

# Education Procedure Manual 3/21

## CHILD PROTECTION POLICY AND PROCEDURES

For

Teachers and Employees on Scottish Negotiating Committee for Teachers (SNCT)  
Conditions of Service

Education, People & Business



## Effective from: May 2022

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## VERSION CONTROL HISTORY

Version No.	Effective Date	Details of change from previous version	Date Approved	New version no.
	July 2019	Amended May 2022		

## GDPR STATEMENT

East Dunbartonshire Council holds, uses and processes information in accordance with the General Data Protection Regulations and all other relevant national data protection laws. Further information detailing how East Dunbartonshire holds and uses personal information and copies of privacy notices used throughout the Council are available on our website: [www.eastdunbarton.gov.uk/council/privacy-notices](http://www.eastdunbarton.gov.uk/council/privacy-notices).

## POLICY REVIEW STATEMENT

This policy will be reviewed in line with:

- Legislative Change
- Changes to SNCT National Conditions of Service
- Other external factors
- Feedback on the effectiveness of the policy
- Requests for review by Elected Members, Trade Unions and/or Management

### INTRODUCTION

- 1.1 Revised Procedure Manual 3/21 provides guidelines for all education staff in East Dunbartonshire's educational settings to ensure all children and young people are protected and their needs met.
- 1.2 Revised Procedure Manual 3/21 reflects the requirements of the National Guidance for Child Protection in Scotland (2014) and adheres to the West of Scotland Child Protection Procedures 2011. The Procedure Manual also takes into account current legislation including the Children (Scotland) Act (1995), The Protection of Children (Scotland) Act (2003), The Protection of Vulnerable Groups scheme (2011) and The Children and Young People's Act (2014)
- 1.3 East Dunbartonshire Council Education Service is committed to the *United Nations Convention on the Rights of the Child* and to *Getting it Right for Every Child (2005)* which sets out the Wellbeing Indicators for children and young people and highlights the importance of a child-centred, multi-agency approach to meeting children's needs. The *Children's Charter (2004)* reflects the voice of children and young people - what they feel they need and what they should be able to expect.
- 1.4 All staff within education have a duty of care to make sure all children and young people are safe from abuse, neglect and exploitation. This includes all staff within a school, including supply teachers, all non-teaching staff, technicians, janitorial, catering and cleaning staff who have regular contact with children.
- 1.5 In fulfilling this duty, close partnership working is essential, with parents and carers and relevant agencies - primarily Social Work, Police, Health Services and the Scottish Children's Reporters Administration (SCRA). It is the sharing of information, collective thinking and collaborative action that enables decisions to be made in the best interests of children.
- 1.6 Procedure Manual 3/21 details the procedures and actions to be taken when there are concerns relating to the care and welfare of a child or children and/or the potential risk to their wellbeing. Head Teachers should ensure these procedures are adhered to and followed meticulously at all times unless to do so will place the child at higher risk. In such a circumstance, advice must be sought from East Dunbartonshire Council Legal Services and the Chief Education Officer.
- 1.7 Revised Procedure Manual 3/21 must be brought to the attention of all staff on an annual basis. Continue with the specifics of the procedure manual.

**1 PART 1: POLICY STATEMENT****Policy statement relating to the care and protection of children and young people under the age of 18 years**

East Dunbartonshire Council is fully committed to safeguarding the welfare of all children and young people. It recognises its responsibility to take all reasonable steps to promote safe practice and to protect children and young people from abuse, neglect and exploitation. Further, it recognises that the Getting it Right for Every Child approach provides the methodology and shared language to help staff work together with children, families and colleagues from other agencies to support and safeguard wellbeing.

Within the context of their role and responsibilities, all education staff will:

- 1) Establish open, positive, supporting relationships across the whole school community to ensure that children and young people will feel that they are listened to, and where they feel secure in their ability to discuss sensitive aspects of their lives
- 2) Promote a climate in which children and young people feel safe and secure
- 3) Model behaviour which promotes health and wellbeing and encourage it in others
- 4) Use learning and teaching methodologies which promote effective learning
- 5) Be sensitive and responsive to the wellbeing of each child and young person
- 6) Take all reasonable steps to protect children and young people from abuse, neglect and exploitation by adhering to child protection procedures.
- 7) Where concerned that a child could be at risk of harm/abuse, be guided by the underpinning principle – the needs of the child are the paramount concern.
- 8) Maintain open and positive relationships with parents and carers unless advised to the contrary by Advice and Response.
- 9) Recognise the limits of their responsibilities within East Dunbartonshire's child protection network.
- 10) Report child protection concerns to the school's Designated Person for Child Protection<sup>1</sup>.
- 11) Actively participate in child protection training and other Performance Review & Development Review opportunities relevant to the care and protection of children and young people.
- 12) Adhere to the guidance on information sharing and confidentiality and understand that, in relation to a concern that a child or young person could be at risk from harm/abuse, report their concerns to the Child Protection Coordinator.

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<sup>1</sup> Designated Person in schools is known as the Child Protection Coordinator

## 2 PART 2: KEY ROLES AND RESPONSIBILITIES IN RELATION TO THE IMPLEMENTATION OF THE CHILD PROTECTION PROCEDURES

### Responsibility for implementing the policy statement and procedures relating to the care and protection of children and young people under the age of 18 years

#### 2.1 The Depute Chief Executive

The Depute Chief Executive will:

- a) Ensure that Child Protection procedures are regularly reviewed and meet national and local best practice;
- b) Ensure appropriate representation from services within the Education, People and Business Directorate on strategic group – *Delivering for Children and Young People Partnership*;
- c) Identify resources which will facilitate the development of effective and regular Child Protection training and staff development for Directorate staff; and
- d) Respond appropriately to child protection issues which may be raised by the Directorate's Designated Persons for Child Protection.

#### 2.2 Chief Education Officer

The Chief Education Officer is responsible for ensuring the effective implementation of Child Protection policy and procedure across the service and in schools<sup>2</sup>. S(he) will:

- a) Ensure that appropriate mechanisms are in place which support the effective implementation of the policy/procedures by service managers, Head Teachers<sup>3</sup> and staff;
- b) Ensure that appropriate mechanisms are put in place which support the sharing of best practice in relation to the care and protection of children and young people;
- c) Respond appropriately to any concerns raised by Child Protection Coordinators about staff who may pose a risk to the care and welfare of children and young people; and
- d) Ensure that service teams have adequate knowledge and skills to implement policies and procedures relating to the care and protection of children and young people.

