

DISTRICT OF EASINGTON

SAFEGUARDING CHILDREN POLICY

1.0 POLICY STATEMENT

1.1 Core Purpose

The purpose of this policy is to lay down appropriate standards and arrangements for Safeguarding Children within the District and within the powers and scope of governance of the District Council.

1.2 Policy

The District of Easington is committed to ensuring that we provide appropriate child centred services that promote the safety and welfare of all young service users and their siblings even though we may not be directly involved. We fully accept the responsibility under the Children Act 1989 and 2004 of having a duty of care to safeguard their welfare and their right to protection from abuse, for young people, especially vulnerable groups, irrespective of age, culture, disability, gender, language, racial origin, religious belief and / or sexual identity.

This policy applies to all employees and volunteers who work for the Council regardless payment or their contract length. This Policy also applies to Elected members of the Council in so far as their duties might involve any contact with children. We are committed to ensuring that all relevant staff are fully informed of this policy as an integral part of their induction and that we will provide evidence that they have been briefed.

Where the Council works with individuals from other bodies in situations involving children, e.g. community associations, partner organisations and contractors, the Council will require such bodies to have arrangements in place for safeguarding children that subscribe to the main themes in this document.

We are committed to ensuring as part of this duty of care that all relevant staff are appropriately trained to undertake any duties / tasks and that they receive training in safeguarding children appropriate to their role and responsibilities. The procedures and guidance in this policy are informed by the following principles:

- All young people, regardless of their age, culture, disability gender, racial origin, religious belief and/ or sexual identity have the right to protection from abuse
- It is the responsibility of the statutory agencies involved in safeguarding children to ascertain whether abuse has or has not taken place but everyone in the Council has the responsibility to report any concerns.

- All incidents of suspicious, poor practice and allegations will be taken seriously and responded to swiftly and appropriately.
- All relevant employees and volunteers must participate in a safeguarding children course within 6 months of commencing employment as part of the minimum operating standards.
- All relevant employees and volunteers must complete an enhanced CRB check prior to commencing employment
- Confidentiality should be upheld in accordance with the requirements of the Data Protection Act 1998 and Human Rights Act 1998.

Overall responsibility for the implementation of this policy within the Council rests with the Chief Executive. The Responsible Safeguarding Children Officer is required to generally monitor adherence to the Policy and notify the Chief Executive of any significant non-compliance. This policy will be reviewed by the Responsible Safeguarding Children Officer at least every two years or as a result of any changes to relevant official guidance or legislation, and the findings of the review will be reported to the Chief Executive.

Signed Chairman of the Council Date.....

Signed.....Chief Executive Date.....

Note:

Term and Abbreviations

The following terms and abbreviations are used throughout this document

- Anyone under the age of 18 is considered to be a child / young person
- The term “relevant employee” in this policy refers to those whose work for the Council requires them to directly supervise and take care of children. Examples of work covered by this definition would be those directly supervising children in sports and cultural events, accompany children during excursions, and directly working with children in the community as Street Wardens.
- The term parents is used generically to represent parents, guardians and carers
- RSCO: Responsible Safeguarding Children Officer
- ACPC: Area Child Protection Committee

2.0 DEALING WITH CONCERNS & ALLEGATIONS ABOUT THE WELFARE OF A YOUNG PERSON

2.1 Concerns about poor practice & possible abuse

All staff should be aware that if a young person says or indicates that he/she is being abused (by an adult or another child) or information is obtained which gives concern that a young person is being abused, immediate action should always be taken. As part of your role within the Council, it is your responsibility to act upon any concerns that you may have, reporting such matters should never be delayed. It is, however, important to note that **it is not your responsibility to determine whether or not abuse has / is taking place. This is the responsibility of the statutory agencies – Social Care and Health and the police.**

Information relating to indicators of abuse is attached to this Policy (Appendix C).

