



# Safeguarding Policy

First Steps Family Hub  
Voluntary and Community Sector Organisation  
Charity number 1179759

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## **1. Introduction and Statement**

First Steps Family Hub recognises its statutory duty and moral duty of care to safeguard and promote the welfare of children, in line with current legislation and statutory guidance. A child is defined as a person under the age of 18 (The Children's Act 1989).

We are fully committed to:

- Safeguarding and protecting the welfare of all children.
- Taking all reasonable steps to promote safe practice.
- Protecting children from harm, abuse, neglect and exploitation.
- Acting appropriately on concerns, disclosures or allegations involving anyone working on our behalf

First Steps Family Hub believes that:

- The welfare of all children and young people is paramount.
- All children, regardless of age, ability, gender, race, religion or beliefs, sexual orientation or gender have the right to equal protection from harm or abuse.
- Some children are particularly vulnerable due to previous experiences, communication needs, disability, mental health needs or other factors.
- Effective safeguarding requires partnership working with children, parents/carers and other agencies.

## **2. Legal and Policy Framework**

This policy has been developed in accordance with the following legislation and statutory guidance:

- Children Act 1989
- United Nations Convention on the Rights of the Child (UNCRC)
- Children Act 2004
- Equality Act 2010
- Children and Families Act 2014
- Special Educational Needs and Disability (SEND) code of practice (0 to 25 years)
- Working Together to Safeguard Children 2023
- Keeping Children Safe in Education 2025
- Domestic Abuse Act 2021
- Modern Slavery Act 2015
- Prevent Duty

This policy also reflects local procedures and guidance issued by the Oxfordshire Safeguarding Children Partnership (OSCP), <https://www.oscp.org.uk/practitioners/multi-agency-procedures-and-resources/>

This policy applies to all individuals working on behalf of First Steps Family Hub, including committee members, trustees, paid staff, volunteers and sessional workers, agency staff, students and anyone in a position of trust.

### **3. Organisational Policies and Procedures**

This policy should be read alongside the following organisational policies and guidance:

- Staffing and Safer Recruitment
- Documentation and Information
- Confidentiality
- Data Protection
- Code of conduct
- Acceptable use of images
- Health and safety
- Whistleblowing

### **4. Purpose of Policy**

The purpose of this policy is to:

- Protect children and young people who receive First Steps Family Hub services. This includes children of adults who use our services.
- Provide clear principles, responsibilities and procedures for safeguarding and child protection.
- Ensure all those in a position of trust understand how to recognise concerns and take appropriate action.

To keep children safe First Steps Family Hub will:

- Provide a safe, welcoming and inclusive environment.
- Ensure children feel listened to, valued and respected.
- Appoint a Designated Safeguarding Lead (DSL).
- Ensure a clear line of accountability with regards to safeguarding concerns.
- Ensure there are clear reporting and escalation pathways.
- Ensure staff and volunteers receive appropriate safeguarding training, support & supervision.
- Ensure effective and appropriate communication between all individuals in a position of trust.
- Work in partnership with statutory and voluntary agencies.

### **5. Roles and Responsibilities**

All staff, volunteers and those in a position of trust.

All individuals must:

- Understand safeguarding and child protection responsibilities.
- Recognise signs, risks and indicators of abuse and exploitation.
- Act on concerns immediately and report them to the DSL.
- Work within professional boundaries and the code of conduct.
- If appropriate; liaise with other agencies, contribute to safeguarding assessments and attend child protection meetings/core groups/conferences.
- Record and store information legally, professionally, accurately and securely in line with organisational policies and procedures.
- Undertake the required level of safeguarding training for their role in line with Oxfordshire Safeguarding Children Partnership requirements, which is refreshed every 2 years.

### **Designated Safeguarding Leads (DSLs)**

The DSLs are responsible for:

- Providing advice and support to staff and volunteers.
- Managing safeguarding concerns and referrals.
- Liaising with Children's Social Care and the Local Authority Designated Officer (LADO) and other agencies.
- Ensuring records are kept securely.
- Ensuring safeguarding practice is reviewed and improved.
- Safeguarding training is refreshed every 2 years.

