respect *resilience* *responsibility*

Safeguarding Policy

Date: July 2018

Review Date: July 2019

1. INTRODUCTION

Woodlands Community College recognises its responsibility to safeguard and promote the welfare of children at our school. The purpose of this policy is to provide staff, volunteers and Governors with the guidance they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care. It is guided by the principles in the documents "**Guidance for safer working practice for those working in with children and young people in education settings – September 2015"** and **"Keeping children safe in education. Statutory guidance for schools and colleges – September 2018"** which staff should familiarise themselves with. The school policy also adheres to the policies and guidance set out by the Southampton Local Safeguarding Children Board (http://southamptonlscb.co.uk)

<u>Safeguarding is:</u>

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

Summarised from Keeping Children Safe in Education (2018).

Safeguarding includes issues for schools such as:

- protecting children from deliberate harm and harm by omission (neglect)
- student health and safety
- ensuring children and young people learn how to keep themselves safe, including developing safe relationships
- ensuring children and young people have the skills and opportunities to pass on any concerns they may have
- bullying, including cyber-bullying (by text message, on social networking sites, etc)
- racist abuse
- harassment and discrimination
- use of physical intervention
- child sexual exploitation
- meeting the needs of students with medical conditions
- providing first aid
- drug and substance misuse
- educational visits
- intimate care
- internet safety
- prevention of radicalisation and extremism
- appropriate arrangements to ensure school security, taking into account the local context.
- issues which may be specific to a local area or population, for example gang activity

2 PRINCIPLES

Welfare of the child is paramount.

- All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.

- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm and must fully understand the need to safeguard children.

- Students and staff involved in child protection issues will receive appropriate support

- The school will work closely with parents, carers and other agencies. Where there is a conflict of interest between the child and parents, the interest of the child will be paramount

- The school will ensure it operates a safe recruitment practice by carefully checking the suitability of staff and volunteers who work in the school.

- The school's Curriculum, in particular the personal development tutor programme, will be used to raise awareness of how to manage risk in different circumstances

3. PRACTICE

Key personnel:

- The Head Teacher is Mr J Henderson

- The DSL (Designated Safeguarding Lead) designated senior person for child protection is Miss N Iverson

- The deputy Designated Safeguarding Leads (DSL) are Mrs D Lowth, Mr S Crowe and Mrs M Pearce

The designated safeguarding lead (and any deputies) will have a complete safeguarding picture.

The DSL and deputies are aware of the process for making referrals to Children's services and for statutory assessments under the Children Act 1989, especially section 17 (Child in Need) and section 47 (Child at risk)

Whole Staff safeguarding Responsibilities

This school recognises that, because of their day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:-

- Establish and maintain an environment where children feel secure, are encouraged to talk and are heard.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.
- Include opportunities in the daily curriculum and specifically within the PSHE curriculum for

children to develop the skills they need to recognise and stay safe from abuse.
- Follow the procedures set out by the school and take account of guidance issued by the DfE.
- Treat all disclosures seriously.
- Use reasonable force (using no more force than needed) in circumstances where it is appropriate for staff in schools to safeguard students or themselves

Reasonable force:
This may involve either passive physical contact, such as standing between students or blocking a student's path, or active physical contact such as leading a student by the arm out of a classroom.

Early Help
Any child may benefit from Early Help but all school staff must be particularly alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs
- Has special educational needs (whether or not they have a statutory education health and care plan
- Is a young carer
- Is frequently missing/goes missing from care or home
- Is misusing drugs or alcohol
- Is in a family circumstance presenting challenges for the child such as substance misuse, adult mental health problems or domestic abuse
- Has returned to family from care

Designated Safeguarding Lead responsibilities
In this school the DSL's are Miss N Iverson, Mrs D Lowth, Mr S Crowe and Mrs M Pearce.

They will:
- Ensure that parents have an understanding of the responsibility placed on the school and its staff for child protection by setting out its obligations on the school website.
- Ensure that Governors understand their responsibilities.
- Ensure that whole school training occurs at least annually so that every member of staff can fulfil their child protection responsibilities.
- Ensure that any new staff to the school receives safeguarding training as part of the induction programme including online prevent training.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated person DSL.
- Ensure they have received appropriate training and attend updated training every two years.
- Ensure every member of staff, Governors and volunteers knows the name of the designated person DSL, their role and their contact details.
- Notify parents of our concerns and provide them with opportunities to change the situation where this does not place the child at greater risk.
- Notify the allocated social worker if there is an unexplained absence of more than two days of a student with a child protection plan.
- Develop effective links with Children's Social Care and co-operate as required with their enquiries regarding child protection matters including attendance at Child Protection Case Conferences.
- Ensure staff are aware of the process for making referrals to children's services

- Ensure relevant staff are aware of their responsibilities in assessments and reviews of section 17 (children in need) and section 47 (child at risk).
- Liaise with other agencies that support students such as Child and Adolescent Mental Health Service, Locality Team and the Educational Psychology Service through normal referral routes and the MASH process.
- Hold fortnightly Safeguarding meetings for each year group to discuss any concerns.
- Use the school's CPOM system to ensure that written records are kept of any safeguarding concerns and review these records to assess the likelihood of risk.
- Ensure that copies of child protection records and/or records of concern are transferred accordingly (separate from student files) when a child leaves the school.
- Update the safeguarding policy on an annual basis

Other policies that should be read in conjunction with the safeguarding policy are:

- Attendance Policy
- Anti Radicalisation Policy
- Behaviour for Learning Policy
- Children Looked After Policy
- Curriculum Policy
- Health and Safety Policy
- Data protection Policy
- Teaching and Learning Policy
- Recruitment Policy
- Equality and diversity Policy
- Racial Harassment Policy
- Managing allegations against staff Policy
- Mental Health Policy (available from September 2018)
- Whistleblowing Policy
- SEN policy
- ICT acceptable use Policy
- Substance Use and Misuse policy
- Trips Policy

Contextual Safeguarding

Safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside of school. All staff but especially the DSL and DDSL should be considering the context within which such incidents and/or behaviours occur. This is known as 'contextual safeguarding', which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

SEN students

SEND students are more prone to peer group isolation than other children. To address these additional challenges, schools should consider extra pastoral support for children with SEN and disabilities.