#### 2.3 Education Staff

2.3.1 All schools designate a member of the Senior Management Team, normally the Head Teacher, as Child Protection Coordinator. Child Protection Coordinators must:

- a) Be the main contact for child protection referrals from staff and ensure the procedures in this policy are followed;
- b) Ensure all staff are informed about child protection through annual in-house child protection training and access to the child protection training calendar<sup>4</sup>;
- c) Ensure that all staff, children and families are aware of who the Named Person and Lead Professional are in each case
- d) Ensure general information on pupil support and child protection is readily available to parents, staff and pupils;
- e) Use professional judgement to determine if low level concerns can be resolved through appropriate discussion with parents and carers or if concerns must be referred to Advice and

<sup>2</sup> Schools is taken to include all educational and Early Learning & Childcare establishments

<sup>3</sup>Head Teachers is taken to include all heads of establishments, managers and Principal Educational Psychologist (PEP)

<sup>4</sup> CP Training Calendar is agreed by Child Protection Learning & Development Group

Response. Where doubts about involving parents exist, advice must be sought from Advice and Response

- f) Liaise with other agencies to support investigations, court proceedings, child supervision requirements and case referrals;
- g) Ensure that Wellbeing Assessments and Actions Plans are prepared for each child subject to Child Protection proceedings, including those de-registered for six months;
- h) Ensure thorough and confidential record keeping of all information, related to child welfare and protection is carefully recorded using SEEMIS Pastoral Notes, including chronologies of significant events<sup>5</sup>; and
- i) Ensure child protection files are securely stored, with clear protocols for sharing of the information.

2.3.2 The Head Teacher is responsible for ensuring that the appropriate procedures are followed in the event of concerns regarding a child's welfare or evidence of the risk of immediate danger to them.

2.3.3 The school has a key role to play in early intervention and prevention and must utilise the wide range of available professional expertise to support children and their families. Pupil Support Groups (PSG) have a key role to play in this as a forum for staff to share information<sup>6</sup> and plan for cohesive and appropriate intervention.

2.3.4 Schools should fully utilise the Wellbeing Strategy to identify, assess and plan to meet the needs of children and young people, under the principles of Getting it Right for Every Child and the Additional Support for Learning Act (2004, amended 2009). This incorporates the use of Wellbeing Assessments for children and young people who require targeted support.

2.3.5 All staff must:

- a) Ensure they are fully conversant with Revised Procedure Manual 3/21;
- b) Contribute to a proactive school ethos, which seeks to minimise the risk of harm;
- c) Follow the Information Sharing guidelines to appropriately share information on an inter-agency basis which is of benefit to a child's wellbeing;
- d) Focus on preventative, early intervention strategies;
- e) Respond effectively and promptly to any concerns, especially of imminent risk to a child;
- f) Contribute to the assessment of a child's needs and pupil support; and
- g) Contribute to assessment and recording of all child welfare and child protection concerns, using a chronology of significant events and related documentation.

2.3.6 Schools should review and update their implementation of this policy annually by involving staff, pupils and parents in discussion and development. This helps to ensure the relevance of the policy and gives priority to the safety and wellbeing of children and young people.

2.3.7 All schools should operate within the framework for pupil support which reflects the vision, values and principles of DCYPP: "East Dunbartonshire's children and young people, whatever their needs grow up in safe, healthy, nurturing communities and develop the skills for learning, life and work, in order to achieve their potential."

2.3.8 Education staff have a key role in monitoring and supporting children, particularly in the case of any child who is on the Child Protection Register. Staff may have a range of concerns about a

<sup>5</sup> Significant Events within Pastoral Notes must be marked as such by checking Advanced Options, Significant Events; this automatically ensures that the note is confidential

<sup>6</sup> Information Sharing guidelines must apply.



child, which do not necessitate a Child Protection referral. Such a child may be referred to the Cluster Support Group via a Child in Need Request for Assistance. Where a child is in need of support, a wellbeing and Action Plan should be considered.

- 2.3.9 Education staff should record welfare concerns, or significant events, confidentially, using a chronology on Pastoral Notes. Requests for Assistance<sup>7</sup> from within Education or from other agencies may be submitted using the agreed form.
- 2.3.10 Education staff should be proactive in utilising their own resources, requesting assistance from within education, and in calling Team Around the Child meetings. Where there is a need for a more comprehensive assessment and inter-agency support is required, a Lead Professional should be appointed and a collaborative assessment and planning structure, resulting in a Child's Plan initiated. In Child Protection cases, the Lead Professional will be a Social Worker.
- 2.3.11 Education employees must ensure that records, including electronic records, are updated to reflect Child Protection status. The Council's Protective Marking Scheme must be used in correspondence. All information must be stored in accordance with the Public Records (Scotland) Act 2011, the General Data Protection Regulation (GDPR) and Data Protection Act 2018.
- 2.3.12 Education staff are required to attend Child Protection Case Conferences, Core Group and Review meetings and to contribute towards assessing and planning to meet the child's needs.

Education staff should:

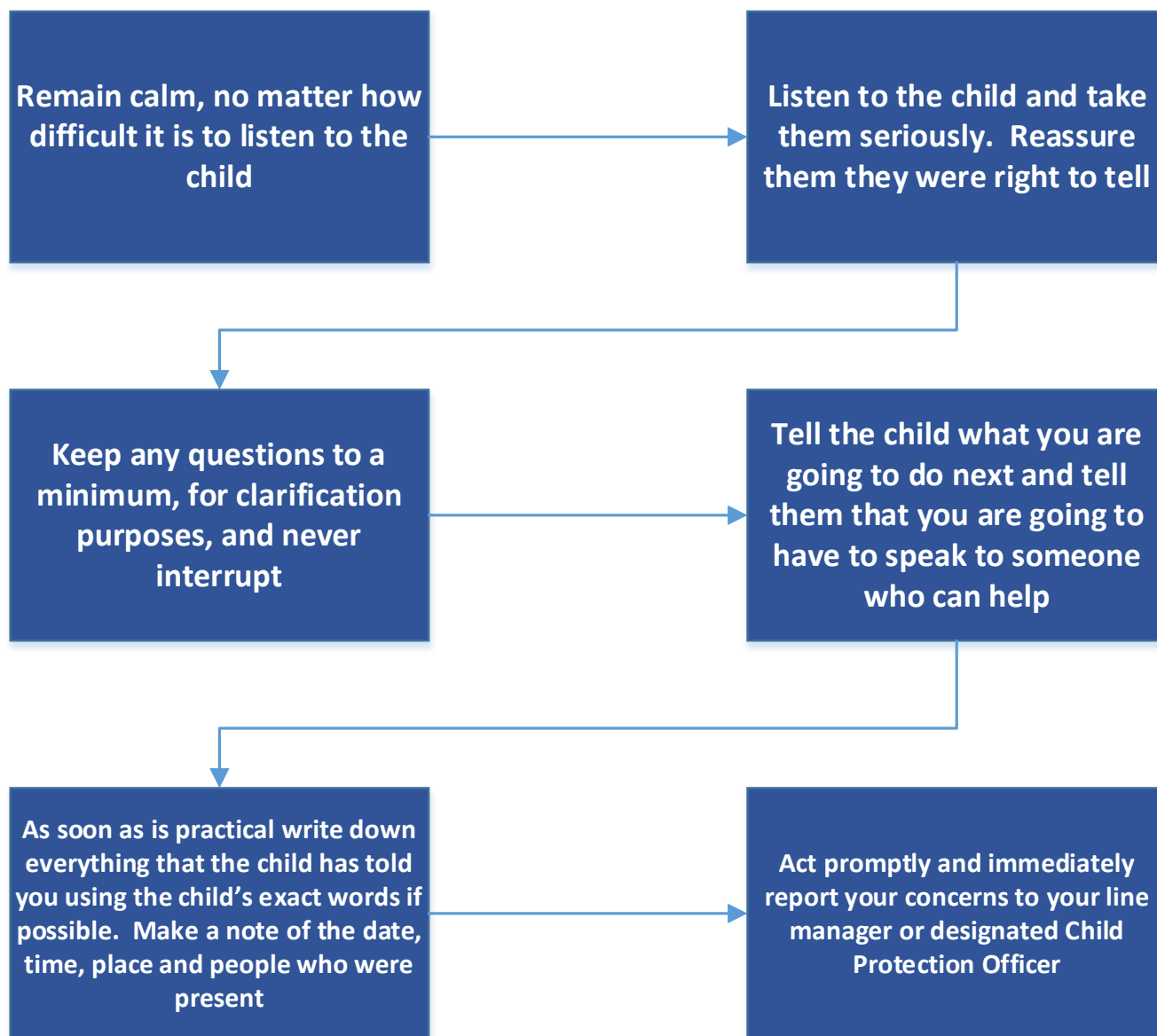
- Provide a written Wellbeing Assessment to the Chair at the Initial Case Conference;
  - Provide a copy of the Action Plan to the Social Worker to be included in the Child Protection Action Plan; this may be securely emailed following the Initial Case Conference, once education staff have met to plan targets;
  - Provide a verbal update on the progress towards meeting Action Plan targets at the 4 weekly Core Groups; and
  - Provide an updated Wellbeing Assessment and evaluated Action Plan at the Child Protection Review meetings and leave a written copy of such with the Child Protection Chair
- 2.3.13 Information on the Education Service Child Protection policy, and procedures for making a referral should be contained in school and staff handbooks; the school website should contain a link to the full, current policy; and posters, should be displayed in school entrance/waiting displays.
- 2.3.14 The Head Teacher / Child Protection Coordinator should ensure that the school's interpretation of Procedure Manual (3/21) is compliant with the legal requirements of the Equality Act (2010).
- 2.3.15 This may involve ensuring that pupils and parents who require it have access to translation and interpreting services, sign language through the Education Department or Council's support services. Members of staff who are working with children with complex additional support needs should seek advice from within the Education Service's specialist provision.