Name of Designated Safeguarding Leads:

Kathy Gibson and Karen Jackson, telephone Number: 01865 400234

### **Trustees/Management Committee**

The Management Committee is ultimately accountable for ensuring that First Steps Family Hub:

- Has effective safeguarding policies and procedures in place.
- Comply with statutory duties.
- Provides sufficient resources, training and oversight.

### **6. Safer Recruitment**

Safe recruitment is central to the safeguarding of children and young people. No individual will be permitted to work unsupervised with children until all checks are satisfactorily completed. First Steps Family Hub is committed to safer recruitment, this includes:

- Clear role descriptions.
- Appropriate application and interview processes.
- Identity, reference and right to work checks.
- Enhanced DBS checks where required.
- Induction that includes safeguarding expectations.

### **7. Monitoring and Review**

The policy will be reviewed annually or sooner if there are changes to legislation, guidance or local procedures. All individuals in a position of trust should have access to this policy and sign to the effect that they have read and understood its contents.

First Steps Family Hub will complete an annual self-assessment to appraise their safeguarding practice against OSCP standards.

## 8. Document Version History

Document version history				
<b>Document Name:</b>		Safeguarding and Child Protection Policy		
<b>Owner:</b>		First Steps Family Hub, Management Committee		
Version	Date	Amendments made	By whom (name/job title)	Senior approval (Name, Job title / Organisation)
V1 2024	25/09/24	DSL names and author	Karen Jackson, Play Leader/Coordinator	Heather Topping, Chair of Trustees, Chalgove and Watlington First Steps Family Hub
V2 2026	12/01/2026	Legislation update, DSL and Committee responsibilities, updated links, added charity number	Sharon Ballantyne Committee Member	Heather Topping, Chair of Trustees, Chalgove and Watlington First Steps Family Hub

## Appendix A

### Child Protection and Safeguarding Procedures

#### 1. Introduction

Professionals working with children have a responsibility, in line with their organisational duties under Section 11 of the Children Act 2004, professional guidance, and the Children Act 1989, to take safeguarding concerns seriously and act without delay. A referral to Children's Social Care should be made if they believe or suspect that a child:

- Has suffered or is likely to suffer significant harm.
- Is a Child in Need under section 17 of the Children Act 1989, including due to disability or unmet developmental or welfare needs.
- Requires services to prevent impairment of health or development.

#### 2. What To Do If You Are Concerned About A Child

##### Supporting Children

If 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:

- To listen carefully and calmly.
- Reassure the child that they are being taken seriously.
- Not promise confidentiality.
- Record concerns accurately and promptly.
- Report concerns immediately to the DSL or appropriate safeguarding lead.

If a child is at immediate risk of harm, emergency services must be contacted.

##### 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.

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.

##### Reporting Concerns

Multi-Agency Safeguarding Hub (MASH) is the front door to Children's Social Care

- MASH: **0345 050 7666**
- Emergency Duty Team (out of hours): **0800 833 408**

Concerns about adults working with children must be reported to LADO: **01865 810603**

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 nor investigated. 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.

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 appropriately.
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. Safeguarding can override consent.
3. Seek advice from your DSL 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 decisions 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. You must also record the decision not to share any why.

## **Supporting Those Working With Children**

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.

**Reporting Concerns** 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 who may be involved in caring for the child such as grandparents.
- Names and date of birth of all household members, if available.
- 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 with the referral.
- The child's views and wishes.

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 collecting information if the delay may place the child at risk of harm.

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

### **3. 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 urgent child protection and safeguarding concerns. If there is an immediate risk of harm or a child has suffered significant harm contact MASH immediately. Examples of immediate safeguarding concerns:

- 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
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The Oxfordshire MASH Referral Form may be used by professionals to refer children to Social Care <https://myehportal.oxfordshire.gov.uk/web/portal/pages/safechoice>

Or email a report to MASH on the secure email on: [mash-childrens@oxfordshire.gcsx.gov.uk](mailto:mash-childrens@oxfordshire.gcsx.gov.uk)

Or call: **01865 519800**

**If you have a concern about a child/family but it is not an immediate safeguarding concern,** you should refer to the Threshold of Needs matrix  
<https://www.oscp.org.uk/practitioners/multi-agency-procedures-and-resources/threshold-of-needs/>

If after consulting the Threshold document you still have concerns that do not require an immediate safeguarding response, you should contact the Early Help and Locality and Community Support Service (LCSS). You can discuss the situation with them and they will advise you on what to do next.