Alternative Provision

As a school we still have a safeguarding responsibility for a student who is engaging with an alternative provision.

The school must be satisfied that the provider meets the needs of the student. 'Schools should obtain written confirmation from the provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that the school would otherwise perform in respect of its own staff'. (Keeping children safe in education 2018)

Managed moves and Compass Placements:
Students attending an alternative school on a managed move will be dual rolled. The receiving school will contact home if the student is absent. The home school and receiving school will work together regarding safeguarding concerns to ensure that the student is kept safe. A copy of Compass School's safeguarding policy can be found on their website.

Respite placements:
Students attending an alternative school on a respite placement will be enrolled as a guest. The home school will be responsible for ensuring that the student attends daily. The home school and receiving school will work together regarding safeguarding concerns to ensure that the student is kept safe.

Appendix 1:

DEALING WITH A DISCLOSURE FROM A CHILD OR WITH OTHER INFORMATION INDICATING CONCERN FOR THE WELL BEING OF A CHILD

All staff must:

A member of staff who is approached by a child must listen positively and try to reassure them. They cannot promise complete confidentiality and must explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality must always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff must know who the DSL is and who to approach if the DSL is unavailable. The member of staff must always speak to the DSL or DDSL. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this in exceptional circumstances, if the DSL or DDSL is not available. E.g. they are the only adult on the school premises at the time and have concerns about sending a child home. The DSL or DDSL absence should not delay appropriate action being taken.

Guiding principles, the seven R's

Receive

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

Reassure

- Reassure the student, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

Respond

- Respond to the student only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not criticise the alleged perpetrator; the student may care about him/her, and reconciliation may be possible
- Do not ask the student to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the student that it will be a senior member of staff

Report

Share concerns with the designated safeguarding lead as soon as possible (this should be done through CPOMS unless you feel there is an immediate harm to the child in which case this must be done face to face with one of the DSL)

If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly

If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration.

Record

If possible make some very brief notes at the time, and write them up as soon as possible on CPOM

Keep your original notes on file - these should be scanned into CPOMS

Record the date, time, place, person's present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words

Complete a body map to indicate the position of any noticeable bruising (this can be found on cpoms)

Record facts and observable things, rather than your 'interpretations' or 'assumptions'

Remember

Support the child: listen, reassure, and be available

Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues

Try to get some support for yourself if you need it

Review (led by DSL)

Has the action taken provided good outcomes for the child?

Did the procedure work?

Were any deficiencies or weaknesses are identified in the procedure? Have these been remedied?

Is further training required?

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff must be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out.

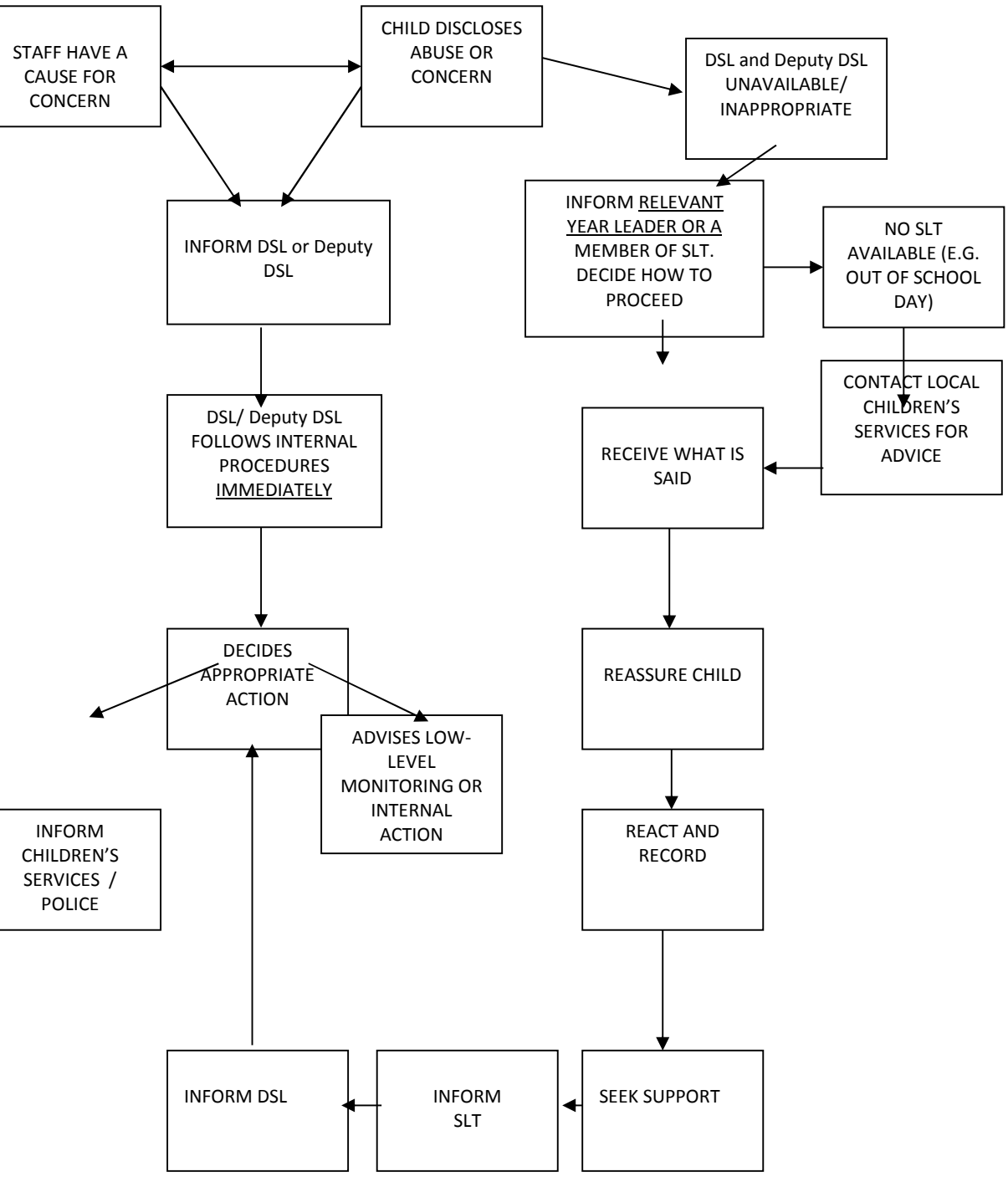
Wherever possible, there should be a conversation with the DSL or DDSL about concerns and options for what to do next. Options include:

- Managing any support for the child internally via the school's own pastoral system
- An early help assessment
- A referral for statutory services for example if the child is in need or suffering or likely to suffer half.

If they have concerns that the disclosure has not been acted upon appropriately they must inform the safeguarding governor of the school and/or may ultimately contact the children's services department. Receiving a disclosure can be upsetting for the member of staff and schools must have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

SAFEGUARDING PROCEDURES

Flow Chart



Appendix 2:

SEXUAL CONTACT BETWEEN STUDENTS

Defining what constitutes normal sexual behaviour and identifying inappropriate sexual behaviour can be a complex task.

Children and adolescents are *normally* sexually curious. Adolescents may behave sexually inappropriately with each other - the boundary between sexual harassment and sexually abusive behaviour can be difficult to define - a major issue is likely to be whether the sexual contact is consensual or not.

Sexual behaviour that is a cause for concern includes:

1. A significant age difference (4+ years) between children. In particular, an adolescent who seemed interested only in younger children would give rise to concern.
2. Sexual behaviour involving threats, bribery or force. Children with special needs are particularly vulnerable where they may not have the intellectual or physical resources to resist abuse.
3. Inappropriate sexualised behaviour - a level of sexual knowledge inconsistent with the level of development that would normally be expected.
4. Physically intrusive and/or aggressive sexual behaviour, including poking objects or parts of bodies into the orifices of other people.
5. A child under 13 is involved.
6. Behaviour sometimes defined as harassment - for example, an adolescent boy cornering a girl and groping her.

It is essential that all such incidents are treated seriously and reported to the DSL immediately. The needs of the victim *must* be addressed, in addition to ensuring that the perpetrator is dealt with in such a way that they acknowledge the seriousness of their action. Where it is believed that this is an isolated incident and unlikely to recur, it may be decided not to contact Children's Services. However, parents/carers of both young people must be contacted to give them an opportunity to support their child. Contact with parents will require sensitivity and whilst an angry or distressed parent may require acknowledgement of their feelings they should be clear about the responsibility for the welfare of all students. It must be remembered that a criminal offence may have been committed and the victim has the right to pursue a complaint against someone who has assaulted them.

Appendix 3:

Safe Working Practice for staff

It is essential that all staff, governors & volunteers working in schools are aware of how to pass on any concerns about other members of staff or volunteers and be conscious of how they must conduct themselves to minimise the risk of finding themselves as the subject of any child protection processes.

In dealing with allegations or concerns against an adult in the school all staff, volunteers and governors must:

- Report to the Head Teacher any concerns about the conduct of other school staff, volunteers, governors or other adults on the school site.
- Inform the Head Teacher as soon as practical if a child makes an allegation against a member of staff, volunteer, governor or other adult on site (within no more than 24 hours).
- If the allegation is against the Head Teacher, the concerns need to be raised with the Chair of Governors (within no more than 24 hours).

Safe Professional Culture

All staff, volunteers and governors must:

- Work in an open and transparent way, avoiding any actions that would lead a reasonable person to question their motivation and/or intentions
- Dress appropriately for their role
- Avoid unnecessary physical contact with children. If physical contact is made;
    - Ensure you are aware of and understand the rules concerning physical restraint.
    - Where it is essential for educational or safety reasons, gain student's permission for that contact wherever possible.
    - To remove a student from a dangerous situation or an object from a student to prevent either harm to themselves or others, then this should be recorded on the correct form and reported to the Head Teacher.
    - It must not be secretive, even if accidental contact was made, it should be reported.

- Understand their position of power and influence over children and not misuse it in any way. This includes but is not limited to accepting regular gifts from children, giving personal gifts to children or giving personal gifts to their parents
- Recognise their influence and not engage in activities out of school that might compromise their position within school.
- Not establish or seek to establish social contact with students outside of school (including students who have left the school – up to the age of 18) . This includes;
    - Communication with students in inappropriate ways, including personal e-mails , social media and mobile telephones.
    - Passing your home address, phone number, e-mail address or other personal details to students / children.
    - The transportation of students in your own vehicle without prior management approval.
    - Contact through any social networking sites.

Safe working practice.

Safer recruitment – please see policy statement

All staff, volunteers and governors must**;**

- Wear their staff badge or visitors badge at all times within the building
- Ensure that they have signed in or out of the building using the school's electronic sign in system
- Ensure a register is taken, and reception informed, if any child is working with you in the school building after 3pm.
- Only use e-mail contact with students via the school's system.
- Be careful about recording images of children and do this only when it is an approved educational activity. This can only be done when parents have given their expressed permission.
- Ensure that areas of the curriculum that may involve sexually explicit information are taught in accordance with school policies.
- Avoid working in one-to-one situations or conferring special attention on one child unless this is part of an agreed school plan or policy.
- Only arrange to meet with students in closed rooms when senior staff have been made aware of this in advance and given their approval.
- Not access abuse images (sometimes referred to as child pornography) or other inappropriate material.
- Not allow boundaries to be unsafe in more informal settings such as trips out, out of school activities etc.
- Never use a physical punishment of any kind.
- Not attribute touch to their teaching style.