The following information sets out the Council's procedures if there are concerns that child abuse could be taking place. Durham Area Child Protection Committee has endorsed these procedures. Use the appropriate flow chart (Appendix A) to find out the steps to follow if you have a concern. It is important to note that you have a responsibility to report allegations and/or suspicions of child abuse both inside and outside your place of work

2.2 Actions to take if a young person tells you they are being abused

The person receiving the information should:

- React calmly so as not to frighten the child
- Tell the child he/she is not to blame and that he/she was right to tell someone
- Take what the child says seriously, recognising the difficulties inherent in interpreting what is said by a child who has a speech disability and/or differences in language
- Keep questions to the absolute minimum to ensure a clear and accurate understanding of what has been said
- Reassure the child but do not make promises of confidentiality, which might not be feasible in the light of subsequent developments
- Make a full record of what has been said, heard and/or seen as soon as possible using the report in Appendix B
- Continue to follow the step-by-step process shown diagrammatically in Appendix A

The person receiving the disclosure should avoid:

- Panicking
- Allowing their shock or distaste to show
- Probing for more information than is offered
- Speculating or make assumptions
- Making negative comments about the alleged abuser
- Approach the alleged abuser
- Making promises or agree to keep secrets
- Non-action is not an option in child protection.

N.B. It can be more difficult for some children to disclose abuse than for others. Children from ethnic minorities may have regularly experienced racism, which may lead them to believe 'white people', including those in authority roles, do not really care about their well being. Disabled children and vulnerable adults will have to overcome additional barriers before feeling they can disclose abuse. They may rely on their abuser for regular care and not know of alternative sources of care or residence. The abuse may be the only attention/affection they have experienced. Communication difficulties may mean that it is hard for them to complain or to be understood.

2.3 Responding to suspicions and/or allegations of suspected abuse

Any suspicion that a child has been abused should be reported immediately to the RSCO with designated responsibility for safeguarding children or his / her deputy. They will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk. If it is not possible to contact the RSCO or their deputy there should be no delay in the staff member / volunteer making contact with:

- Social Care and Health or the Emergency Duty Team (both available 24 hours per day on 0845 8505010) who may involve the police, or go directly to the police
- The responsibility for contacting the parents of the child will be accepted by Social Care and Health or the police
- The RSCO should deal with any media enquiries
- It is essential to ensure the safety of the young person (if present) – if the young person needs immediate medical treatment, call a doctor or an ambulance, inform doctors of concerns/suspicions of abuse to ensure that they are aware that it is a Safeguarding Children issue
- Make a full record of what has been said, heard and/or seen as soon as possible using report in Appendix B
- Continue to follow the step-by-step process shown diagrammatically in Appendix A.

Whilst all relevant staff and volunteers working for the Council will have received training on issues of safeguarding children before working, they are

not experts, and it is not their responsibility to determine whether or not abuse has taken place. If there is any doubt about whether or not the behaviour constitutes abuse, the concern must be shared with professional agencies that will be responsible for subsequent action

2.4 Reporting procedures

Information passed to the Social Care and Health or the police must be as comprehensive and detailed as possible and it may be used in any subsequent legal action, hence the necessity for making a detailed and contemporaneous record. The report (Appendix B) should contain the following information:

- The young person's name, address and date of birth, disability and ethnicity
- Any times, locations, dates or other relevant information
- Parties involved in the allegation or reported incident
- Report what was said or done and by whom
- Any action taken by the Council to share concern with the professionals
- The child's account, if it can be given, of what has happened and how any bruising or other injuries occurred
- A description of any visible bruising or other injuries
- Any observations that have been made by you or to you
- A clear distinction between what is fact, opinion or hearsay
- Your knowledge of and relationship to the young person
- Information and details of the abuser, where possible.
- Referrals to the Social Care and Health should be confirmed in writing within 24 hours and a copy lodged with RSCO
- Keep a record of the name and designations of the Social Care and Health member of staff or Police Officer to whom concerns were passed and record the time and date of call, in case any follow-up is needed.
- The staff member/volunteer might be required to provide a formal written statement or to attend a Strategy Meeting – the RSCO should be informed immediately and both requests should take priority over other work tasks.

2.5 Internal disciplinary enquiries and suspension

All allegations and/or suspicions about a member of staff or volunteer will be passed to the RSCO for him/her to decide if notification should be made to a statutory organisation such as Social Care and Health or the police for them to decide if and how to investigate. From the time a decision is made by Social Care and Health or the police for them to investigate, the staff member/volunteer will be notified and suspended without prejudice. If child abuse and/or a criminal action have taken place, Social Care and Health and/or Police will deal with the issue until its end.

