



ACHIEVE BEYOND  
SCHOOLS

**“We R.A.I.S.E. each other”**

# Safeguarding and Child Protection Policy

Independent School Standards: paragraphs 7 and 34

<b>Latest review and update</b>	March 2026
<b>Next external review and update</b>	January 2027

## AIM

This policy integrates and paraphrases key statutory requirements from Keeping Children Safe in Education (KCSIE) 2025, Working Together to Safeguard Children (WTSC) 2026, DfE Filtering & Monitoring Standards, and other relevant legislation (Children Acts 1989/2004, Education Acts 2002, Prevent Duty 2015, Equality Act 2010, UK GDPR/Data Protection Act 2018). It provides colleagues, volunteers, directors, and governors with clear guidance on safeguarding responsibilities, including child protection, online safety, safer recruitment, reporting concerns, and multi-agency working, without requiring direct access to external links. This ensures all colleagues understand their duties and the school's statutory obligations.

The policy is provided to all adults who work in our schools at induction, alongside with Part One of the statutory guidance

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## **1) POLICY STATEMENT & SCOPE**

Achieve Beyond Schools exists to re-engage pupils who struggle to access full-time mainstream schooling. Pupils are referred by local authorities and many have additional vulnerabilities including SEND, SEMH needs, social workers, looked-after, and persistent non-attenders. Safeguarding and promoting the welfare of our pupils is everyone's responsibility. All colleagues, directors, volunteers, contractors, and partners are expected to behave in ways that protect pupils from harm, both on-site and off-site, online, and in the community.

This policy should be read alongside:

- **Keeping Children Safe in Education (KCSIE) 2025** – statutory guidance on safeguarding and child protection, including Part 1 (all colleagues), Part 3 (safer recruitment), Part 4 (allegations against adults), Annex B (specific safeguarding issues), and Annex F (changes summary).
- **Working Together to Safeguard Children (WTSC) 2026** – statutory guidance on inter-agency safeguarding, early help, and referrals.

## **2) STATUTORY & POLICY FRAMEWORK**

We pay regard to:

- KCSIE 2025 (statutory guidance)
- WTSC 2026 (statutory guidance)
- DfE Filtering & Monitoring Standards for schools/colleges (including regular testing, risk assessment, and reporting).
- Education Act 2002 (s175/157); Children Acts 1989 & 2004; Independent School Standards (where applicable); Prevent Duty 2015; UK GDPR/Data Protection Act 2018; Equality Act 2010.

This framework ensures pupils are protected from maltreatment, impairment of health or development, neglect, or abuse, and receive safe and effective care in our schools.

### **3) DEFINITIONS**

- **Safeguarding:** protecting children from maltreatment; preventing impairment of health or development; ensuring safe and effective care; and taking action to enable children to achieve the best outcomes.
- **Child Protection:** activities undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
- **Early Help:** intervention and support when a child's needs do not meet statutory thresholds, but preventative action is needed.

### **4) PRINCIPLES FOR ACHIEVE BEYOND SCHOOLS**

- Pupils' safety always comes first.
- Pupils may arrive with heightened vulnerabilities including non-attendance, exploitation, online risks, mental health needs, exclusion, missing education, or family adversity.
- Initial safeguarding individual risk assessments are completed for each pupil, with multi-agency information-sharing and a plan for support.
- Education and therapy is delivered flexibly with consistent safeguarding practices.
- Relationships, belonging, predictable routines, and trauma-informed practice underpin all interventions and our approach.
- Attendance, behaviour, mental health, and safeguarding are treated as **interrelated**.

### **5) ROLES & RESPONSIBILITIES**

#### **Directors and the Proprietor Body**

- Ensure compliance with statutory guidance.
- Approve and annually review this policy.
- Oversee safer recruitment and maintain the Single Central Record.
- Ensure resources, training, and effective filtering/monitoring arrangements.
- Hold Headteachers to account via regular safeguarding audits and reports.

#### **Headteacher**

- Accountable for safeguarding culture and practice and the implementation of this policy.
- Ensure colleagues read Part 1 (or Annex A) of KCSIE.
- Ensure allegations/concerns procedures are followed.
- Ensure curriculum covers RSHE and online safety.
- Ensure timely help and support for pupils.