<sup>7</sup> Request for Assistance form – see Appendix 4



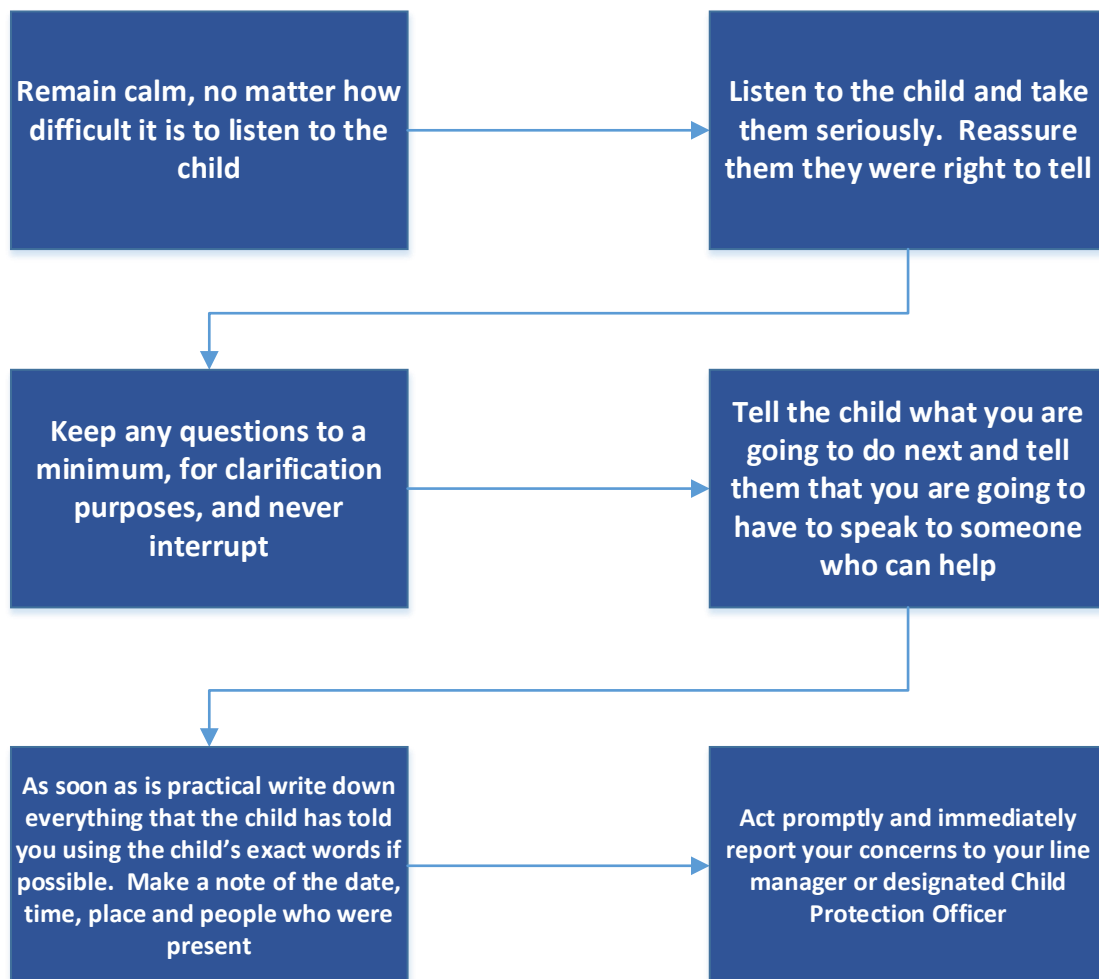
### 3 PART 3: RESPONSE, REFERRAL AND RECORDING PROCEDURES

#### 3.1 Guidance for all Education Service employees who have been notified of a concern by a child



## 3.2 Guidance for all Child Protection Coordinators who have been notified of a concern

### 3.2.1



### 3.2.2 Notification of a Concern involving potentially Problematic Sexual Behaviour

Children who exhibit or are victim of problematic sexual behaviour must have additional risk management processes<sup>8</sup> applied. Serious consideration should be given to immediate Police involvement, and where this applies the Chief Education Officer must be informed without delay.

3.2.3 The assessment of risk posed to all children and young people must include the alleged perpetrator and alleged victim and their families. This may result in individual timetables and/or close adult supervision being agreed and in extreme cases exclusion or authorised absence may be considered to ensure the safety and security of all concerned. In all cases, as per the PSB Protocol, multi-agency risk management processes must be followed. The Service Manager (ASN) acting on behalf of the Chief Education Officer must be consulted.

3.2.4 Plans for the ongoing educational provision of any child subject to risk protection /management for PSB will be immediately commenced and where necessary supported by central education service

<sup>8</sup> See Protocol on Problematic Sexual Behaviour

staff. These plans will be recorded in a Wellbeing Action Plan/Child's Plan<sup>9</sup>. Where the alleged incident is not viewed as Child Protection, the Named Person will revert to Personalised Support processes to manage the situation as a welfare/wellbeing concern, though this will be done within a multi-agency context and will include guidance from Psychological Service, Social Work, Family Protection Unit and any other appropriate service or agency.