If the statutory organisation assesses the alleged child abuse to be poor practice, the matter should then be referred back to the Council to continue the enquiry if necessary and appropriate. The Council will follow its established disciplinary procedures.

2.6 Support for the victim, accused and reporter

The Council recognises the complex and competing nature of issues that are involved in child protection work and makes the following commitment to:

- Acknowledge the difficulty in reporting concerns and will fully support and protect anyone who, in good faith (without malicious intent), reports his or her concern about a colleague's practice or concerns about the welfare of a young person;
- Will take appropriate steps to ensure that the victim (and parents) are provided with appropriate professional support in consultation with statutory agencies
- Will ensure through the appropriate allegation, disciplinary and appeals procedures that the accused is offered appropriate support.

2.7 Informing parents

There is always a commitment to work in partnership with parents or carers where there are concerns about their children. Therefore, in most situations, it would be important to talk to parents or carers to help clarify any initial concerns (e.g. if a child seems withdrawn, there may be a reasonable explanation such as family upset or parental separation, divorce or bereavement). However, there are circumstances in which a young person might be placed at even greater risk if concerns are shared (e.g. where a parent or carer may be responsible for the abuse or not able to respond to the situation appropriately). In these situations or where concerns still exist, any suspicion, allegation or incident of abuse must be reported to the RSCO as soon as possible and recorded. Information regarding suspicions, allegations or incidents of abuse will usually be passed to parents by statutory organisations such as the Social Care and Health or the police.

2.8 Records and Confidentiality

Confidentiality should be maintained at all times.

Information should be handled and disseminated on a need to know basis only.

This includes the following people:

- The designated person in charge;
- The parents of the person who is alleged to have been abused;
- The person making the allegation;
- Social Care and Health / police;
- The alleged abuser (and parents if the alleged abuser is a child) - Seek social services advice on who should approach alleged abuser.

The Council will ensure that information will be stored in a secure cabinet at the Council Offices in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure) with access available only to the RSCO or other party nominated by the RSCO.

3.0 CODES OF PRACTICE & BEHAVIOUR

3.1 Introduction

This section will help you to identify what good and poor practice means as well as some of the indicators of possible abuse. If you are concerned about the welfare of any young person, or have any issues around poor practice or possible abuse, please follow procedures set out in Section 2.

3.2 Good Practice

All personnel working with children and vulnerable adults should be encouraged to demonstrate exemplary behaviour in order to protect children, and should therefore adhere to the following principles:

- Always work in an open environment (e.g. avoiding private or unobserved situations) and encourage an open environment (e.g. no secrets);
- Treat all young people/disabled adults equally, and with respect and dignity;
- Always put the welfare of each young person first,
- Build a balanced relationship based on mutual trust which empowers children to share in the decision-making process;
- Ensure that if any form of manual/physical support for young people/carers is required, it is provided openly and according to guidelines provided by the Council
- Keep up to date with the current legislation and best practice
- Involve parents/carers wherever possible
- Ensure any person working for or volunteering with the Council does not transport young people in their car on their own.

3.3 Confidential Reporting Code

This Code enables staff and volunteers to share, in confidence with the Council RSCO concerns they may have about a colleague's behaviour. This might not be behaviour linked to child abuse but could be considered to constitute poor practice / unacceptable behaviours. If this is consistently ignored a culture may develop within an organisation whereby staff and young people are 'silenced'.

The Council supports and will provide protection for those reporting concerns. While it is often difficult to express concerns about colleagues, it is important that these concerns are communicated to the RSCO. Staff and volunteers should be encouraged to talk to the RSCO if they become aware of anything that makes them feel uncomfortable.

4.0 RECRUITMENT, SELECTION & TRAINING

4.1 Introduction

The Council will ensure that all reasonable steps will be taken to prevent unsuitable people from working with young people and vulnerable adults. Therefore, the following steps will be taken when recruiting paid staff or volunteers either full-time, part-time, or on 'one-off' employment basis.