#### **DSL & Deputies**

- Lead referrals, early help, and liaise with social care, police, health, and Prevent/Channel.
- Advise colleagues and manage safeguarding records.

- Oversee the monitoring and effective implementation of the following policies:
  - risk assessment
  - attendance
  - anti-bullying strategy
  - online safety (filtering/monitoring)
  - physical intervention
- Provide colleagues with induction, training and regular updates.
- Termly link meetings with Designated Safeguarding Quality & Standards Committee (DSQSC) member.

#### **All colleagues**

- Maintain professional curiosity; pupils' safety always comes first so report concerns immediately.
- Read and understand Part 1 of KCSIE and Annex B.
- Follow the code of conduct and online safety rules.

#### **IT/network lead**

- Works with DSL and leadership team to implement and review filtering and monitoring systems on a regular basis.
- Provides actionable logs and alerts for safeguarding pupils and adults immediately wherever necessary.

### **6) SAFER RECRUITMENT, SCR & INDUCTION**

- All recruitment follows KCSIE Part 3: scrutinising applications, references, identity, enhanced DBS (and barred list where applicable), overseas checks, right to work, qualifications, verifications, and Section 128 checks for all leaders.
- Leaders involved in safer recruitment receive safer recruitment training
- All members of the quality & standards committee are subject to an Enhanced DBS check; a barred list check is not carried out as they are not in regulated activity.
- Maintain Single Central Record for all colleagues, visitors and contractors.
- Induction includes safeguarding, people handbook, online safety and managing child on child abuse and whistleblowing procedures.
- The schools do not make use of supply staff.

### **7) MANAGING CONCERNS, EARLY HELP & REFERRALS**

- **Immediate Risk:** Inform the DSL or call 999; record the concern.
- **Early Help:** DSL coordinates interventions per local thresholds; multi-agency collaboration; escalate if support stalls.
- **Referrals:** DSL makes timely referrals to social care; this may escalate if needed.
- **Children Missing Education (CME):** Daily safe-and-well checks; liaison with referrers or local authorities.

- **Information Sharing:** Follows statutory guidance, GDPR/DPA, and seven golden rules; safeguarding is a legitimate interest to share.

## **8) ALLEGATIONS AGAINST COLLEAGUES VOLUNTEERS & LOW-LEVEL CONCERNS**

- **Harm Threshold Allegations:** Headteacher informs LADO, follows advice, considers suspension, DBS/TRA referrals, and Ofsted/commissioners notifications.
- **Low-Level Concerns:** Concerns inconsistent with people handbook but below harm threshold are logged, addressed, and reviewed for patterns.
- **Whistleblowing:** All colleagues know internal and external escalation procedures.

### **SUMMARY TABLE OF WHO WILL INVESTIGATE CONCERNS**

<b>Concern about...</b>	<b>Who will investigate?</b>
Any colleague up to and including Deputy Headteacher	Headteacher head@abschools.uk
A Headteacher	Patrik Foster Chair pfoster@abschools.uk
A member of the proprietor body	Local Authority Designated Officer (LADO) for Stafford 0300 111 8007 (Staffordshire Safeguarding Children Partnership) staffordshire.lado@staffordshire.gov.uk

In the event the of allegations being made against the Headteacher, where the Headteacher is also the Chair of the proprietor body, allegations should be reported to the directly to the designated officer at the local authority.

## **9) ONLINE SAFETY**

### **9.1 Risk & Education**

- Online safety and digital resilience is taught across computing, PSHE and RSHE, covering the Cs: content, contact, conduct, commerce; image sharing, scams, misinformation, and AI-generated media.

### **9.2 Filtering & Monitoring**

- As a school, we ensure effective filtering and monitoring arrangements are in place.
- We **aim to** meet all elements of the DfE standards, including:
  - clear roles and responsibilities for monitoring

- age-appropriate, risk-based filtering
- real-time protection and illegal content enforcement
- regular testing and incident response
- annual review reported to Directors.
- Our safety logs produce meaningful alerts for the DSL, supporting safeguarding decisions.