.

Informing the Head Teacher

All staff must inform the Head Teacher if;

- There are any incidents or issues that might lead to concerns being raised about your conduct towards a child.
- There is any suggestion a student may be infatuated with you or taking an above normal interest in you.

If a member of staff is the subject of concerns or allegations of a child protection nature they should contact their professional association or trade union for support

Appendix 4 :

ALLEGATIONS AGAINST STAFF

All school staff should take care not to place themselves in a vulnerable position with a child.

All staff should be aware of the school's Behaviour for Learning Policy.

Whistleblowing

It is recognised that children would not be expected to raise concerns in an environment where staff fail to do so.

All staff must be aware of their duty to raise concerns about the attitude or actions of colleagues. Guidance can be found in the school's Whistleblowing policy.

Managing an allegation against a member of staff

It is essential that any allegation of abuse against any member of staff is dealt with fairly, quickly and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is subject to the allegation.

If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the Head Teacher **Mr J Henderson.** Relevant staff will then follow the school's flowchart of actions to be taken within 24, 48 and 72 hours. The local authority designated officer (LADO) will be contacted if appropriate and the relevant guidance will be followed

The LA's Designated Officer is: Sue Sevier
Phone: 023 8091 5535 E-mail: LADO@Southampton.gov.uk

If an allegation is made against the Head Teacher, it should be put in writing and passed to the Business Manager **Mrs J Edwards** (Clerk of the Governing Body)

Dealing with allegations of abuse made against teachers and partnership staff.

It is essential that any allegation of abuse against a teacher or a member of partnership staff is dealt with fairly, quickly and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.

Within 24 hours of the allegation being made.

An allegation is made against a member of staff.

If allegation is made against the Head Teacher, it should be put in writing and passed to the Business Manager (clerk of the governing body) who will refer the matter to the Chair of Governors.

Member of staff who received allegation, notifies the Head Teacher and confirms by email.

SLT Line Manager notifies member of staff who allegation is against and confirms by email.

Deputy Head Teacher to take statements from the student the member of staff and any witnesses.

Using professional judgement and advice from LADO, Head Teacher reviews evidence and decides no action is needed and allegation is 'unfounded'. Deputy Head Teacher informs student and member of staff of this decision, and confirms by email to member of staff. Incident logged on CPOMS if appropriate. Appropriate mediation/apology/punishment is agreed and implemented.

Using professional judgement, Head Tecaher reviews evidence and decides a possible serious breach of conduct (DHT in HT's absence).
Head Teacher to notify student's parents of the allegation.
Head Teacher advises member of staff to consult union.

HT to take and follow HR advice and where appropriate inform the LADO.

Appendix 5 : Child missing in education

Introduction - overview

All children, regardless of their circumstances, are entitled to an efficient, full time education which is suitable to their age, ability, aptitude and any special educational needs they may have.

Children missing education are children of compulsory school age who are not registered students at a school and are not receiving suitable education otherwise than at a school. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.

Effective information sharing between parents, schools and local authorities is critical to ensuring that all children of compulsory school age are safe and receiving suitable education. However, the school must follow GDPR guidelines around information sharing.

Practice

Where possible, we will hold more than one emergency contact number for each student. This goes beyond the legal minimum and is good practice to give the school additional options to make contact with a reasonable adult when a child missing education is also identified as a welfare and/or safeguarding concern.

As a school we will enter students on the admission register at the beginning of the first day on which the school has agreed, or been notified, that the student will attend the school.

If a student fails to attend on the agreed or notified date, we will undertake reasonable enquiries to establish the child's whereabouts and consider notifying the local authority at the earliest opportunity.

We will monitor students' attendance through their daily register and address poor or irregular attendance. Students' poor attendance is referred to the local authority.