- 3.2.5 Social Work Advice and Response (Duty) Team will confirm the level of involvement of the Police (Family Protection Unit). Where the FPU are involved any school investigation must be suspended immediately.

### 3.3 Child Protection Plan

- 3.3.1 The identification of a child protection concern means the child concerned has specific needs and action may be required to manage and reduce the impact of any circumstances and/or behaviours. Children on the Child Protection Register must have these needs considered within the framework of GIRFEC and Personalised Support, and a suitable Action Plan must be drawn up and maintained until six months following de-registration.

The Child Protection Coordinator, in conjunction with relevant staff, should:

- Use the wellbeing indicators as the basis for assessment;
- Use the 5 key questions to establish action;
  - What is getting in the way of this child or young person's wellbeing?
  - Do I have all the information I need to help this child or young person?
  - What can I do now to help this child or young person?
  - What can my agency do to help this child or young person?
  - What additional help, if any, may be needed from others?
- Plan how the situation will be monitored; and
- Know to whom further concerns should be communicated.

- 3.3.2 This provides a focus for immediate action and subsequent review.

- 3.3.3 If a child's name is placed on the Child Protection Register, the Education Action Plan should be integral to and informed by any inter-agency Child Protection Plan.

- 3.3.4 When a child's name is removed from the Register the Child's Plan should be reviewed at the Review Child Protection Case Conference decision. The plan should form part of the establishment's child protection record and action planning to support should continue for six months. The child should continue to be monitored by the Pupil Support Group as 'previously-CP' for fully two years following de-registration.

### 3.4 Confidential Child Protection Files

- 3.4.1 Child protection evidence must be kept securely and comply with Data Protection and GPMS. The information should be filed under the appropriate headings
- Pupil Information – mainly from Click and Go;
  - Coordinators notes – memos, notes of concerns;
  - Plans – e.g. the Child's Plan, Child Protection Plan and Action Plan;

<sup>9</sup> See section 3.3.1

- School-based Reports – reports on progress and attendance;
- Inter-agency Reports – reports & assessments from health, social services;
- Correspondence – e.g. invitations to meetings;
- Views of the child – Child/Young Person Report or other documented discussion; and
- Chronology: In each section, the most recent documents should be placed at the front and all documents should be arranged in chronological order. There should be a summary chronology at the front of the folder filed in the Pupil Information section. This chronology should contain
  - Details of the event
  - Date of the event
  - Date recorded
  - Source of the information
  - Recorded by
  - Action taken

3.4.2 In most instances the Child Protection Coordinator will store Confidential Child Protection Files in a secure place designated for that purpose.

3.4.3 A flagging system should be adopted e.g. a coloured dot attached to the exterior of the child's PPR to ensure that staff can identify that confidential information exists.

3.4.4 Where a child has been the subject of a child protection investigation but there has been no Child Protection Case Conference, the school should maintain the record on the child's Child Protection file until he/she has attained eighteen years.

3.4.5 A confidential copy of this information should be sent to any school to which the child subsequently transfers – this includes transition from primary to secondary.

3.4.6 If a child's name is placed on the Child Protection Register, a record of this fact and all associated documentation should be securely held on the child's file.

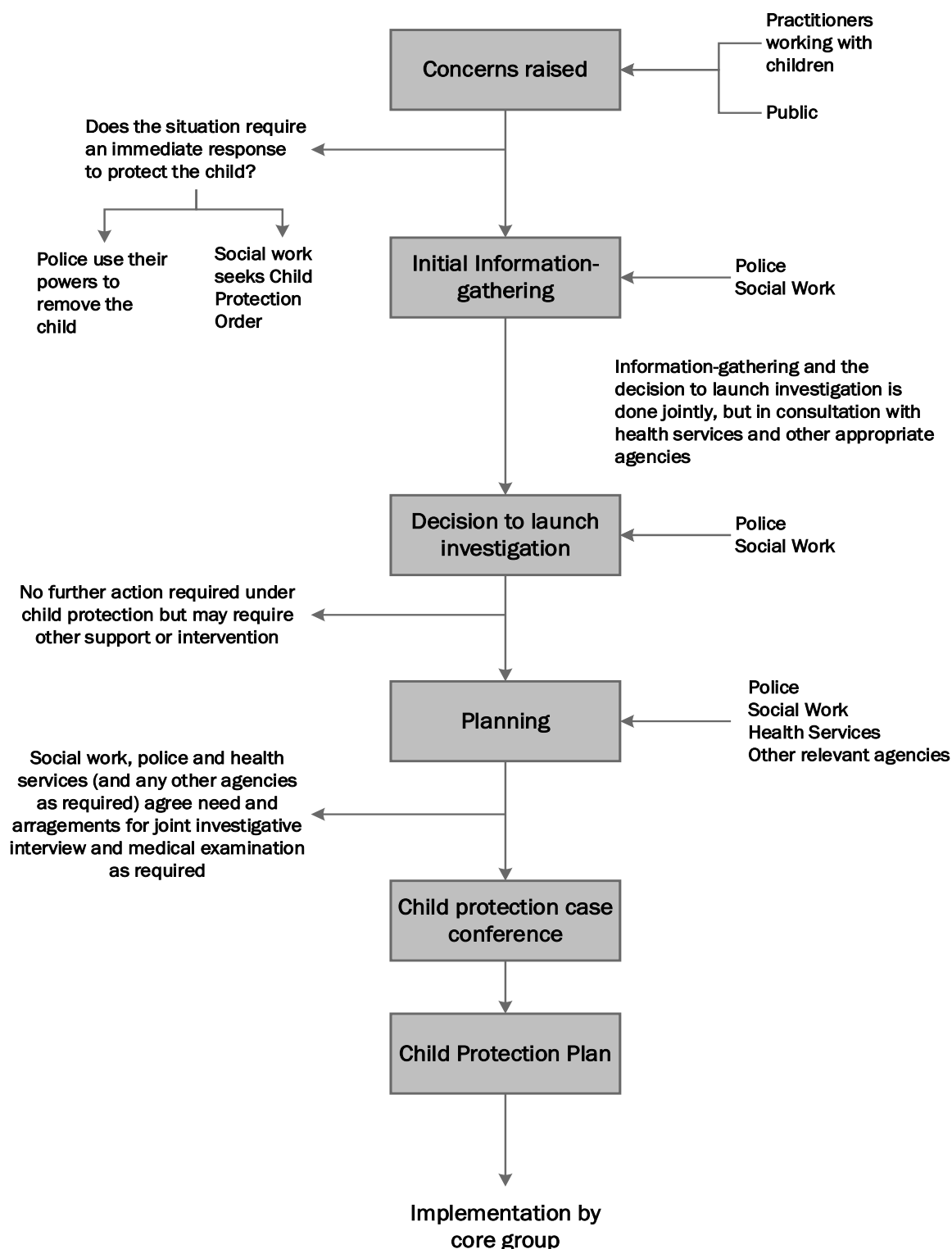
3.4.7 All electronic documentation should be stored in secure folders with restricted access.