### **9.3 Systems & Devices**

- Managed devices and networks are monitored; personal devices risk-assessed.
- Remote learning platforms are safeguarded; teachers and therapists use approved accounts only.

### **9.4 Emerging Technology & AI**

- Adults and pupils to be trained in safe and ethical use of AI.
- AI policy and guidance from DfE and sector updates informs classroom and filtering decisions.

### **9.5 Reporting**

- Online incidents (harmful content, cyberbullying, grooming, sexual imagery, radicalisation) logged on our pupil management information systems and acted on via safeguarding procedures.
- Parents/carers, social workers and commissioners are informed where appropriate.

## **10) SPECIFIC SAFEGUARDING ISSUES (ANNEX B – KCSIE)**

All colleagues are trained annually and receive regular safeguarding fresher training for:

- Child criminal exploitation (CCE)
- County lines
- Child sexual exploitation (CSE)
- Sexual violence/harassment (peer-on-peer) and harmful sexual behaviour
- Domestic abuse, honour-based abuse (FGM, forced marriage)
- Radicalisation and Prevent; serious violence; bullying/cyberbullying
- Self-harm, eating difficulties, substance misuse
- Children with social workers, looked-after, care leavers, young carers
- Mental health: attendance, behaviour and safeguarding intersections
- Private fostering, homelessness, modern slavery/trafficking, missing from home/care

## **11) CURRICULUM & PUPIL VOICE**

- Safeguarding is embedded in our PSHE/RSHE curriculums.
- Small-group work and one-to-one sessions.
- Critical evaluation of online information; reporting concerns; seeking help.

- Pupil voice informs individual risk assessments, pupil progress plans and whole-setting improvements.

## **12) ATTENDANCE, TRANSPORT & OFF-SITE LEARNING**

- Daily attendance is tracked and analysed at weekly leadership team meetings and at quality and standards committee meetings.
- Safe-and-well checks are carried out daily for any non-attending pupils.
- Home visits are also carried out.
- Off-site visits are always risk-assessed.
- Transport arrangements are risk-assessed, and transport staff appropriately checked.

## **13) BEHAVIOUR, PHYSICAL INTERVENTION & SEARCHING**

- Trauma-informed, relational approach informs our approach to behaviour.
- Reasonable force, searching, and confiscation per DfE guidance; recorded and reported, as per the physical intervention policy.
- Any trends and patterns must inform individual risk assessments and pupil progress plans.

## **14) HEALTH, SAFETY & WELLBEING**

- Site security, first aid, medical conditions, intimate care, risk assessments, and critical incident plans in place.
- Staff escalate environmental risks as needed.

## **15) RECORDS & INFORMATION MANAGEMENT**

- Secure safeguarding system with chronologies, body maps, child voice, and outcomes.
- Records transfer securely when pupils move.
- Analyse trends (attendance, behaviour, online safety alerts, exclusions, bullying) and report to Directors termly.

## **16) TRAINING & UPDATES**

- All adults: induction, annual safeguarding/online safety training and regular updates and refresher training.
- DSL & deputies: renewed at least every two years with refreshers.
- Leaders: Safer recruitment training
- Training covers local thresholds, early help, AP vulnerabilities, online safety (AI included), Prevent, SEND and recording/reporting.

## **17) PEOPLE HANDBOOK (INCLUDING DIGITAL)**

- All adults maintain professional boundaries with all pupils and online/offline.
- Use only approved communication channels; adults must never contact pupils via personal accounts.
- Follow image/recording rules and data protection; breaches addressed via policy and HR procedures.

## **18) PARENTS/CARERS & MULTI-AGENCY WORKING**

- Transparent working with parents/carers unless risk to child.
- Coordinate with referrers, schools, LAs, health, police, voluntary partners; escalate professionally if needed.

## **19) COMPLAINTS & WHISTLEBLOWING**

- See complaints policy.
- All colleagues are made aware of internal and external whistleblowing procedures during inductions and annually thereafter.

