# Safeguarding Response to Mental Health and Child on Child Abuse

***All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation* (KCSIE, 2026)**

***All staff should recognise that children are capable of abusing their peers. All staff should be clear about their settings's policy and procedures with regard to child-on-child abuse* (KCSIE, 2026)**

## There is a concern about a learner's mental health

***Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.* (KCSIE, 2026)**

## You are made aware of an incident or pattern of child-on-child abuse

**Possible examples of peer on peer abuse**

- **Bullying (and cyberbullying)**
- **Physical abuse**
- **Sexual violence and sexual harassment**
- **Upskirting**
- **Sexting**
- **Initiation/hazing type violence and rituals**

**Secure the safety of the learner(s) involved and source support for any other young people affected**

**Record the concern/incident in line with your setting's safeguarding and child protection policy, DSL and deputies are notified**

**The concern is reviewed by the DSL and safeguarding team. Information should be cross-referenced with attendance, behaviour records, attainment and any safeguarding and child protection concerns.**

**Additional guidance used to respond to the concern:**

- ***Mental health and behaviour in schools* (link)**
- ***Promoting children and young people's mental health and wellbeing* (link)**

**Concern and need reviewed alongside learner and family**

**Concern can be managed internally through setting-based early help, support and signposting.**

**Concern requires additional support from a targeted agency or Primary Mental Health Specialist.**

**Child protection concern that requires a referral to social care for an assessment under s.17 or s.47 of the Children's Act 1989. School may also refer directly to CAMHs.**

**Outcomes**

**Additional guidance used to respond to the concern**

- ***Advice for Schools and Colleges on Responding to Sexting Incidents* (link)**
- ***Sexual Behaviours Traffic Light Tool* (link)**
- ***Preventing and Tackling Bullying* (link)**
- ***NPCC: When to call the police* (link)**

**Outcomes**

**Concerns managed internally through pastoral support, contextual safeguarding, restorative approaches, RSE/PSHE. Setting informs parents/carers of incident and actions.**

**Repeat incidents or that of moderate concern – Setting liaises with parents/carers. Consider seeking consent and advice for targeted/specialist services to support all learners involved in the incident(s).**

**Clear child protection concerns/criminal issue. Make a referral to social care and/or the police for consideration of a statutory assessment.**

**All actions, risk assessments and responses should be recorded on the Safeguarding/Child Protection file. Plans/risk assessments should be regularly reviewed or on any occasion another concern is raised.**

Appendix **B**

# Multi-Agency Contacts for Safeguarding in Education.

**If you have concerns about a child/young person in Somerset:**

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| If a child is at immediate risk call the POLICE | **POLICE** 999 |
| To make an URGENT referral to Children's Social Care | i.e., a child is likely to suffer or is suffering significant harm, call Somerset Direct.<br>**Somerset Direct 0300 123 2224** |
| To make a NON-URGENT referral to Children's Social Care. | Complete an Early Help Assessment and send to **SD Inputters SDinputters@somerset.gov.uk** |
| To raise concerns and ask for advice about radicalisation (also contact Somerset Direct). | **Police Prevent Team -** 01278 647466<br>PreventSW@avonandsomerset.police.uk<br>**Local Authority Prevent Lead** prevent@somerset.gov.uk |
| To liaise with the specialist Safeguarding Police Unit | **Lighthouse Safeguarding Unit – Avon and Somerset Police 01278 649228** |

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| **DSL Consultation Line**<br>0300 123 3078 | **Inclusion Advice Line**<br>0300 123 2224<br>Contact the Inclusion Advice Line - Somerset Council | **Critical Incident Support**<br>EPS 0300 123 2224 |

**If you have concerns about a professional working with a child:**

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| To raise concerns and ask for guidance in relation to the conduct of someone who works with children. | **Local Authority Designated Officer - (LADO)**<br>Allegations Management - Somerset Safeguarding Children Partnership |

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| **For information, advice, and guidance in relation to safeguarding policy and procedures:**<br>**Education Safeguarding Leads** Educationsafeguardinglead@somerset.gov.uk<br>Katherine Hollinghurst (East) Katherine.hollinghurst@somerset.gov.uk<br>Beth Ollive (West) Beth.ollive@somerset.gov.uk<br>Hari Fuller (Early Years) Harriet.fuller@somerset.gov.uk |
| **For advice and support in relation to Critical Incidents, attendance, SEND, Children Looked After:**<br>Inclusion Advice Line |