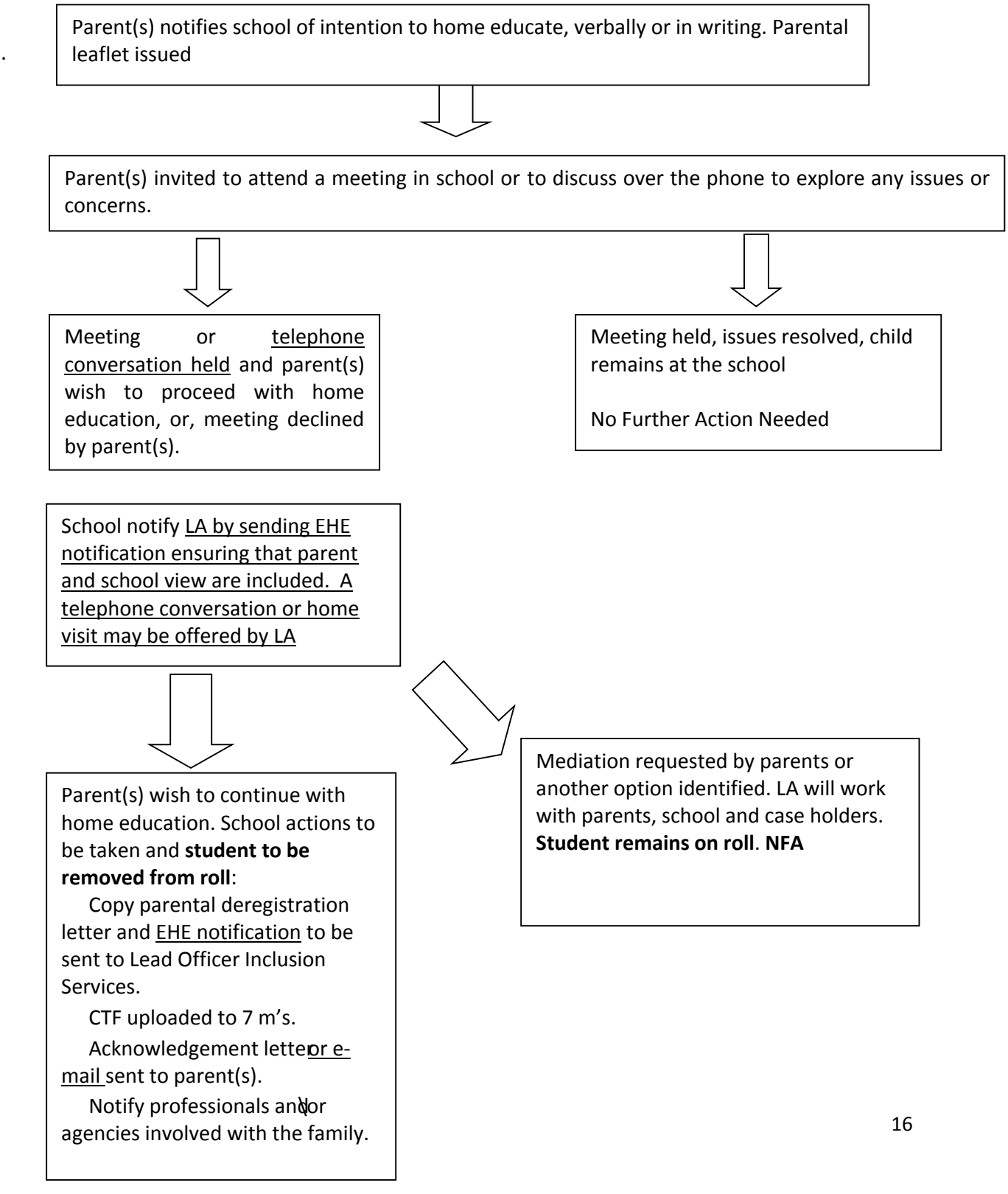
Where a student has not returned to school for ten days after an authorised absence or is absent from school without authorisation for twenty consecutive school days , the student will be removed from the admission register only when we and the local authority have failed, after jointly making reasonable enquiries, to establish the whereabouts of the child. In line with the duty under section 10 of the Children Act 2004, the expectation is that we and the local authority will have in place procedures designed to carry out reasonable enquiries.

Requests for Elective Home Education

The Education (Pupil Registration) (England) Regulations 2006 and subsequent updates provide that a student's name must be deleted from the Admissions Register if the parent has informed the school, in writing, that their child is to be withdrawn from school and educated at home.

As a school we will always follow the protocol as set out by the LA which is in the flow diagram below. All documentation related to this can be found on the school dashboard.

School procedure in relation to a request to Electively Home Educate



Appendix 6 - Children looked after and private care arrangements

We recognise that Children Looked after by the LA and those in private care arrangements are at potential greater risk of safeguarding concerns.

Children Looked After

There is a trained designated teacher with responsibility for Children Looked After . In our school this is Sue Curran.

For details of his role and the responsibility of all staff in relation to Children Looked After please see our Children Looked After policy.

A previously looked after child potentially remains vulnerable and all staff should have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with CLA and previously CLA, it is important that all agencies work together and prompt action is taken on concerns to safeguard these children who are potentially a vulnerable group.

Private Fostering

Private fostering occurs 'when a child under the age of 16 is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home. A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer. https://www.privatefostering.org.uk/

If a member of staff at Woodlands is made aware that child is being privately fostered or believes that they could be, this is to be recorded on CPOMS. The DSL or Deputy DSL will then investigate this further with the child to establish who the child is living with. This information will be passed to Children's Services through the MASH team to ensure that the child is living with an appropriate adult.

Information on SIMS will only be changed if Children's Services confirm that there is an appropriate private fostering arrangement in place. Until this time, next of kin will remain the main contact on SIMS.

Appendix 7 : New Admissions

New admissions
When a new admission is admitted on roll, the SIMS manager will request the CTF file from the previous school.
The Deputy Head Teacher with responsibility for attendance will then request the student's SEN student and CP file, including any CPOMS record.
A record will be kept by DSL (DHT) of when this is requested, when it is received, who has viewed it and when it has been scanned on to the student's secure file.

- The SENCO will be responsible for reading and summarising the SEN file on CPOMS
- The Year Leader will be responsible for reading and summarising the student file on CPOMS
- The DSL (DHT) will be responsible for reading and summarising the CP file on CPOMS

SEN, student and CP files of all new Year 7 students will be collected from primary schools in the final week of the summer term. Prior to September, the SENCO, Year Leader, DSL and Deputy DSL will read and summarise all files. Within the first two weeks of the autumn term, there will be a separate year 7 safeguarding meeting to discuss the SEN and CP information of all Year 7 students to ensure appropriate plans are in place for the students.

School Leavers
When a student leaves the school, the SIMs manager will send the CTF file across to the receiving school.
The DHT teacher with responsibility for attendance will then ask the AYL to post and/or send the student's SEN, student and CP file.
A confirmation of receipt will be sent to the receiving school to confirm that they have received each individual file. This will be returned to DSL (DHT).
A record will be kept by DSL (DHT) of when each file is sent and received.

Appendix 8
Recognising Abuse

The following definitions are taken from Working Together to Safeguard Children HM Government
(March 2015)

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or another child.

Neglect
Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The nature of neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors. Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans. Neglect can include parents or carers failing to:

- Provide adequate food, clothing and shelter
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision or stimulation
- Ensure access to appropriate medical care or treatment.
- NSPCC research has highlighted the following examples of the neglect of children under 12
- Frequently going hungry
- Frequently having to go to school in dirty clothes
- Regularly having to look after themselves because of parents being away or having
- problems such as drug or alcohol misuse
- Being abandoned or deserted
- Living at home in dangerous physical conditions
- Not being taken to the doctor when ill
- Not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.
Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard

and promote the welfare of children (What to do if you are worried a child is being abused 2006) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.
Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person/designated safeguarding lead.