## **20) POLICY GOVERNANCE**

- **Approval:** Directors
- **Lead author/owner:** Headteacher
- **Review frequency:** Annual (or sooner if guidance changes or after incidents/learning reviews)
- **Related policies:** Behaviour, Attendance/CME, Online Safety/Acceptable Use, Data Protection, RSHE, Whistleblowing, Health & Safety, Risk Assessments and the People Handbook.

## **APPENDICES**

### **Appendix A – Information for all colleagues**

Below is a set of guidelines that colleagues should take on board when dealing with individual/small groups of pupils. It is important to be mindful at all times of your behaviour in relationship to individual/small groups of pupils and of the potential risk of an allegation. Adults should take necessary precautions to minimise the opportunity for an allegation to be made against them. This is generally about exercising common sense, but all colleagues should specifically take note of the following:

- Even though all classrooms and therapy and sensory rooms at ABS are covered by CCTV, whenever possible try not to be alone in a room with a pupil, regardless of gender. If you are on your own with a pupil, leave the door open and inform a colleague if possible. Always keep an appropriate distance between you and the pupil

- Do not engage in conversations about your personal life with pupils
- Keep boundaries very clear between you and pupils, *particularly* if the conversation involves relationships, emotions, and sexual content
- NEVER exchange mobile phone numbers with pupils. If possible, do not have your mobile phone out when dealing with an individual pupil
- Do not accept pupils (or their family members) as 'friends' or links on social networking websites or mobile phone apps
- If a pupil wishes to disclose personal information to you, ensure that they understand that you cannot guarantee confidentiality. Do not probe them about their personal life unless they approach you. Avoid giving advice to pupils about their relationships.

### **Appendix B – Reporting a Concern**

1. Listen and reassure pupils; do not promise confidentiality.
2. Record facts (time/date/words); sign/date and the school management information system
3. Disclose with the DSL immediately or a DDSL in their absence; if immediate risk, call 999
4. A DSL will assess, consults CS or the Police and inform parents where appropriate.
5. Do continue to support the child and monitor behaviour and outcomes.

### **Appendix C – Online Safety Standards Checklist**

- Named leads for safeguarding, curriculum, and IT; joint risk assessment.
- Technical: age-appropriate filtering, monitoring with actionable alerts, illegal content blocklists, testing, change control, incident response, annual review to Directors.
- Educational: planned digital resilience curriculum; colleagues/parent education; acceptable-use agreements; safe remote learning.
- Emerging tech: safe AI/generative tool use; AI policy and guidance for adults/pupils; procurement due diligence.

### **Appendix D – Definitions & categories of child abuse**

All pupils have certain basic needs, which include:

- Physical care and protection
- Affection and approval
- Stimulation and approval
- Discipline and control that is consistent and appropriate to age
- The opportunity to gradually acquire self-esteem, confidence, independence, and responsibility that are age appropriate.

Individual cases must always be treated on their own merits however in general terms the following definition should provide the bases for action under these guidelines: **“A child is considered to be in need of protection when the basic needs of that child are not being met through avoidable acts of either commission or omission”**.

Before a child is placed on a Child Protection Plan a conference must decide that there is, or is a likelihood of, significant harm leading to the need for a plan. The following are used for the plan. They are intended to provide definitions as a guide; in some instances, more than one category may be appropriate.

### **Neglect**

The persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out an important aspect of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

### **Physical abuse**

Physical injury to a child including deliberately poisoning, where there is definite knowledge, or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

### **Sexual abuse**

The involvement of dependent, developmentally immature pupils and adolescents in sexual activities they do not truly comprehend and to which they are unable to give informed consent, or that violate the social taboos of family roles.

### **Emotional abuse**

Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection. All forms of abuse involve some emotional ill treatment.

### **Neglect**

Severe neglect is associated with major retardation of cognitive functioning as well as growth. It is recognised through a typical pattern of poor growth, poor hygiene, withdrawal and in extreme cases a pseudo-autistic state, all of which can rapidly reverse in alternative care.

Although neglect has one of the most pervasive effects on development and is one of the most frequent forms of abuse, it is an area which is frequently neglected by professionals. Like parents, professionals can feel overwhelmed and hopeless by large families living in squalid conditions.