- Telephone number: **0345 241 2705**  
Mon-Thursday 8.30am – 5pm and Friday 8.30am to 4pm
- Email: [LCSS@oxfordshire.gov.uk](mailto:LCSS@oxfordshire.gov.uk)

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

#### **4. Referrals On Open Cases**

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

#### **5. 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 Safeguarding Team on 01865 810603 or email:

[LADO.safeguardingchildren@oxfordshire.gov.uk](mailto:LADO.safeguardingchildren@oxfordshire.gov.uk)

#### **6. 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.

## 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' document 2023 (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.

<b>Type of Abuse</b>	<b>Possible Indicators</b>
<p><b><u>Neglect</u></b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>• protect a child from physical and emotional harm or danger;</li> <li>• ensure adequate supervision (including the use of inadequate care-givers); or</li> <li>• ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<p>Signs that may indicate a child is living in a neglectful situation:</p> <ul style="list-style-type: none"> <li>• excessive hunger</li> <li>• poor personal hygiene</li> <li>• frequent tiredness</li> <li>• inadequate clothing</li> <li>• frequent lateness or non-attendance at school</li> <li>• untreated medical problems</li> <li>• not brought</li> <li>• poor relationships with peers</li> <li>• compulsive stealing and scavenging</li> <li>• rocking, hair twisting and thumb sucking</li> <li>• running away</li> <li>• loss of weight or being constantly underweight (the same applies to weight gain, or being excessively overweight)</li> <li>• low self esteem</li> <li>• poor dental hygiene</li> </ul>
<p><b><u>Physical Abuse</u></b></p> <p>May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</p> <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.</p>	<p>Signs that may indicate physical abuse:</p> <ul style="list-style-type: none"> <li>• Physical signs that do not tally with the given account of occurrence,</li> <li>• conflicting or unrealistic explanations of causer</li> <li>• repeated injuries</li> <li>• delay in reporting or seeking medical advice.</li> </ul>

## **Sexual Abuse**

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

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

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

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

Signs that may indicate sexual abuse:

Changes in:

- Behaviour
- Language
- Social interaction
- Physical wellbeing

It is also important to recognise there may be **no signs**.

**Emotional Abuse**

The persistent emotional maltreatment of a child causes severe and persistent adverse effects on the child's emotional development.

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.

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

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.

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:

- Lack of self-confidence/esteem
- Sudden speech disorders
- Self-harming (including eating disorders)
- Drug, alcohol, solvent abuse
- Lack of empathy (including cruelty to animals)
- Concerning interactions between parent/carer and the child (e.g. excessive criticism of the child or a lack of boundaries)

<p><b><u>Child Sexual Exploitation (CSE)</u></b></p> <p>Child sexual exploitation is a form of child sexual abuse.</p> <p>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.</p> <p>The victim may have been sexually exploited even if sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p>	<p>Signs that may indicate CSE:</p> <ul style="list-style-type: none"> <li>• Going missing from school/home/care placement</li> <li>• Associating with older people/adults</li> <li>• Isolation from family/friends/peer group</li> <li>• Physical symptoms including bruising/STI's</li> <li>• Substance misuse</li> <li>• Mental health</li> <li>• Unexplained possessions, goods and/or money</li> </ul> <p>The indicators can be spotted when speaking to the young person themselves or family/friends.</p>
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**Other Type Of Abuse You Should Be Aware Of**

**Child Exploitation**

Child exploitation is a form of abuse in which children and young people are manipulated, coerced or forced into criminal activity for the benefit of others. This includes criminal exploitation, such as *county lines* activity where organised criminal networks and gangs from large urban areas supply drugs to suburban and rural locations, using vulnerable children and young people to courier drugs, weapons and money.