### 3.5 Making a referral to/seeking advice from Social Work Advice & Response (The Duty Team)



\*Outwith Normal Hours contact West of Scotland Standby on 0800 811 505

## The Child Protection Process: Quick Guide<sup>10</sup>



<sup>10</sup> Where there is No Further Action under Child Protection, the Named Person(s) will convene meetings to ensure appropriate assessments and planning under Staged Intervention



When a referral has been received one of the following decisions may be made:

- Child Protection Procedures are invoked
- No further action required under CP (NFA)

It is the responsibility of each individual professional to ensure that their Child Protection concerns are taken seriously and followed through. Other decisions will follow from each of the two listed above, for example referrals to other services or assessments. Each individual is accountable for their own role in the Child Protection process<sup>11</sup>.

### 3.6 Notification of Concern for children/young people who reside outwith East Dunbartonshire

- 3.6.1 Where a concern arises about a child/young person who is known to live outwith East Dunbartonshire, a referral should be made directly to the local authority where the child lives. Staff can use the following link to find contact information to the relevant social work office.

<https://socialworkscotland.org/social-work-departments-contact-information/>

The Child Protection pro-forma should be completed and a copy of this sent to [sharedservices.education@eastdunbarton.gov.uk](mailto:sharedservices.education@eastdunbarton.gov.uk) as for other referrals.

### 3.7 Reporting child protection concerns to the Police

- 3.7.1 Normally the CP Coordinator will be advised by Advice and Response as to whether to contact the Police. The Child Protection Coordinator may decide to contact the Police immediately where there are urgent circumstances such as:

- Where there is indication that a crime either has been committed or may be committed;
- The immediate avoidance of further abuse;
- The immediate pursuit of an alleged abuser;
- The avoidance of the destruction of evidence;
- The need for Emergency Child Protection Measures (for information on these Orders see Child Protection Interagency Guidance, EDC, 2002, pp. 31-32); and
- Where a child may have been harmed by a person unknown to the child and their family.

- 3.7.2 Members of staff who make an urgent referral to the Police must notify their CP Coordinator. Following a referral to the Police, the child protection pro-forma must be completed and sent to East Dunbartonshire Council's Advice & Response Team. It should be noted in the pro-forma that a referral was made to the police.

Police Tel.: 101

#### Alternative Numbers:

- Kirkintilloch 0141 532 4400
- Bishopbriggs 0141 207 5800
- Milngavie 0141 532 4000
- Saracen 0141 532 3900

<sup>11</sup> See Section 3.15 for Escalation Policy

### **3.8 Report by a Member of the Public or a Relative**

- 3.8.1 Referrals concerning a child at risk of significant harm will often come from family members, friends or neighbours; sometimes, children will make allegations directly. Staff must make it clear to members of the public that they have an obligation to pass on information about child abuse and neglect to the statutory agencies and that confidentiality cannot be guaranteed where the child is thought to have experienced, or be likely to be at risk of, significant harm.

### **3.9 Liaison with Parents and Carers**

- 3.9.1 Where staff have concerns about the welfare or wellbeing of a child but have decided that these do not warrant a child protection referral at that time, their concerns should be discussed openly with parents and a wellbeing assessment completed.
- 3.9.2 This should be undertaken by the Named Person as per normal Personalised Support
- 3.9.3 Where the Child Protection Coordinator has decided to refer child protection concerns to one of the investigating agencies, a decision as to how parents will be informed should be taken in conjunction with them.

### **3.10 Children's Hearings**

- 3.10.1 Any person who believes that a child may be in need of compulsory measures of supervision may refer a child to the Reporter. Such measures are defined in the Children (Scotland) Act 1995 and Children's Hearing (Scotland) Act 2011 where the child is:

- Beyond the control of parents/carers;
- Falling into 'bad associations' or 'exposed to moral danger';
- Suffering or likely to have impaired health or development due to lack of parental care;
- Failing to attend school regularly without reasonable cause;
- Looked After by the Local Authority;
- A child in respect of whom any of the offences mentioned in Criminal Procedures (S) Act 1995 (offences against children)
- Offending; and/or
- Misusing a volatile substance.

- 3.10.2 In most circumstances, referrals will come from Social Work acting as Lead Professionals, however the Team Around the Child may refer directly to SCRA.

- 3.10.3 Any reports submitted to the Reporter and any representative attending a Children's Hearing should provide good quality information in relation to education, welfare and direct knowledge of the child. The Wellbeing Assessment should be used to provide the information which is then transferred to the Appendix 3 (ICA). The resulting Action Plan details strategies designed to address issues identified in Wellbeing Assessment and ICA (**Appendix 3**)

- 3.10.4 In preparing reports for Child Protection case conferences or the Reporter, staff should be aware that parents and children over 12 years will normally have sight of these.

### **3.11 School Transfer**

- 3.11.1 When a child whose name is on the Child Protection Register changes school, the school, which the child is leaving, should:

- Inform the receiving school immediately that the child's name is on the Child Protection Register;
- Transfer all relevant records;
- Share the child's Child Protection Plan and Education (SEEMIS) Action Plan with the receiving school; and
- Inform the social worker or team leader in social services.

3.11.2 In all cases where a child is changing school, the Head Teacher or Named Person of the school, which the child is leaving, has the responsibility to make every effort to establish the name of the school to which the child is transferring. Where the onward destination cannot be established, the Service Manager (ASN) should be informed immediately for children who are considered to be at risk. The procedures for locating the child are explained in Procedure Manual 3/39.

3.11.3 It is the responsibility of the home authority to inform any receiving authority of a child on the Child Protection Register. A transfer Case Conference must be set up within a designated timescale and education staff must attend<sup>12</sup>.

3.11.4 Procedures to be followed when children are missing from education. Although attendance at pre-school education is not compulsory, procedures in Revised Procedure Manual 3/21(b) should be followed when a child fails to attend or is missing from education, within a nursery or family centre.

### **3.12 Contact by Another Statutory Agency**

3.12.1 When another agency contacts the establishment regarding possible child protection concerns, this should be directed to the Child Protection Coordinator. It is important to verify that this is a genuine contact by making a return phone call before beginning any confidential discussions about a child.

3.12.2 It is the role of the Child Protection Coordinator to provide clear and suitably detailed information about the child's wellbeing, including any details relating to potential welfare issues.

3.12.3 Through discreet contact with other members of staff, the Child Protection Co-ordinator should gather these details as rapidly as is consistent with ensuring good quality information.

3.12.4 Any undue delay in providing the information to the other agency may result in the child being exposed to unnecessary risk. The matter should not be discussed with the child unless the other agency has specifically requested this.

3.12.5 Where requests for information are verbal, a record of what was said and to whom should be maintained within Pastoral Notes. Written requests for assessment information may come in the form of an Appendix 3 for an Integrated Assessment Framework. Such information is framed under the My World Triangle indicators. These reports should be transferred following guidance in the Information Sharing Protocol.

### **3.13 Confidentiality and Information Sharing**

3.13.1 Personal information about service users and their families held by professionals and agencies is subject to a legal duty of confidence, and should not normally be disclosed without the consent of the persons concerned.