### **Signs to look out for:**

- Dirty unkempt appearance of child, in overall poor condition
- Thin wispy hair. Underweight child, diarrhoea may indicate poor nutrition
- An undernourished child may be unduly solemn or unresponsive, or may be overeager to obtain food
- An under-stimulated child may not reach expected milestones
- Behaviour and developmental difficulties that cannot be explained by clinical factors.

## **Associated factors**

Neglected children frequently come from homes where there is:

- A parent who is lonely, isolated, unsupported or depressed
- Poor inter-parental relationship / domestic abuse
- A parent who is abusing drugs or alcohol
- A large number of children living in cramped or very poor conditions.

## **Physical abuse (non-accidental injuries)**

It should not be assumed that an injury to a part of the body normally vulnerable to accidental injury has necessarily been caused accidentally – it could be non-accidental. All injuries to children, which do not easily come into the category of normal bumps and scrapes, should be seen by a doctor.

Certain parts of the body are more commonly subjected to non-accidental injury. These include the upper arm, where a child may be gripped or shaken, the back, and the buttocks. Multiple injuries of various types, ages and location are common features of physical abuse.

Most non-accidental injuries leave marks on the body. PE teachers are therefore often key people in the identification of this form of abuse, as they regularly see the children partially dressed.

## **Signs to look out for**

- Children who show a reluctance to undress or to expose parts of their bodies should be monitored as children who may have suffered physical injury
- Unexplained absences
- Physical signs of injury
- Unexplained or confused accounts of how an injury occurred
- Explanation of an injury which appears to be inappropriate to the nature and age of the injury
- Common medical/physical factors associated with physical abuse.

## **Bruising**

- Facial bruising around the mouth and ears
- Groups of small bruises
- Black eyes without a forehead injury, particularly if both eyes are affected
- weal marks or outline of bruising (e.g. hand mark)
- Bruising of soft tissue with no obvious explanation (most bruises occur on bony Protuberances such as the temple or shin)
- Bruises on the back, back of legs, stomach, chest or neck
- Bruises or cuts to mouth or tongue (e.g. split frenulum)
- Pinch marks are found in pairs and may be seen on the back, buttocks, arms or cheeks.

## **Bites**

- Bites leave clear impressions of teeth and some bruising – they are never accidental

- Parents sometimes claim that bites have been made by other children or animals. It is therefore important to check the size and shape of the injury. If the impression is more than 3cms across it will have been caused by an adult or adolescent
- Bites can be inflicted almost anywhere on the body.

### **Burns and scalds**

- Children will sometimes suffer minor burns through hot irons etc., but it is uncommon for multiple burns to be caused accidentally
- A cigarette burn is characteristically round, but may have a tail when dragged against the skin, and is surrounded by an area of inflamed skin
- Cigarette burns can be found in groups and can be found on any part of the body
- Scalds from boiling water may result from lack of supervision, or non-accidentally
- A child is very unlikely to sit down willingly in very hot water; therefore he cannot scald a bottom accidentally without also scalding the feet
- Burns and / or scalds are particularly worrying as a degree of sadism may be involved when such injuries are inflicted.

### **Associated factors**

- Injuries not consistent with explanation given by parent (even if agreed by the child)
- Circumstances where parent delays seeking medical advice
- A history of repeated injuries or presentation to A&E
- Consent for a medical refused by parent
- Desire of a parent to attribute blame elsewhere
- Distant or mechanical handling of the child by the parent.

### **Sexual abuse**

The traumatic effects of child sexual abuse can be far-reaching and enduring, impacting on a child's cognitive, behavioural and social development. The earlier the abuse occurs, the more adversely subsequent stages of development may be affected. The longer the abuse continues, the more extensive it is e.g. involving penetrative abuse, the greater the number of developmental stages that abuse continues through, the more disturbed the child is likely to be. Children who have suffered chronic long-term sexual abuse tend to have very negative feelings about themselves and all aspects of their relationships.