Indicators of neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated
- Looking sad, false smiles

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

Emotional Abuse
The nature of emotional abuse

- Most harm is produced in low warmth, high criticism homes, not from single incidents.
- Emotional abuse is difficult to define, identify/recognise and/or prove.
- Emotional abuse is chronic and cumulative and has a long-term impact.
- All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.
- Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behaviour from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Indicators of Emotional Abuse

Developmental issues

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

Behaviour

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc.)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late
- Social issues
- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

.

Emotional responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations ("I deserve this")
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

Physical Abuse

The nature of physical abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the bony prominences – e.g., shins. Injuries on the soft areas of the

body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.
A body map can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Indicators of physical Abuse / Factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face).
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped).
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head.
- Bruises on the back, chest, buttocks, or on the inside of the thighs.
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle.
- Bite marks.
- Deliberate burning may also be indicated by the pattern of an instrument or object –
- Scalds with upward splash marks or tide marks.
- Untreated injuries.
- Recurrent injuries or burns.
- Bald patches.

In the social context of the school or college, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- The explanation given does not match the injury.
- The explanation uses words or phrases that do not match the vocabulary of the child (adults words).
- No explanation is forthcoming.
- The child (or the parent/carer) is secretive or evasive.
- The injury is accompanied by allegations of abuse or assault.

You should be concerned if the child or young person:

- Is reluctant to have parents/carers contacted.
- Runs away or shows fear of going home.
- Is aggressive towards themselves or others.
- Flinches when approached or touched.
- Is reluctant to undress to change clothing for sport.
- Wears long sleeves during hot weather.
- Is unnaturally compliant in the presence of parents/carers.
- Has a fear of medical help or attention.
- Admits to a punishment that appears excessive.

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive, 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, The abuse can encompass:

- Pyscological
- Physical
- Sexual
- Financial
- Emotional

Exposure to domestic abuse and/or violence can have serious long lasting emotional and psychological impact on children. In some cases children may blame themselves for the abuse.

Sexual Abuse

The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities.
Characteristics of child sexual abuse:

- It is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic.
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent.
- Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

.

Most people who sexually abuse children are men, but some women sexually abuse too.

Indicators of sexual abuse

- Physical observations Damage to genitalia, anus or mouth.
- Sexually transmitted diseases.
- Unexpected pregnancy, especially in very young girls.
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching.
- Unexplained recurrent urinary tract infections and discharges or abdominal pain.
- Behavioural observations
- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or
- clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour

- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour,
- Onset of wetting, by day or night
- Nightmares
- Child sexual exploitation (CSE) Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out
- discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Signs and indicators of sexual exploitation are in line with that of sexual abuse.

Like all forms of child sex abuse, child exploitation:

- Can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 years old who can legally consent to have sex
- Can still be abuse even if the sexual activity appears consensual
- Can include both contact (penetrative and non-penetrative acts) an non-contact sexual activity
- Can take place in person or via technology or a combination of both
- Can involve force and/or entitlement-based methods of compliance and may or may not be accompanied by violence or threats of violence
- May occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media)
- Can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse
- Is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

- https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-beingsexually-exploited
- http://4lscb.proceduresonline.com/chapters/p_sexual_exploit.html

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfre. The DSL and DDSL should be aware of contact details and referral routes into the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators a family may

be at risk of homelessness are:

- Household debt
- Rent arrears
- Domestic abuse
- Anti-social behaviour
- Termination of contract

The DSL and DDSL will work closely with children's services where appropriate and consider Early Help support if not already in place.

Forced marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

- https://www.gov.uk/forced-marriage
- http://4lscb.proceduresonline.com/chapters/p_fab_ind_ill.html

Honour based Violence

Abuse is committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators.

It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practise FGM.
Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Warning signs that FGM may be about to take place, or may have already taken place.

Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

- https://www.gov.uk/government/publications/female-genital-mutilation-guidelines
- http://4lscb.proceduresonline.com/chapters/p_fab_ind_ill.html

Faith abuse

The belief in "possession or "witchcraft" is widespread. It is not confined to particular countries, cultures or religions, nor is it confined to new immigrant communities in this country.

The definition which is commonly accepted across faith-based organisations, nongovernmental organisations and the public sector is the term 'possession by evil spirits' or 'witchcraft'.

The number of known cases of child abuse linked to accusations of "possession" or "witchcraft" is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem.

Such abuse generally occurs when a carer views a child as being "different", attributes this difference to the child being "possessed" or involved in "witchcraft" and attempts to exorcise him or her.

A child could be viewed as "different" for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of "possession" or "witchcraft". These include family stress and/or a change in the family structure.

The attempt to "exorcise" may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

Any siblings or other children in the household may be well cared for with all their needs met by the parents and carers. The other children may have been drawn in by the adults to view the child as "different" and may have been encouraged to participate in the adult activities:

- https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuselinked-to-faith-or-belief
- http://4lscb.proceduresonline.com/chapters/p_ca_religion.html

Fabricated and Induced Illness (FII)

Fabricated or Induced Illness (FII) is a condition whereby a child suffers harm through the deliberate action of her/his main carer and which is attributed by the adult to another cause.

It is a relatively rare but potentially lethal form of abuse.

Concerns will be raised for a small number of children when it is considered that the health or development of a child is likely to be significantly impaired or further impaired by the actions of a carer or carers having fabricated or induced illness.

The range of symptoms and body systems involved in the spectrum of fabricated or induced illness are extremely wide, as can be the medical services in which children present, spanning primary, secondary and tertiary care.

There are three main ways of the carer fabricating or inducing illness in a child:

- Fabrication of signs and symptoms, including fabrication of past medical history;
- Fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluids;
- Induction of illness by a variety of means.

