adults;

- is fully committed to safeguarding and protecting the welfare of all children, young adults and vulnerable adults and taking all reasonable steps to promote safe practice and protect them from harm, abuse and neglect; and

- acknowledges its duty to act appropriately with regards to any allegations towards anyone working on its behalf, or towards any disclosures or suspicion of abuse.

We believe that:

- the welfare of all children, young adults and vulnerable adults is paramount;
- regardless of age, ability, gender, racial heritage, religious or spiritual beliefs, sexual orientation and /or identity, they have the right to equal protection from harm or abuse;
- some are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues; and
- working in partnership with children, young adults and vulnerable adults, parents, carers and other agencies is essential in promoting their welfare.

This policy is based upon the model safeguarding policy developed by Oxfordshire Safeguarding Childrens' Partnership which incorporates the principles set out in, inter alia, Children Act 1989, United Nations Convention on the Rights of the Child 1991 and Oxfordshire Safeguarding Children Partnership guidelines.

This policy applies to all members, volunteers, suppliers, partners, paid staff/contractors or anyone in a position of trust involved with Thame Pride and its events. It forms part of a set of policy, procedures and guidelines for Thame Pride, all of which can be found on Thame Pride's website.

## 3. Purpose of Policy

The purpose of this policy is to:

- protect children, young adults and vulnerable adults who attend Thame Pride events or otherwise interact with Thame Pride members, volunteers, partners, suppliers or paid staff/contractors; and
- provide all those in a position of trust with the overarching principles that guide our approach to safeguarding.

To keep children, young adults and vulnerable adults safe Thame Pride will:

- provide settings where children, young adults and vulnerable adults feel listened to, safe, secure, valued and respected
- appoint a Designated Safeguarding Lead and Deputy Designated Safeguarding Lead for children, young adults and vulnerable adults and ensure a clear line of accountability with regards to safeguarding concerns
- ensure all those in a position of trust have been provided with up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and child protection
- provide a clear procedure to follow when safeguarding concerns arise
- take allegations against staff seriously and follow the relevant procedure
- ensure effective and appropriate communication between all individuals in a position of trust
- build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice.

## 4. Roles and Responsibilities

All individuals in a position of trust must:

- Understand the different types of abuse and recognise the possible risks indicators
- Understand their responsibility to report any concerns that a children, young adults and vulnerable adults is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another person's behaviour towards such person(s)
- If appropriate; liaise with other agencies, contribute to safeguarding assessments and attend protection meetings / core groups / conferences
- Record and store information legally, professionally and securely in line with Thame Pride's PricXY Policy
- Pride will ensure that each director will undertake Generalist Training with Oxfordshire Safeguarding Children Partnership standards every 3 years.
- Understand the line of accountability for reporting safeguarding concerns and be fully aware of the organisation's safeguarding lead and their role within the organisation.

  Designated Safeguarding Lead: Xarius Austin
  Deputy Designated Safeguarding Lead: Hannah Kape

  The Board of Directors of Thame Community Pride CIC is ultimately accountable for ensuring settings and events provided by Thame Pride are safe, including the implementation of effective safeguarding procedures.

## 5. Safer Recruitment of Volunteers, Suppliers, Paid Staff & Contractors

Thame Pride recognises that safe recruitment is central to the safeguarding of children, young adults and vulnerable adults. It will adopt safe recruitment and selection procedures which are designed to prevent unsuitable persons from gaining access to children, young adults and vulnerable adults, based on guidance from OSCP, OCVA and NSPCC.

## 6. Monitoring and Review

The policy will be reviewed annually. This policy will displayed on Thame Pride website and all individuals in a position of trust will be notified separately of this policy and sign to the effect that they have read and understood its contents.

Thame Pride will complete an annual self-assessment to appraise their safeguarding practice against OSCP standards, please see https://www.oscp.org.uk

**Appendix A**

**Child Protection and Safeguarding Procedures**

**1. Introduction**

All professionals have a responsibility to report concerns to Children's social care under section 11 of the Children Act 2004, if they believe or suspect that the child;

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of service.