### **What is sexual abuse?**

Sexual abuse can be one or more of the following:

- Rape – genital and / or oral intercourse
- Digital penetration or penetration with an object
- Mutual masturbation
- Inappropriate fondling
- Taking pornographic photographs or exposing the child to pornographic materials

- Forcing the child to observe others involved in sexual activities
- Sadomasochistic activities.

Both boys and girls can suffer from sexual abuse. Both men and women can be perpetrators – boys and girls who disclose sexual abuse from a female perpetrator are often met with disbelief. It is therefore important to listen to what a child says without being judgemental. Abusers can be parents, friends, teachers, childcare workers, clergymen or strangers. Warning children about *Stranger Danger* should therefore only form part of any child protection programme.

### **Signs to look out for**

- A child who demonstrates inappropriate sexual interest and activity, through play or drawings
- Sexualised behaviour, masturbation and sex play which often leaves the peer group confused or embarrassed
- A child having excessive preoccupation with, or precocious knowledge of adult sexual behaviours
- A child who shows a marked fear of adults, usually men, but occasionally men and women
- A child who presents as depressed and where there may be instances of drug or alcohol abuse, suicide attempts or running away
- A child who suddenly starts to wet or soil
- A child who takes over the role of wife / mother within the family
- A child whose concentration and academic performance suddenly deteriorates
- A child who avoids medical examination or is reluctant to change for PE
- A child who has low self-esteem and few friends
- Aggressive behaviour from a normally quiet child, or withdrawn behaviour from a normally boisterous child
- Frequent unexplained absences or lateness
- A child who talks of nightmares and being unable to sleep; a child who may be excessively tired
- Arson
- Pregnancy in young teenagers where the identity of the father is vague or unknown
- Recurrent urinary tract infections
- Signs of sexually transmitted infections and overall dishevelled appearance.

### **Emotional abuse**

Emotional or psychological abuse can be defined as the destruction of the child's competence to be able to function in a social situation. The child may be denied appropriate contact with peers within or outside of school, and be forced to take on a particular role in relation to parents, which is detrimental to the child's ability to function appropriately in social contexts. This type of abuse is very difficult to identify as there are no physical signs – symptoms are usually apparent via a child's behaviour and demeanour.

It is important to note that the emotional / psychological abuse is present in all other forms of abuse, but this category is only used when it is the sole form of abuse.

### **Signs to look out for**

- A child may be inducted into a parental care-taking role and not be encouraged to be involved with appropriate play
- A child may be used as a parent's confidant to a degree that is harmful to the child's psychological development
- A child may be ignored, rejected or denigrated by a parent
- A child may be terrorised by a parent or others so that she / he is overly fearful and watchful
- A parent who is unable to be responsive to a child's emotional needs, who may be emotionally distant and / or excessively negative and hostile
- A child (usually of a mentally ill or disturbed parent) who is inducted into a parent's delusionary state or paranoid beliefs
- A child who is cripplingly over-protected and not given freedom to act at an age-appropriate level
- A parent who provides only conditional love with threats of withdrawal of love.

Behavioural definitions are very difficult to quantify because a) most children experience some of these acts from time to time, and b) because the impact of a single or seldom occurring act of abuse will not have severe and harmful effects. The harm of emotional maltreatment results from the cumulative effects of repeated acts of psychological abuse.

### **Associated factors**

Children who suffer from emotional abuse frequently come from homes where there is:

- A mentally ill or disturbed parent
- Drug or alcohol abuse
- A parent who is socially isolated, unsupported or depressed, or conversely, a parent who has a very active social life with very little time or energy to give to child care
- A parent who has poor social skills, who may have learning difficulties and lack of knowledge about children's age-appropriate needs
- A parent who has suffered severe abuse within her/his own childhood
- A household where there is 'adult on adult' domestic abuse.

Many parents who emotionally abuse their children are unaware that what they are doing is harmful. Because of their own life experiences, they may have a distorted view of parenting and their role as a mother/father.

### **Key sources**

- KCSIE 2025 (statutory guidance)
- Working Together to Safeguard Children 2026 (statutory guidance)
- DfE Filtering & Monitoring Standards (latest)
- NSPCC Learning briefings (training)

- UK Safer Internet Centre updates (filtering & monitoring guidance).