4.2 Recruitment

Recruitment checks must always be carried out with any person working with, or intending to work with young people and vulnerable or disabled adults. Listed below are the recruitment checks that must always be carried out: -

4.3 Advertising

If any form of advertising is used to recruit staff, it must specify the:

- Aims of the Council and where appropriate, the particular programme involved;
- Responsibilities of the role;
- Level of experience and qualifications required (e.g. experience of working with children and in what role is an advantage);

4.4 Pre-Application Information

Pre-application information sent to interested or potential applicants must contain:

- A job description including roles and responsibilities;
- A person specification (e.g. stating qualifications or experience required);
- An application form.

4.5 Application

All applicants whether for paid or voluntary, full-time or part-time positions must complete an application form to elicit the following information:-

- Name, address and National Insurance Number (to confirm identity and right to work);
- Relevant experience, qualifications and training undertaken;
- Listing of past career or involvement in caring for children / young people (to confirm experience and identify any gaps);
- Any criminal record, including convictions, cautions and formal warnings;
- Whether the applicants are known to any social service department as being an actual or potential risk to children or young people, a self-

disclosure question to establish whether they have ever had action taken against them in relation to child abuse, sexual offences or violence;

- The names of **at least two** people (not relatives) willing to provide written references that comment on the applicant's previous experience of, and suitability for, working with children and young people (previous employer);
- The applicant will be asked to apply for an enhanced Criminal Records bureau disclosure.

The form must also state that failure to disclose information will result in disciplinary action and possible exclusion from the organization.

4.6 Checks and References

A minimum of two written references must be taken up and at least one should be associated with former work with children/young people. If an applicant has no experience of working with children, training is strongly recommended. Written references will be followed up and confirmed by telephone.

4.7 Interview and Induction

All staff, and where possible volunteers, will be required to undergo an interview carried out to acceptable protocol and recommendations. All employees and volunteers must receive a formal or informal induction programme in which :-

- Their qualifications are substantiated;
- The expectations, roles and responsibilities of the job are clearly clarified;
- They sign up to the Council's Code of Conduct for Employees
- The Council's Safeguarding Children procedures are explained and training needs established;
- They sign to confirm that they understand the key points of the Council's Safeguarding Children policy and have received a copy.

In addition to the above Elected Members will be provided with a copy of the Safeguarding Children Policy and will have the key points explained as part of their induction process.

4.8 Training

Appropriate training will need to be identified and implemented to enable individuals to recognise their responsibilities with regard to their own good practice and the reporting of suspected poor practice/concerns of possible abuse.

All relevant employees and volunteers working on behalf of the Council must attend a mandatory course on safeguarding children. Where relevant new employees are awaiting training or individuals are employed/volunteering on a

'one-off' basis where training is impractical, they will be closely supervised by a trained and experienced colleague when working with children.

4.9 Monitoring and Appraisal

At regular intervals staff or volunteers should be given the opportunity to receive formal feedback (e.g. through meetings) to identify training needs and set new goals. Managers should be sensitive to any concerns about poor practice or abuse and act on them at an early stage. They should also offer appropriate support to those who report concerns/complaints. All staff and volunteers should also be given the opportunity to provide feedback on any events/work carried out and the provision made to safeguard children and the practice of all those involved.

4.10 Complaints Procedure

The Council's complaints procedures will be used to deal with any formal complaints. Disciplinary procedures will be followed, where appropriate, if a complaint is made against any member of staff whether paid, voluntary, full-time, part-time, or 'one-off' employment. Both procedures will be brought to the attention of employees and volunteers on induction.