The above three methods are not mutually exclusive.

Harm to the child may be caused through unnecessary or invasive medical treatment, which may be harmful and possibly dangerous, based on symptoms that are falsely described or deliberately manufactured by the carer, and lack independent corroboration.

It is important that the focus is on the outcomes or impact on the child's health and development and not initially on attempts to diagnose the parent or carer.

- http://4lscb.proceduresonline.com/chapters/p_fab_ind_ill.html

Radicalisation

Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups.

There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas. The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame.

Three main areas of concern have been identified for initial attention in developing the awareness and understanding of how to recognise and respond to the increasing threat of children/young people being radicalised:

- Increasing understanding of radicalisation and the various forms it might take, thereby enhancing the skills and abilities to recognise signs and indicators amongst all staff working with children and young people;
- Identifying a range of interventions - universal, targeted and specialist - and the expertise to apply these proportionately and appropriately;
- Taking appropriate measures to safeguard the wellbeing of children living with or in direct contact with known extremists.

- https://www.gov.uk/government/publications/channel-guidance
- http://4lscb.proceduresonline.com/chapters/p_child_subject_violent_extremism.html

Peer to Peer Abuse

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to, bullying (including cyber-bullying), sexual violence, sexual harassment and sexting. All staff should be clear as to the school's policy and procedures to peer on peer abuse.

Peer to peer abuse will not be tolerated or passed off as 'banter', 'just having a laugh' or 'part of growing up. It is to be treated in the same way as bullying behaviour outlined in the 'positive relationships policy'. Victims of peer to peer abuse are more likely to be girls however, all peer to peer abuse is unacceptable and will be taken seriously.

The different forms of peer to peer abuse are:

- Sexual violence
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling or other physical harm
- Sexting (see school approach to this below)
- Initiating/hazing type violence and rituals

Peer to Peer sexual violence

Sexual violence and sexual harassment is not acceptable and will not be tolerated.

If a child on child sexual assault is reported the school will respond on a case-by-case basis, supported by children's social care and the police. All victims will be taken seriously, supported and kept safe. Following a report of sexual violence, the DSL or DDSL will make an immediate risk and needs assessment, considering:

- The victim
- The alleged perpetrator
- All other children (and if appropriate staff)

Risk assessments should be recorded and kept under review. The DSL or DDSL will ensure that they continue to engage with Children's Services and the Police.

Action following a report of sexual violence and/or sexual harassment:

We will consider:

- The wishes of the victim in terms of how they want to proceed
- The nature of the alleged incident
- The ages of the children involved
- The development stages of the children involved
- Any power imbalance between the children
- Is the incident a one-off or a sustained pattern of abuse
- Are there ongoing risks to the victim, other children and/or school staff
- Contextual safeguarding issues

Staff will act in the best interests of the child.

We will consider 4 scenarios when managing a report of sexual violence or harassment:

1. Manage internally – the school manages the incident
2. Early Help – multi-agency early help
3. Referrals to Children's services
4. Reporting to the police – in parallel to children's services

If there is a police investigation, we will work collaboratively with children's services and the

police to safeguard the victim and the alleged perpetrator. Regardless of whether the child has committed the crime or not, all children involved should be protected. The school will ensure that the alleged perpetrator remains in education however, this may be in an alternative provision.

Sexting and eSafety

School can search a student for any prohibited item; this includes searching a mobile phone for inappropriate messages and pornographic images. The school may examine the data or files on the device if they think there is good reason to do so. They may delete data or files if they think there is good reason to do so unless they are going to give the device to the police. There is no need for parental consent. There is no legal requirement to keep a record of a search. (DFE Searching, screening and confiscation advice January 2018) The school's approach to sexting can be found in the 'positive relationships policy'.

21st century life presents dangers including violence, racism and exploitation from which children and young people need to be reasonably protected. At an appropriate age and maturity they will need to learn to recognise and avoid these risks — to become "Internetwise".
The rapid development and accessibility of the Internet and new technologies such as personal publishing and social networking means that e-Safety is an ever growing and changing area of interest and concern.

E-Safety encompasses not only Internet technologies but also electronic communications via mobile phones, games consoles and wireless technology. It highlights the need to educate children and young people about the benefits, risks and responsibilities of using information technology.

E-Safety depends on schools, staff, governors, parents and the students themselves taking responsibility for their actions online. Staff have a particular responsibility to supervise students, plan access and be an appropriate role model. The balance between educating students to take a responsible approach and the use of regulation must be judged carefully.

Some of the material on the Internet is published for an adult audience and can include violent and adult content. Information on weapons, crime and racism may also be unsuitable for children and young people to access. Children and young people need to develop critical skills to evaluate online material and learn that publishing personal information could compromise their security and that of others. Schools have a duty of
care to enable students to use on-line systems safely.

- http://www.saferinternet.org.uk/
- http://ceop.police.uk/
- http://4lscb.proceduresonline.com/chapters/p_ca_information.html

Teenage relationship abuse

Relationship abuse includes; emotional abuse, physical abuse, sexual abuse, finance abuse.

Research has shown that some teenagers have worryingly high levels of acceptance of abuse within relationships and often justify the abuse with the actions of the victim, e.g. because they were unfaithful. Nearly 75% of girls and 50% of boys have reported some sort of emotional partner abuse (NSPCC and the University of Bristol 2009).

Some of the signs below could indicate that a young person is experiencing relationship abuse. This list is not exhaustive and young people respond differently. These signs could also be due to other causes, but it is useful to be aware of common responses;

- Physical signs of injury / illness
- Truancy, failing grades
- Withdrawal, passivity, being compliant
- Changes in mood and personality
- Isolation from family and friends
- Frequent texts and calls from boyfriend / girlfriend
- Inappropriate sexual behaviour / language / attitudes
- Depression
- Pregnancy
- Use of drugs / alcohol (where there was no prior use)
- Self-harm
- Eating disorders or problems sleeping
- Symptoms of post-traumatic stress
- Bullying / being bullied.