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| Child sexual exploitation & child criminal exploitation | **Operation Topaz (Avon and Somerset Police)**<br>https://www.avonandsomerset.police.uk/forms/vul |

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| Child Missing from Education | Notify us of a Child Missing from Education (CME) - Somerset Council |
| Children affected by Forced Marriage | **Forced Marriage Unit**<br>020 7008 0151 fmu@fco.gov.uk |
| Online Safety Advice | **Professional Online Safeguarding Helpline**<br>T: 0344 381 4772<br>E: helpline@saferinternet.org.uk |
| Reporting online sexual abuse and grooming | **Child Exploitation and Online Protection command**<br>https://www.ceop.police.uk/ceop-reporting/ |
| FGM advice | **NSPCC FGM Helpline**<br>0800 028 3550 fgmhelp@nspcc.org.uk |
| Domestic Abuse Helpline | 0808 2000 247 |
| Young Carers – advice and support. | 0300 123 2224 YoungCarersmailbox@somerset.gov.uk |
| CAMHS | **Single Point of Access** CAMHS Single Point of Access (SPA) - CAMHS (somersetft.nhs.uk)<br>0300 1245 012 camhsspa@somersetft.nhs.uk |
| Whistleblowing professional policy | **NSPCC Whistleblowing hotline**<br>0800 028 0285 help@nspcc.org.uk |
| Advice around harmful sexual behaviour. | DSL consultation line 0300 123 3078<br>Somerset Harmful Sexual Behaviour Protocol - Somerset Safeguarding Children Partnership |

## Appendix C: Dealing with a disclosure of abuse.

### When a child tells me about abuse they have suffered, what must I remember?

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell them you are pleased that they are speaking to you.
- Never promise confidentiality. Assure them that you will try to help but let the child know that you may have to tell other people in order to do this. State who this will be and why.
- Do not ask "leading questions" or press for information. Use ‘Tell Me, Explain to me, Describe to me’ (TED) questioning.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you, using their own language.
- Praise the child for telling you. Communicate that they have a right to be safe and protected.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what they have told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child’s own language. Include any questions you may have asked. Do not add any opinions or interpretations.
- Remember that records may be used as evidence in court proceedings and need to be factual and accurate.

NB It is not education staff’s role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

- “The 5 R’s” are helpful in understanding what professional's duties are in relation to responding to an incident.

**Recognise – Respond – Reassure – Refer – Record**

# Appendix D: Types of abuse and neglect

The NSPCC has produced a series of Expert Insight videos, Expert insight videos | NSPCC Learning where experts talk about key child protection topics and share learning from their safeguarding experiences.

Abuse and neglect are defined as the maltreatment of a child or young person whereby someone may abuse or neglect a child by inflicting harm, or by failing to prevent harm. They may be abused by an adult or adults or by another child or children. Children may also cause harm to other family members, often referred to as child to parent or care giver abuse.

All school staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. For children with Special Educational Needs and Disabilities (SEND) additional barriers can exist when identifying abuse and neglect, these include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.
- being more prone to peer group isolation than other children.
- the potential for children with SEN and disabilities being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

To address these additional challenges, schools and colleges should consider extra pastoral support for children with SEND (KCSIE, 2026).

The following are the definition of abuse and neglect as set out in Keeping Children Safe in Education 2026, however, the ultimate responsibility to assess and define the type of abuse a child or young person may be subject to is that of the Police and Children's Services – our responsibility is to understand what each category of abuse is and how this can impact on the welfare and development of our children and where we have concerns that a child or young person may be at risk of abuse and neglect (one or more categories can apply) to take appropriate action as early as possible.

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

**Physical abuse**: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**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 caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Emotional abuse**: the persistent emotional maltreatment of a child such as to cause severe and 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. This can include verbal abuse such as persistent criticism, belittling or name-calling. 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 cyberbullying), 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, although it may occur alone.

**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 penetration with an object) 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.

The Centre of expertise on child sexual abuse has useful resources and training Home | CSA Centre.