5.0 IMPLEMENTATION & MONITORING

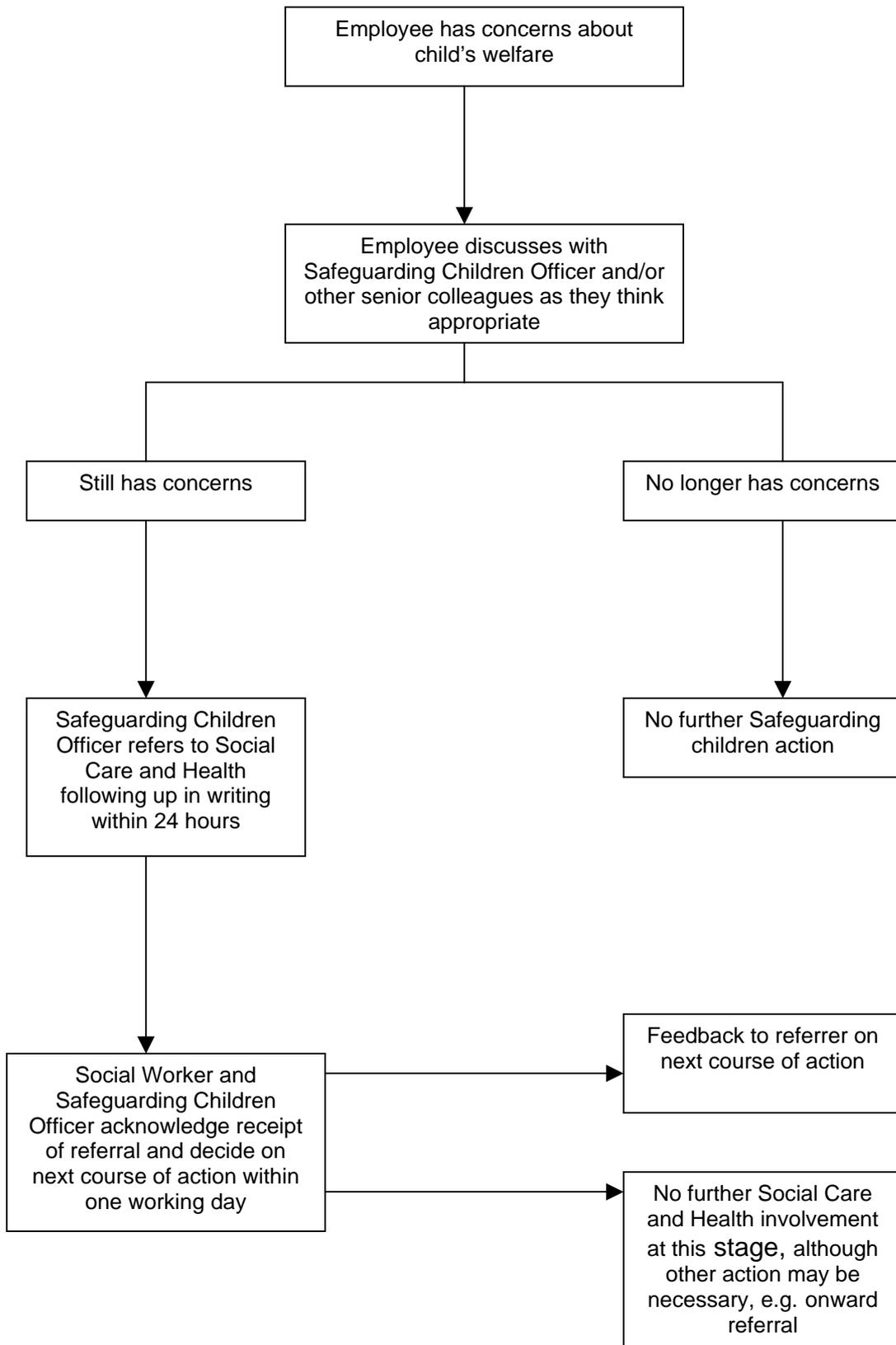
5.1 Implementation plan

In order that the Council's good practice and child protection policy and procedures are to be effective, they need to be integrated into current practice and implemented in a planned and staged way, which will involve:

- The dissemination of the safeguarding children message so that it reaches and influences all related organisations to safeguard the welfare of young people and disabled adults
- Operating sound recruitment procedures for paid and voluntary staff
- Identifying and enabling the appropriate safeguarding children training for staff;
- Remaining updated with legislation related to safeguarding children;
- Measuring the impact of the policy and procedures on an annual basis.
- Monitoring the policy and procedures
- Feedback from young people and families
- The number of personnel trained in safeguarding children awareness

APPENDIX A

Referral



APPENDIX B

GUIDANCE NOTES FOR THE COMPLETION OF THE INITIAL REFERRAL FORM FOR CHILDREN IN NEED TO SOCIAL CARE & HEALTH

This form is to be used by all agencies and individuals when referring a child to Social Care & Health. The information given will be accepted as part of Social Care & Health initial assessment of the child.

The more information received by Social Care & Health at the first point of contact, the more likely it is that appropriate services will be delivered at the earliest opportunity to help children and families in the best interests of the child.