<sup>12</sup> Detailed guidance can be found on <http://www.online-procedures.co.uk/westofscotland/contents/transfer-child-protection-conferences/>

- 3.13.2 It is critical that education staff are clear that wherever there is reasonable cause to suspect that a child or young person may be suffering or may be at risk of suffering significant harm, they should share, seek advice and where necessary refer concerns to social work or the police. The child's interests must be the overriding consideration in making such decisions.
- 3.13.3 All children and young people have a right to be listened to and to have matters treated in confidence. Involving children and young people and upholding their rights is good practice and builds trust with children, young people and their families. Where there is no significant risk to a child's wellbeing, school staff should respect their right to confidentiality.
- 3.13.4 In the event of potential of harm to a child or young person or where the child or young person has already been identified as being at risk through child protection procedures **the need for consent in regard to information sharing is overridden and should not be sought.**
- 3.13.5 A person over 16 years of age has the capacity to consent. A child under 16 has that capacity, if the child has a general understanding of what is involved. In the absence of any indication to the contrary children aged 12 or over are generally expected to be old enough and to have that understanding to give their consent. However, the understanding or capacity of the child needs to be considered on a case by case basis. In most cases, where a child is unable to consent, then a person with parental responsibilities and parental rights, such as a parent, guardian or carer, should be asked to give consent on behalf of the child unless this places the child or others at greater risk.
- 3.13.6 Children and young people must be advised that there are no guarantees to confidentiality, where the school assesses them or others to be at actual or potential risk.
- 3.13.7 Children and young people who are looked after or looked after away from home<sup>13</sup> by the local authority have the same rights to confidentiality with the same caveats in respect of assessed risk.
- 3.13.8 While it is essential that there is information brought to the attention of the Child Protection Coordinator from a wide range of sources, schools should have a protocol for sharing information within the school. This should include which members of staff are informed of investigations or action concerning a child or young person. However, it is appropriate to ensure all staff are aware when a child may need extra care and support, without necessarily being provided with full details of why this is required.

### 3.14 Quality Assurance

- 3.14.1 Self-evaluation is the key to the continuous improvement of services to protect children. Schools are required to evaluate their own processes and gather evidence on the effectiveness of the school's procedures for Safeguarding and Child Protection (QI 2.1) on an annual basis as part of the annual staff training exercise. Any areas for improvement should be included in the school's planning structures and if they involve another agency, communicated to the Girfec Liaison Group. QIOs and interagency staff use information to analyse and review practice. This includes file audits.

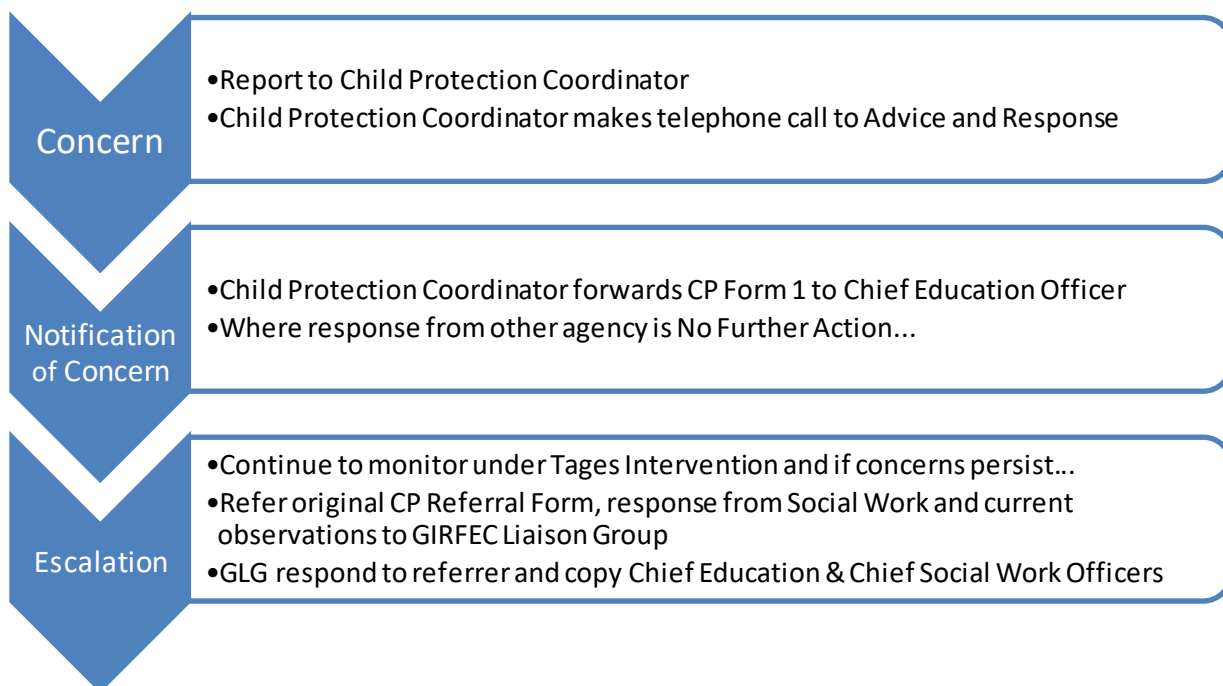
### 3.15 Escalation Policy

- 3.15.1 Where a member of staff makes a Child Protection referral but remains unsatisfied with the response from a member of staff or another agency, the Child Protection Coordinator should be

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<sup>13</sup> See Appendix 2 Guidance on Special Issues

informed. The case must be kept under review and the following procedures followed:



### 3.16 Adult Protection

Where a member of staff suspects an adult protection issue they should contact the Adult Intake Service at Social Work on 0141 355 2200. An 'adult at risk' of harm is defined as a person aged 16 or over who may be unable to protect themselves from harm, exploitation or neglect, because of a:

- Disability
- Mental disorder
- Illness
- Physical or mental infirmity

### 3.17 Named Person Duties

The Named Person has the overall responsibility to ensure that contact is maintained between Named Persons in the event of a child transferring to another school, transferring to home-schooling or moving outwith the authority. Named Persons should be proactive in ensuring that the Named Persons of siblings are informed of actions as appropriate. Where the Named Person is not the Child Protection Coordinator, there must be appropriate procedures in place to ensure information is transferred.

### 4 PART 4: STAFFING ISSUES

#### 4.1 Staff Support

4.1.1 It is essential to ensure that there are effective structures in place to support staff dealing with child protection issues, which may be highly stressful. For example:

- Annual reminders to all staff that they are operating within known and agreed local authority child protection procedures;
- Regular opportunities to discuss concerns about a child with the child protection coordinator;
- Specific support for any tasks such as completing Children's Hearing or Case Conference reports or attending such meetings;
- Senior management monitoring of workload to ensure additional pressures are kept to a minimum;
- Access to more specialist help through the Education Service or Social Work;
- Appropriate debriefing of staff who have been involved in child protection investigations; and
- The offer of counselling or other support should this be required.

#### 4.2 Staff Training

4.2.1 All staff, who have contact with children, should receive training in the form of:

- Induction training
- Annual refresher at the beginning of each session;
- Access to specialised training provided by East Dunbartonshire Council and partner agencies; and
- Calendar of meetings of Child Protection Coordinators

4.2.2 Head Teachers, Child Protection Coordinators, deputies and other staff as designated by the Head Teacher will receive additional specialist training to support their role.