Relationship abuse can have a negative impact on a young person's cognitive ability which can affect how they behave at school.

Lesbian, gay, bisexual and trans (LGBT) young people experience relationship abuse at similar rates as heterosexual young people and, for some, it can be an increased risk factor. LGBT young people can face additional barriers to identifying abuse and seeking help. They may be concerned about revealing their sexual orientation; fearful of homophobic reactions from family, friends and professionals, and unaware of specialist support services.

At least 750,000 children a year witness domestic violence at home. (Department of Health 2002). Discussing teenage relationship abuse may raise issues for young people who have experienced neglect and / or witnessed domestic violence at home. It is important to be aware of this and to deal with it as you would any other child protection issue.

- https://www.gov.uk/government/collections/this-is-abuse-campaign

Bullying

Bullying is defined as "behaviour by an individual or group, usually repeated over time, that intentionally hurts another individual or group either physically or emotionally" (DfE definition).

It can be inflicted on a child by another child or an adult.

It can take many forms, but the three main types are:

- Physical - for example, hitting, kicking, shoving, theft
- Verbal - for example, threats, name calling, racist or homophobic remarks
- Emotional - for example, isolating an individual from activities/games and the social acceptance of their peer group.

Cyberbullying is defined as "the use of Information Communications Technology (ICT), particularly mobile phones and the internet, deliberately to upset someone else" (DfE definition).

Bullying often starts with apparently trivial events such as teasing and name calling which nevertheless rely on an abuse of power. Such abuses of power, if left unchallenged, can lead to more serious forms of abuse, such as domestic violence, racial attacks, sexual offences and self-harm or suicide.

- http://4lscb.proceduresonline.com/chapters/p_bullying.html

Gangs and youth violence

A gang is defined as a "relatively durable group who have a collective identity and meet frequently. They are predominantly street-based groups of young people who see themselves (and are seen by others) as a discernible groups for whom crime and violence is integral to the groups' identity."

Being part of a friendship group is a normal element of growing up and it can be common for groups of children and young people to gather together in public places to socialise. Although some group gatherings can lead to increased antisocial behaviour and youth offending, these activities should not be confused with the serious violence of a gang.

While students generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any educational establishment. Schools and colleges are places where important interventions can take place to prevent negative behaviour, such as young people carrying a knife.

- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226293/Advice_to_Schools_and_Colleges_on_Gangs.pdf
- http://4lscb.proceduresonline.com/chapters/p_safeg_gang_activity.html

Gender based violence

Gender based violence is the collective term for "violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty" (United Nations, 1992).

It comprises a range of abuse that includes domestic abuse, rape and sexual assault, childhood sexual abuse, sexual harassment and stalking, commercial sexual exploitation, and harmful traditional practices such as female genital mutilation (FGM), forced marriage and so called 'honour' crimes.

In the latest figures from 2012 to 2013 published by the ONS it is estimated that around 1.2 million women suffered domestic abuse and over 330,000 women were sexually assaulted. Domestic and sexual violence is often hidden away behind closed doors, with the victim suffering in silence.

Being female is the key risk factor for gender-based violence. GBV cuts across all boundaries of age, ethnicity, disability, sexual orientation, religion & belief and socio economic inequality. It is also important to recognise that men too can experience abuse whilst women may be perpetrators, and that abuse within same sex relationships has a similar prevalence to heterosexual relationships.

- https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-theuk

Alcohol and Drug use

In addition to alcohol drugs includes, tobacco, illegal drugs, medicines, new psychoactive substances ("legal highs") and volatile substances.

Drug use can be a symptom of other problems and schools should be ready to involve or refer students to other services when needed.

The Advisory Council on the Misuse of Drugs (ACMD) Report 'Hidden Harm – responding to the needs of children of problem drug users' estimated that there are between 200,000 - 300,000 children of problem drug users in England and Wales, i.e. 2-3% of all children under the age of 16. The report also concludes that parental drug misuse can and does cause serious harm to children at every age from conception to adulthood.

The effects on children of the misuse of alcohol by one or both parents or carers are complex and may vary in time, which is why a thorough assessment of needs and risk of harm is important. In some cases the misuse of alcohol may be one factor which, when linked to domestic violence or mental illness, may increase the risks to the child.

The circumstances of children must be carefully assessed not only to consider immediate risks but also the long term effects on the child of their parents' / carers' alcohol misuse. The children of parents/carers who misuse alcohol are at increased risk of developing alcohol problems themselves and of being separated from their parents/carers. Research demonstrates that children who themselves start drinking at an early age are at greater risk of unwanted sexual encounters and injuries through accidents and fighting.

- http://4lscb.proceduresonline.com/chapters/p_chil_alc_mis_par.html
- https://www.gov.uk/government/publications/drugs-advice-for-schools
- http://4lscb.proceduresonline.com/chapters/p_chil_drug_mis_par.html

Mental health

Mental Health is how someone is feeling in their mind. Good mental health is about feeling good about your life and being able to cope with problems when they happen.
Good mental health is called mental well-being. A mental health problem is a problem with someone's mind that makes it difficult for them to live a normal life. Mental health problems may be small problems or more serious problems. They may last for a short time or a long time.

The mental health of a parent or carer does not necessarily have an adverse impact on a child but it is essential to assess the implications for the child. If any agency has concerns that a child is at risk of harm because of the impact of the parent/carer's mental health they should check to see if the child is subject to a Child Protection Plan.

Children are at greatest risk when:

- The child features within parental/carer delusions
- The child becomes the focus of the parent's/carer's aggression.

In these circumstances the child should be considered at immediate risk of harm and a referral

made to Children's Social Care Services

- https://www.gov.uk/government/publications/the-mental-health-strategy-for-england
- http://4lscb.proceduresonline.com/chapters/p_childatrisk_mhpar.html