1. If the referral is urgent (such as where there are concerns that a child may be suffering significant harm), the information must be telephoned through to Social Care Direct/Emergency Duty Team on 0845 850 5010 and this form completed and sent on within two working days.
2. It is not expected that all boxes on the form will be completed if the information is not available at the time of the referral, but best endeavours must be made to complete it as fully as possible.
 - Any additional detailed reports should be attached to the form.
 - If reports are attached please ensure that consent of the author has been gained.
3. Those completing this form should be aware that the contents of this form may be discussed should court proceedings follow.
4. When completing this form it is important to record your observations of the child. If you have specific expertise in a given area this should be clearly stated.
5. We require as much information as possible relating to the child referred. The information about family members or associated people gathered during interview or known by the referrer should be included.
6. Information about third parties must be voluntarily recorded by the person making the referral (i.e. if it is not about the child they should not be forced to collect or record it, particularly if they feel uncomfortable about doing so).

Consent & Confidentiality

- Parents and Child's View: These comments may be direct or indirect views expressed by the parents or child. In particular, it may be inappropriate to directly interview the child in order to complete this section.

- Parental Consent: The parent/legal guardian should sign this section, or clear and unambiguous written consent should be recorded elsewhere by the referrer. **If the referral is urgent or grave, or it is thought that informing the parents may jeopardise the safety of the child, it may not be possible or appropriate to seek parental consent for the referral.** If this is the case please indicate the reason for not having sought the parent's signature. If consent to the referral has been sought, please record this fact and the objections to the referral if known.

Initial Assessment and Referral Form for Children in Need to Social Care & Health

This form is to be used by all agencies and individuals when referring a child to Social Care & Health. The information given will be accepted as part of Social Care & Health initial assessment of the child under the Department of Health Assessment Framework Procedures.

The more information received by Social Care & Health at the first point of contact, the more likely it is that appropriate services will be delivered at the earliest opportunity to help children and families.

1. Please ensure that Sections 1, 2 and 3 are fully completed (if known). This is essential in enabling us to respond appropriate to the children's needs.

Child's First Name/s				Child's Surname					
Any alternative names									
Date of Birth		Gender	Religion			First Language			
		M/F							
Name of Parents/Carers									
Home Address				Any other relevant addresses					
Post Code				Post Code					
Telephone Number/s									
Ethnic Origin [please x one box only]									
White		Mixed		Asian or British Asian		Black or Black British		Other Ethnic Groups	
White British		White & Black Caribbean		Indian		Caribbean		Chinese	
White Irish		White & Black African		Pakistani		African		Other Ethnic	
White Other		White & Asian		Bangladeshi		Black Other			
		Mixed Other		Asian Other					

Other Significant Family Members/Adults

Name	Relationship	Contact Details

2. **Contact Information**

[Please add others you think may be relevant]

	Name	Address	Telephone
GP			
Health Visitor			
School			
School Nurse			

3. **Reason for Referral and any comments on what the family needs from Social Care & Health/concerns for child's safety:**

[Please specify current concerns and state how long you have known the child and in what capacity, i.e. as parents, teacher, doctor, etc. For professional workers: if you wish to include letters/reports, chronologies, body maps or centile charts please attach a further page]

4. **Relevant Information (if known) regarding the Child:**

[Including development, health, behaviour, social skills, schooling/special educational needs, other special needs, strengths and weaknesses, any other information]

5. **Relevant information (if known) regarding the Parents and Wider Family:**

[Including relationships, friendships, behaviour, emotional support, stability, safety, health and other issues]

6. **Relevant information (if known) regarding Environment Factors:**

[Including housing, who is working in the household, financial situation, community and social involvement]

7. **Any other relevant information:**
[Including previous referrals]
8. **Other Agencies involvement:**
[Please specify if known]
9. **Parent's or Child's views:**
[See Guidance Notes before completion]
10. **Is there a perceived risk of violence or other matters that could place those making contact with this family in danger (such as an unsafe neighbourhood, persons of a violent nature, an un-tethered dog, etc.)?**

YES / NO

11. **Consent:**
[See Guidance Notes before completion]

I agree to the information in this referral being passed to Social Care & Health

Name of Parent/Legal Guardian [please print] _____

Signature of Parent/Legal Guardian _____

Date: _____

Consent not sought because:

- to do so may place the child or an associated person at risk of significant harm
- to do so may compromise evidence or an investigation
- to do so may hinder the prevention or detection of a crime
- this is an urgent referral and it is not possible/appropriate to seek consent.