Typically, gangs use dedicated 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, violence or coercion (and is referred to as 'cuckooing').

It also finds that the age of those involved is getting younger, with children as young as 12 being targeted. Gangs 'recruit' through deception, intimidation, violence, debt bondage and/or grooming into drug use and/or child sexual exploitation.

There has been an increased awareness of the use of children and young people in county lines transactions it cuts across a number of issues such as drug dealing, violence, gangs, child sexual exploitation, safeguarding, modern slavery and children who go missing.

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 and emotional well-being
- Unexplained possessions, goods and/or money and mobile phones

### **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 include but is not limited to the following types of abuse: psychological, physical, sexual, financial or emotional”.

Domestic abuse can affect anyone and may occur **inside or outside the home**. It can have a significant impact on children, young people, and vulnerable adults who are exposed to it, even if they are not the direct target. The Domestic Abuse Act 2021 has defined children as ‘victims in their own right’ with safeguarding being paramount to their future safety.

### **Forced Marriage**

A forced marriage is a marriage entered into without the valid consent of one or both parties and where duress, pressure or coercion is used to make the marriage happen. This pressure can be physical, emotional, psychological or financial and may include threats, violence, blackmail or making someone believe they are bringing shame if they refuse. It also includes taking someone abroad to force them to marry. Forced marriage is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014. Penalties include up to 7 years in prison. The law also provides Forced Marriage Protection Orders to protect those at risk. A person cannot consent if they do not have mental capacity or are under 18 years old. Forced marriage is regarded as a form of domestic abuse

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

### **Modern Slavery and Human Trafficking**

Modern slavery can take many forms including the trafficking of 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

### **Female Genital Mutilation**

Female genital mutilation (FGM), sometimes referred to as female circumcision, refers to procedures that intentionally alter, remove or cause injury to the female genital organs for non-medical reasons. It is usually carried out on girls from infancy to around age 15. Practice is illegal in the UK and there are FGM Protection Orders to safeguard girls at risk. It is illegal to perform or facilitate FGM **in the UK or abroad** for UK nationals and permanent residents.

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. Anesthetics 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.

### **Self-Harm**

Self-harm is defined as *intentional self-poisoning or injury, irrespective of the apparent purpose of the act* ([www.nice.org.uk](http://www.nice.org.uk)). Self-harm is not an illness in itself but is often a way of expressing or coping with emotional distress, overwhelming feelings or difficult life experiences.

Self-harm can involve:

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

Indicators of self-harm may include:

- Changing in eating/sleeping habits
- Changes in behaviour 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

### **Bullying**

Bullying is behaviour that is repeated, intentionally harmful and involves a power imbalance. It is not always easy to recognise as it can take a number of forms. It can occur both in person and online. A child may experience bullying that is:

- 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.
- Cyberbullying: sending threatening or abusive messages, posting harmful content, sharing images without consent or targeting someone online.

Persistent bullying can have serious short- and long-term effects, including:

- Low self-esteem and loss of confidence.

- Anxiety and depression.
- Social withdrawal and isolation.
- Poor academic achievement and school avoidance.
- Self-harm.
- 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.

### **Peer on Peer Abuse**

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, as well as coercive control, that occurs between children and within children's relationships (both intimate and non-intimate). It is important to recognise that abuse can be perpetrated by children against other children and is taken seriously under safeguarding law and policy.

Peer-on-peer abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic abuse (between young people within the home), child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

### **Prevent - Extremism**

The Counter-Terrorism 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.
- Protecting children and young people from being drawn into terrorism by having robust safeguarding policies.
- Ensure safeguarding arrangements align with the policies and procedures of the Local Safeguarding Children Board.
- Staff have training to identify children at risk of radicalisation and to challenge extremist ideas.
- 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 or social groups.
- 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. Report concern to DSL
3. Call MASH on 0345 050 7666 for advice

<b>This policy was adopted by:</b>	Chalgrove and Watlington First Steps Family Hub
<b>Date:</b>	25/02/2026
<b>Signatures</b>	<i>Heather Topping</i> <i>Karen Jackson</i>