4.2.3 All staff must sign the school's training log<sup>14</sup> annually to acknowledge they have received training on child protection procedures. The Child Protection Coordinator should ensure the Child Protection Training Log is signed and completed for each member of staff.

4.2.4 The Child Protection Coordinator should ensure all visiting staff and students within the school are briefed on child protection procedures as part of their induction procedures.

4.2.5 Head Teachers should be routinely advised of any developments.

#### 4.3 Allegations against Members of Staff

4.3.1 Should a member of staff receive information/allegations of abuse or inappropriate conduct against another member of staff, the Head Teacher must be informed immediately. The Head Teacher must then inform the Chief Education Officer immediately. Regulatory bodies such as GTC and SSSC will be informed by Teachers' Staffing.

4.3.2 It is vital to staff and children and young people that any action taken in response to information

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<sup>14</sup> See Appendix 4



or allegations is conducted properly and promptly in order to support proper investigation.

4.3.3 After receiving initial information or hearing an allegation and establishing these are of a serious nature, further interviewing of the child is not appropriate other than by trained police officers or social workers, or during the legal process of prosecution. However, staff should gain sufficient information from the child in order to judge the seriousness of the issue, in order to inform senior managers' decisions.

4.3.4 Allegations against a Head Teacher, Team Leader, Manager or other officer within the education service should be directed straight to the Chief Education Officer

#### **4.4 Minimising Risk of Allegations**

4.4.1 All staff should consider the appropriateness of their own and their colleagues' behaviour. Staff and pupils alike should feel confident in openly discussing behaviour which they do not like.

4.4.2 Where members of staff feel that their actions have been, or might have been, misinterpreted, they should make a written report to their line manager without delay.

#### **4.5 One to one meetings with Children and Young People**

4.5.1 Staff working alone with children and young people in a one to one setting should be aware of the risks involved in these situations and should take appropriate precautions i.e.

- Ensure that other members of staff know where they are;
- Do not meet outwith hours or in quiet areas away from other people; and
- If they feel uncomfortable about a particular situation report it to a more senior member of staff.

4.5.2 When providing personal care for disabled children and young people or reassurance or comfort when a child is distressed, physical contact should be minimal and respectful of the child's wishes.

#### **4.6 Recruitment/ Use of Volunteers**

4.6.1 Under the Protection of Vulnerable Groups (Scotland) Act 2007 individuals who work or volunteer with children and/or adults at risk of harm are required to join the PVG Scheme. Anyone with a known history of harmful behaviour is barred from the PVG Scheme and must not work with children and/or adults at risk of harm. An adult at risk of harm is defined as an individual aged 16 or over who is provided with a type or care, health or welfare service.

4.6.2 Once approved, individuals are provided with a certificate to state they are a member. Thereafter, membership records are automatically updated if any new vetting information arises. Vetting information is conviction and non-conviction information held by agencies that is considered relevant.

4.6.3 It is also an offence for any individual on the list to ask to undertake work. Employers must report any incident especially ones which may lead to dismissal or to referral to the relevant bodies i.e. GTC and SSSC

4.6.4 The Protecting Vulnerable Group (PVG) scheme applies to all staff within Education as they are considered to undertake Regulated Work as part of their core duties.

4.6.5 Regulated work is the term used by the PVG Act to define the types of work which barred individuals must not do.

### **4.7 Appearing in Court**

4.7.1 Should this be necessary, the Local Authority's Legal Services will ensure that any individual required to appear in court as part of a Child Protection investigation is offered preparation and support. The CP Coordinator should contact Legal Services directly to discuss individual arrangements.

4.7.2 Schools should ensure that families receive copies of the Child Protection Information Leaflet which details contact information, support agencies, timescales etc. This should include clear communication between staff when a family is the focus of concerns, to decide on an appropriate communication strategy.

### **4.8 Engagement with partner providers and visitors to schools**

4.8.1 It is the responsibility of the Head Teacher to ensure that any organisation or service engaged directly by schools and external to the Education Department:

- Is fully briefed on Revised Procedure Manual 3/21; and
- Has clear procedures and training in place to ensure the care and safety of children with whom they are working.

4.8.2 All parents, visitors to schools who have regular and sustained contact with children or who are required to supervise pupils must undergo an enhanced PVG (Protection of Vulnerable Groups) check.

4.8.3 The Education Service will ensure that all authority engaged providers, including FE colleges and Early Years establishments will be provided with a copy of Revised Procedure Manual 3/21.

## **5 PART 5: DEFINITIONS**

### **The range of ways in which children and young people can be abused**

- 5.1 For the purpose of this Revised Procedure Manual a 'child' is understood to be a young person under the age of 18 years and still at school. Young people who have left school and are aged 16–18 will be covered by adult protection procedures unless their needs are assessed to lie within child protection. There may be instances in which the adult protection legislation offers greater protection to children and young people. Social Work will determine this on assessment of the referral.
- 5.2 The [National Guidance for Child Protection \(2014\)](#) highlights that children and young people can be abused in a number of different ways and provides definitions of abuse against the following and non exhaustive areas of concern (**see Appendix 1**).
- 5.2.1 Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. Assessments will need to consider whether abuse has occurred or is likely to occur.
- 5.3 **Where does the majority of abuse/neglect occur?**
- 5.3.1 Annual child protection statistics produced by the Scottish Government, show that the majority of cases of abuse and neglect occur in the home and are a direct result of parents/carers (and other people who know children) wilfully abusing, or failing to attend to, the needs of their children.
- 5.3.2 Not all abuse is deliberate acts of harm, some are unintentional exposure to harm and while some are motivated by malice much is "ordinary people in extraordinary circumstances" who due to loss, bereavement, changes in lifestyle/circumstances place children in situations of actual/potential risk
- 5.4 **What is meant by a concern?**
- 5.4.1 The Scottish Government defines a 'concern' as a suspicion or a belief that a child or young person may be in need of help or protection.
- 5.5 The guidance also illustrates a range of possible indicators of risk, which can be used in the recording process to categorise the key elements of concern (see Appendix 1).
- 5.6 **How concerns may 'come to light'**
- 5.6.1 Concerns regarding a child's safety or wellbeing are likely to emerge in one of the following ways:
  - The child discloses alleged abuse;
  - A member of staff observes an injury which may be indicative of abuse;
  - Sustained concerns about the presentation or behaviour of a child which may be indicative of abuse or neglect;
  - The establishment is contacted by another agency as part of a child protection inquiry or investigation;
  - Another child's parent, friend of the child or member of the public may express concern or make an allegation of child abuse;
  - Children and young people often take time to seek out and test adults to whom they wish to disclose abuse – disclosure is more often a process than an event; and
  - Children with complex support needs may find it difficult to communicate concern.