**2. What to do if you are concerned about a child**

**To report a new concern**

**Immediate concerns about a child**
The Multi-Agency Safeguarding Hub (MASH) is the front door to Children's Social Care for all child protection and immediate safeguarding concerns. If there is an immediate safeguarding concern, for example:

* Allegations/concerns that the child has been sexually/physically abused
* Concerns that the child is suffering from severe neglect or other severe health risks
* Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk
* The child is frightened to return home
* The child has been abandoned or parent is absent

You should call the MASH immediately Tel: 0345 050 7666

The Oxfordshire MASH Referral Form (MASH Enquiry online referral form) may be used by professionals only to refer children to social services. Or you can email a report to MASH on the secure email on: mash-childrens@oxfordshire.gov.uk

**If you have a concern about a child/family but it is not an immediate safeguarding concern,** you should refer to the Thresholds of Needs matrix.

This tool is designed to support professionals to make decisions as to whether contact should be made with Children's Social Care.

If after consulting the Threshold of Need, you still have concerns that do not require an immediate safeguarding response, you should contact the Locality and Community Support Service (LCSS). You can then discuss the situation with them and they will advise you on what to do next. If a referral needs to be made, they will advise you of this.
LCSS North Tel: 0345 2412703 LCSS.North@oxfordshire.gov.uk
LCSS Central Tel: 0345 2412705 LCSS.Central@oxfordshire.gov.uk
LCSS South Tel: 0345 2412608 LCSS.South@oxfordshire.gov.uk
Available 8.30am – 5pm (Mon – Thurs) 8.30am – 4pm (Fri)

If you have a concern out of office hours call Emergency Duty Team on 0800 833 408

**Referrals for children open to Children's Social Care**

If you want to speak to someone about a child whose case is open to Children's Social Care, contact the relevant Children's Social Care Team. If you do not have the name and contact details for the relevant Social Worker, contact MASH on 0345 050 7666.

**Making a referral**

Where possible, the referrer should provide information about their concerns and any information they may have gathered prior to referral. They will be asked for the following:

- Full names, dates of birth and gender of all child/ren in the household
- Family address and (where relevant) school / nursery attended
- Identity of those with parental responsibility and any other significant adults/household members such as grandparents
- Ethnicity, first language and religion of children and parents
- Any special needs of children or parents
- Any significant/important recent or historical events/incidents
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of alleged perpetrator, if relevant
- Referrer's relationship and knowledge of child and parents
- Known involvement of other agencies / professionals (e.g., GP)
- Information regarding parental knowledge of, and agreement to, the referral
- The child's views and wishes, if known

Other information may be relevant, and some information may not be available at the time of making the referral. However, the report should not be delayed in order to collect information, if the delay may place the child at risk of significant harm.

Parents/carers must be informed about any referral unless to do so would place the child at an increased risk of harm.

**3. Allegations against others working with children**

All allegations of abuse by those who work with children must be taken seriously, whether they are in a paid or unpaid capacity. This procedure should be applied when there is an allegation or concern that a person who works with children, has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children

To report an allegation or concern about a person in a position of trust, please contact the LADO and Education Safeguarding Advisory Team on 01865 810603 or email: LADO.safeguardingchildren@oxfordshire.gov.uk

**4. Supporting children**

If/when a child reports they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns
- Offer re-assurance about how the child will be kept safe
- Explain what action will be taken and within what timeframe

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children

If a child is presenting with signs of abuse or neglect, you should record and discuss your concerns with your Designated Safeguarding Lead and follow the relevant internal and external procedures.

**Confidentiality**

Children have a right to confidentiality under Article 8 of the European Convention on Human Rights. It's important to respect the wishes of a child or any person who doesn't consent to share confidential information. Children and young person's data should be recorded in accordance with the UK General Data Protection Regulations (GDPR).