12. **Referrer:**

Name and Status: _____

Contact Details: _____

Signature: _____ Date: _____

Appendix C

Indicators of abuse

Abuse can happen wherever there are young people, and young people and disabled adults of any age can be abused. The effects of abuse can be so damaging and if untreated, they may follow a person into adulthood. For example, a person who has been abused as a child may find it difficult or impossible to maintain stable, trusting relationships may become involved with drugs or prostitution, attempt suicide or even abuse a child in the future.

Indications that a child may be being abused include the following:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries;
- An injury for which the explanation seems inconsistent;
- The child describes what appears to be an abusive act involving him/her;
- Someone else (a child or adult) expresses concern about the welfare of another child;
- Unexplained changes in behaviour (e.g. becoming very quiet, withdrawn or displaying sudden outbursts of temper);
- Inappropriate sexual awareness;
- Engaging in sexually explicit behaviour;
- Distrust of adults, particularly those with whom a close relationship would normally be expected;
- Has difficulty in making friends;
- Is prevented from socialising with other children;
- Displays variations in eating patterns including overeating or loss of appetite;
- Loses weight for no apparent reason;
- Becomes increasingly dirty or unkempt.

It should be recognised that this list is not exhaustive and the presence of one or more of the indicators is not proof that abuse is actually taking place. Anyone of these symptoms could be related to other family issues such as family upset or parental separation, divorce or bereavement, highlighting the importance of communication needed with parents or carers to help clarify any initial concerns.

Abuse of disabled children and young people

Some disabled children and young people are mentally or physically more vulnerable than others, which could make it easier for abusers to exploit them. They may also find it more difficult to recognise and report abuse, and to be believed. For example, if their disability means that they:

- Have limited life experiences and so have not developed the social skills needed to work out what the behaviour and attitudes of others mean. This could make them less able to understand what is appropriate and inappropriate behaviour;
- Have been encouraged to comply with other people's wishes and not to question authority figures;
- Are afraid to challenge potentially abusive situations because of fear of the consequences. It is often easier to be compliant and pleasing rather than risk angering an authority figure and getting into trouble;
- May not be able to report abuse either because there is no-one they can report it to or because they do not have the appropriate language to use;
- May not be able to recognize that abuse has taken place;
- Feel powerless because they have to depend on others for personal support;
- May not be able to physically remove themselves from abusive situations;
- Are not believed because their authority figures cannot accept that anyone would abuse a disabled child;
- May not have anybody they can trust and confide in;
- May feel guilt or shame about the abuse which prevents them from reporting it;
- May not have a sense of ownership of their own bodies because they are so used to being examined physically by others as part of their medical and physical care;
- Have low self-esteem and a poor self-image.

Children from black and minority ethnic groups (and their parents) are likely to have experienced harassment, racial discrimination and institutional racism. Although racism causes significant harm it is not, in itself, a category of abuse. All organisations working with children (including those operating where black and minority ethnic communities are numerically small) should address institutional racism, as defined in the Macpherson Inquiry Report on Stephen Lawrence as 'the collective failure by an organisation to provide appropriate and professional service to people on account of their race, culture and/or religion'.

N.B. It is important to remember that men or women may be abusers as well as young people, carers/guardians or parents.

Bullying

Bullying can include:

- Physical: e.g. hitting, kicking and theft;
- Verbal: e.g. name-calling, constant teasing, sarcasm, racist or homophobic taunts, threats, graffiti and gestures;
- Emotional: e.g. tormenting, ridiculing, humiliating and ignoring;
- Sexual: e.g. unwanted physical contact or abusive comments.

There are a number of signs that may indicate that a young person or disabled adult is being bullied:

- Behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down, reluctance to go to school or engage in social events
- A drop off in performance at school or standard of play;
- Physical signs such as stomach aches, headaches, difficulty in sleeping, bed-wetting, scratching and bruising, damaged clothes and bingeing for example on food, cigarettes or alcohol;
- A shortage of money or frequent loss of possessions.