If you're not given consent to share information, you may still lawfully go ahead if the child is experiencing, or is at risk of, significant harm.

Child protection concerns, disclosures from children or safeguarding allegations made against a person in a position of trust must not be discussed across the workforce as a whole. This information should be shared solely with Designated Safeguarding Leads, Children's Social Care and/or the Local Area Designated Officer (LADO) as appropriate.

Personal information which is shared by the child or young person on a 1:1 level, such as sexual orientation or gender identification, should not be disclosed to the workforce as a whole.

If staff and volunteers wish to discuss situations with colleagues to gain a wider perspective, this should be done on an anonymous basis with names and other identifying information relating to the child and their family remaining strictly confidential.

**Seven golden rules for information sharing**

1. Remember that the Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriate.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

**4. Whistleblowing**

We recognise that children cannot be expected to raise concerns in an environment where those in a position of trust fail to do so. All those in a position of trust should be aware of their duty to raise concerns about dangerous or illegal activity, or any wrongdoing within their organisation.
*(link to organisations Whistleblowing policy)*

**5. Supporting those working with children**

THAME PRIDE recognises those in a position of trust should be supported to stay emotionally well. It is important that all staff supporting children are able to discuss safeguarding concerns with the Designated Safeguarding Lead' and with their line manager in regular supervision. **(***Ref to training, supervision and support policy/ies)*

**Appendix B**

**Definitions and Indicators of Abuse**

The table below outlines the main categories of abuse as defined by the Department of Health 'Working Together to Safeguard Children 2018' document. (Full definitions can be found in this document). All staff should be aware that the possible indicators are not definitive and that some children may present these behaviours for reasons other than abuse.

| **Type of Abuse** | **Possible Indicators** |
|---|---|
| **Neglect**<br><br>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:<br><br>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);<br>• protect a child from physical and emotional harm or danger;<br>• ensure adequate supervision (including the use of inadequate caregivers); or<br>• ensure access to appropriate medical care or treatment.<br><br>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. | Signs that may indicate a child is living in a neglectful situation:<br>• excessive hunger<br>• poor personal hygiene<br>• frequent tiredness<br>• inadequate clothing<br>• frequent lateness or non-attendance at school<br>• untreated medical problems<br>• not brought<br>• poor relationships with peers<br>• compulsive stealing and scavenging<br>• rocking, hair twisting and thumb sucking<br>• running away<br>• loss of weight or being constantly underweight (the same applies to weight gain, or being excessively overweight<br>• low self esteem<br>• poor dental hygiene |
| **Physical Abuse**<br><br>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. | Signs that may indicate physical abuse:<br>• Physical signs that do not tally with the given account of occurrence,<br>• conflicting or unrealistic explanations of causer<br>• repeated injuries<br>• delay in reporting or seeking medical advice. |
| **Sexual Abuse**<br><br>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening.<br><br>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.<br><br>They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). | Signs that may indicate sexual abuse:<br><br>Changes in:<br>• Behaviour<br>• Language<br>• Social interaction<br>• Physical wellbeing<br><br>It is almost important to recognise there may be **no signs**. |

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| Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. | |
| **Emotional Abuse**<br><br>The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.<br><br>It 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. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.<br><br>It may feature 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<br><br>It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.<br><br>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. | Signs that may indicate emotional abuse:<br>• Lack of self-confidence/esteem<br>• Sudden speech disorders<br>• Self-harming (including eating disorders)<br>• Drug, alcohol, solvent abuse<br>• Lack of empathy (including cruelty to animals)<br>• Concerning interactions between parent/carer and the child (e.g., excessive criticism of the child or a lack of boundaries) |

**Other safeguarding concerns you should be aware of**

**Child Exploitation**

Child Exploitation' is the deliberate maltreatment, manipulation or abuse of power and control over a child aged under 18. It is taking advantage of another person or situation usually, but not always, for personal gain.
Exploitation comes in many forms, including, but not limited to:

- Child Sexual Exploitation
- Child Drug Exploitation (CDE)
- Human trafficking – including intra and international trafficking
- Modern Slavery, including domestic servitude

**Child Sexual Exploitation (CSE)**

Child sexual exploitation is a form of child sexual abuse.

It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Signs that may indicate CSE:

- Going missing from school/home/care placement
- Associating with older people/adults
- Isolation from family/friends/peer group
- Physical symptoms including bruising/STI's
- Substance misuse
- Mental health
- Unexplained possessions, goods and/or money

If a child or young person has made a disclosure regarding sexual exploitation, or if you think a child may be at risk of being sexually exploited, please contact the MASH on 0345 050 7666

## Child Drug Exploitation

Child Drug Exploitation describes how gangs from large urban areas supply drugs to suburban and rural locations, using vulnerable children and young people to courier drugs and money.

Typically, gangs use mobile phone lines to facilitate drug orders and supply to users. They also use local property as a base; these often belong to a vulnerable adult and are obtained through force or coercion (this exploitation is sometimes referred to as 'cuckooing').

Gangs 'recruit' through deception, intimidation, violence, debt bondage and/or grooming into drug use and/or child sexual exploitation.

While there has been an increased awareness of the use of children and young people in county line markets, more needs to be done as it cuts across a number of issues such as drug dealing, violence, gangs, child sexual exploitation, safeguarding, modern slavery and missing persons.

Signs that may indicate drug/criminal exploitation are similar to CSE, as follows:

- Going missing from school/home/care placement
- Associating with older people/adults
- Isolation from family/friends/peer group
- Physical symptoms including bruising
- Substance misuse
- Mental health
- Unexplained possessions, goods and/or money

If a child or young person has made a disclosure regarding drug exploitation, or if you think a child may be at risk of being exploited, please contact the MASH on 0345 050 7666

## Modern Slavery and Human Trafficking

Modern slavery can take many forms including the trafficking or people, forced labour, servitude and slavery. Victims can include adults and children and come from all walks of life and backgrounds. A quarter of all victims are children.

The Modern Slavery Act 2015 places a duty on specified public authorities to report details of suspected cases of modern slavery to the National Crime Agency.

Indicators of Modern Slavery can include:

- Lack of access to legal documents (e.g., passports)
- Appearance (malnourished, unkempt, etc)
- Untreated or unexplained injuries
- Attitude (withdrawn, frightened, unable to speak for themselves)
- Indebtedness or in a situation of dependence
- Frequent changes of location or restrictions on movement

## Domestic Abuse

Defined as, “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial or emotional”.

## Forced marriage

A forced marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014.

Forced marriage is very different to an arranged marriage where both parties give consent.

## Female Genital Mutilation

Female genital mutilation (FGM), sometimes referred to as female circumcision or cutting, refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

There are no health benefits to FGM, it is carried out for cultural and social reasons within families and communities. The procedure is traditionally carried out by an older woman with no medical training. Anaesthetics and antiseptic treatment are not generally used and the practice is usually carried out using basic tools such as knives, scissors, scalpels, pieces of glass and razor blades.

The Oxford Rose Clinic is a specialised clinic run at the John Radcliffe Hospital to address the health and safeguarding issues associated with FGM. Women should be referred to this clinic by emailing oxfordrose.clinic@nhs.net or calling 01865 222969.

Healthcare professionals have a duty to safeguard any children who may be at risk of FGM. Information about how to identify children at risk of FGM, including a screening tool and pathways are available on the Oxfordshire Safeguarding Children Board website.

## Mental health and wellbeing

Mental health conditions have become more common among children and young people. Among those aged 6 to 16 in England, one in six had a probable mental health condition in 2021, up from one in nine in 2017. Current figures are especially concerning for adolescent girls aged between 17 and 19: one in four had a probable mental health condition in 2021.

CAMHS Oxfordshire support children and young people with emotional, behavioural and mental health difficulties, for further information on services and referral within Oxfordshire see here CAMHS website

### Impact of covid-19

The underlying causes are complex, but the COVID-19 pandemic brought a complex array of challenges which had mental health repercussions for everyone, including children and adolescents. Grief, fear, uncertainty, social isolation, increased screen time, and parental fatigue have negatively affected the mental health of children. Friendships and family support are strong stabilising forces for children, but the COVID-19 pandemic has also disrupted them.

It is not unusual for children to experience negative emotions such as fear, disappointment, sadness, anxiety, anger, loss etc. But it is the prolonged, restrictive, and widespread nature of the COVID-19 pandemic that has exacerbated the situation. Increased screen time, strained family relations or sedentary lifestyle at home pose additional challenges.

See the NSPCC resources to support children throughout the covid-19 pandemic

## Self-Harm

Deliberate self-harm is intentional self-poisoning or injury, irrespective of the apparent purpose of the act, (www.nice.org.uk). Self-harm is an expression of personal distress, not an illness.

Self-harm can involve:

- Cutting, burning, biting
- Head banging and hitting
- Picking and scratching
- Pulling out hair
- Overdosing and self-poisoning
- Substance misuse
- Taking personal risk
- Self-neglect
- Disordered eating

Indicators of self-harm may include:

- Changing in eating/sleeping habits
- Changes in activity and mood
- Increased isolation from friends and family
- Talking about self-harming or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Lowering of academic grades
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Giving away possessions

## Disordered Eating

While disordered eating can affect anyone of any age, young people are at particular risk.

Through the COVID-19 pandemic, a lot of services have noticed an increase in children and young people requesting support in relation to eating problems. Controlling what they eat has been a way of managing anxiety during these difficult times.

CAMHS Eating Disorders Service provides information for young people, families and professionals, where there is concern that a young person may have an eating disorder, and support for young people with eating disorders. To download a leaflet on the service, follow this link: Information about the Eating Disorders Service for young people and their families, visit the CAMHS website or find information and resources on the BEAT website.

## Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in depression, low self-esteem, shyness, poor academic achievement, isolation, threatened or attempted suicide

Indicators a child is being bullied can be:

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- doing less well at school
- sleep problems

- anxiety
- becoming quiet and withdrawn

**Child on Child Abuse**

Child-on-child abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate).

Child-on-child abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

**Elective Home Education**

Parents are entitled to remove their children from school rolls for the purposes of elective home education (EHE). However, there is no professional oversight, funding or provision to support children and parents when this step is taken. There is also no guarantee that the child can return to the original school if parent cannot cope with the extent of the home educating commitment.

Whilst parents who choose elective home education are no more likely to abuse their children than the general population, safeguarding reviews have highlighted the challenges facing professionals who may not have a full understanding of the rights of parents who choose this form of education.

Reviews also identify, that in some cases, elective home education can lead to the isolation and invisibility of children, through parental avoidance of services which could monitor their children's health, development, and wellbeing.

This 1-minute guide to education provides information and guidance for non-education professionals on children and parents right in relation to education and what to do should they have concerns that a child is not receiving their educational entitlement.

**Prevent - Extremism**

The Counterterrorism and Security Act 2015 places a safeguarding duty on settings to have "due regard to the need to prevent people from being drawn into terrorism".

Settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas:

- Assessing the risk of children being drawn into terrorism
- Demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies.
- Ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board.
- Make sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism
- Ensure children are safe from terrorist and extremist material when accessing the internet in the setting

Preventing vulnerable adults and children from being drawn into extremism is a safeguarding concern. It is essential that frontline staff can spot the signs and make a safeguarding referral.

Indicators may include:

- Withdrawing from usual activities
- Accessing extremist literature/websites
- Expressing 'us and them' thinking
- Expressing feelings of anger, grievance, or injustice

To report concerns about child radicalisation:

1. Make safe – If emergency services are required – call 999. Take reasonable steps to ensure that there is no immediate danger.
2. Refer concern identified by member of the public or professional
3. Call MASH on 0345 050 7666