### APPENDIX 1: Types of abuse and indicators of risk/abuse/neglect

#### Definitions of Abuse

The following definitions are taken from the National Guidance for Child Protection in Scotland 2010

#### Physical abuse

Physical abuse is the causing of physical harm to a child or young person.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

#### **Possible signs and indicators of physical abuse**

- Injuries, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to explain and discuss injuries
- Admission of punishment which appears excessive
- Fear of medical help particularly on the part of the parent who may seem reluctant/make excuses for not taking a child to the GP
- Arms and legs kept covered in hot weather
- Withdrawal from physical contact
- Black eyes
- Bruising on the soft parts of the body – thighs, upper arms, buttocks
- Bruising around the neck area
- Physical aggression towards others
- Physical aggression towards self – hitting and telling self off for doing something wrong

*Non-accidental injury (NAI) such as non-accidental bruises are frequently present on soft tissue parts of the body e.g. cheeks, mouth, neck, tissue surrounding elbows and knees, lower back, buttocks, upper legs and genitals and on protected areas such as under the arms.*

**Non-accidental injuries may also include burns, breaks and bite marks.**

#### Non-accidental Bruises

Caused by	Indications
Hand	Finger and thumb tips may also indicate severe shaking, slap marks
Fist	Black eye, bruised ear
Torn Fraenum	Fraenum is mid line tissue in the mouth containing a vein – situated between upper lip and upper gum. A torn fraenum indicates a blow across the mouth or force-feeding. It is a common accidental injury when a person falls with something in their mouth.
Tying	Circumferential bruising on wrists and ankles
Pinch Marks	Circular areas of deep, tender bruising
Foot	Bruise may appear in the mark of footwear
Implement Bruising	Strap, buckle marks which may follow the contours of the body

### Non-accidental Burns

Caused by	Indications
Cigarette Burn	Accidental cigarette burn is usually superficial with a trail where the person has brushed against the cigarette. Non-accidental burn is usually a well-defined round area.
Radiator	A ring or cooker leave distinctive marks by symmetry and depth
Hot Liquid	Splash marks Clear line where a person was immersed and held in water

### Non-accidental fractures

Caused by	Indications
Fractures	Direct blow Grabbing and twisting

### Non-accidental bite marks

Caused by	Indications
Bite Marks	Bite marks of an adult are large and bruising may occur around wounds

### Neglect

Neglect is 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs.

Neglect may also result in the child being diagnosed as suffering from 'non-organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time.

#### **Possible signs and indicators of neglect**

- Constant hunger
- Compulsive stealing or scavenging
- Emaciation
- Constant tiredness
- Poor personal hygiene
- Poor state of clothing and/or child inappropriately clothed for the weather
- Untreated medical problems
- Frequent lateness or non-attendance at school

## **Sexual abuse**

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts.

They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

**Sexual abuse may include activities such as incest, rape, sodomy or intercourse with children, lewd or libidinous practices or behaviour towards children, indecent assault of children, taking indecent photographs of children, or encouraging children to become prostitutes or to witness intercourse or pornographic materials.**

Sexual exploitation may be indicated by the presence of one or more of the following characteristics:

- Lack of consent;
- Inequalities in terms of chronological age, developmental stage of stature; and
- Actual or threatened coercion.

Sexual activity involving informed consent of children under sixteen or involving informed consent of a child under sixteen with an adult who is not a relative is not in itself “child abuse”. However, this may still be a criminal offence. However there could be other factors which could be indicative of abuse or which could indicate that the welfare of the children involved requires input from agencies.

### **Possible signs and indicators of sexual abuse**

#### **Children under the age of five may:**

- Become insecure or cling to parent in a fearful way
- Show extreme fear of a particular person
- Cry hysterically when their nappy is changed
- Become hysterical when clothing is removed particularly underclothes
- Have some physical signs in the genital or anal areas; smell of semen etc.
- Have soreness or bleeding in the throat, anal or genital area
- Regress to a much younger behavioural pattern
- Stare blankly, seem unhappy, confused, sad
- Become withdrawn, stop eating, have chronic nightmares, begin wetting again when previously dry
- Stop enjoying activities with other children, such as stories or games
- Seem to be bothered or worried
- Act in a sexually inappropriate way towards adults
- Behave in a sexually inappropriate way to their age, being obsessed with sexual matters as opposed to normal exploration
- Play out sexual acts in too knowledgeable a way with dolls or other children
- Produce drawings of sex organs such as erect penises
- Repeat obscene words or phrases
- Say repeatedly that they are bad, dirty or wicked



### **Children from the ages of five to twelve may:**

- Hint about secrets they cannot tell
- Say that a friend has a problem
- Ask if you will keep a secret if they tell you something
- Seem to be keeping secret something which is worrying them
- Begin lying, stealing, blatantly cheating in the hope of being caught
- Have unexplained sources of money
- Exhibit sudden inexplicable changes in behaviour, such as becoming aggressive or withdrawn or regressing to younger behaviour patterns
- Stop enjoying previously liked activities such as music, sports, art, scouts, guide
- Be reluctant to undress for gym
- Have terrifying dreams
- Act in a sexual way, inappropriate to their age
- Draw sexually explicit pictures depicting some act of abuse
- Start wetting themselves
- Have urinary infection, bleeding or soreness in the genital or anal areas
- Have soreness of bleeding in the throat

### **Children from the age of twelve onwards may:**

- Be fearful about certain people like relatives of friends
- Assume the role of parents in the house to such an extent that they are taking care of everyone's needs except their own
- Not be allowed to go out on dates or have friends round
- Find excuses not to go home or to a particular place
- Run away frequently
- Have unexplained sums of money
- Have recurring nightmares/be afraid of the dark
- Exhibit a sudden change in school/work habits, begin to truant
- Be fearful or undressing for games/gym
- Become withdrawn, isolated or excessively worried
- Have outbursts of anger or irritability
- Be chronically depressed
- Be suicidal
- Use drugs or drink to excess
- Self harm
- Develop eating disorders
- Exhibit inappropriate sexual/seductive behaviour
- Have recurrent genital/urinary/anal infections/bleeding
- Have chronic ailments such as stomach pains and headaches
- Become pregnant
- Have a friend who has a problem and then tell about the abuse of the friend
- Sexually abuse a child, sibling or friend

### **Emotional abuse**

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

It may involve the imposition of age- or developmentally-inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

Emotional abuse may include situations where as a result of persistent behaviour by the parent(s) or caregiver(s), children are:

- rejected, denigrated or scapegoated;
- denied opportunities for exploration, play or socialisation appropriate to their stages of development;
- encouraged to engage in anti-social behaviour;
- put in a state of terror or extreme anxiety by the use of threats or practices designed to intimidate them; and
- isolated from normal social experiences preventing the child from forming friendships.

### **Possible signs and indicators of emotional abuse**

- Fear of parents being contacted
- Admission of punishment which appears excessive
- Physical, intellectual and emotional development lags
- Significant decline in concentration
- Sudden speech disorders
- Over-reaction to mistakes
- Continual self-deprecation
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour
- Self harm
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing/scavenging
- Indiscriminate friendliness
- Socio-emotional immaturity

### **Domestic Abuse**

The Scottish Executive's Preventing Domestic Abuse – A National Strategy (2003) defines this type of abuse as:

*“Domestic abuse (as gender-based abuse) can be perpetrated by partner or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends.”*

### **Parental Substance Misuse**

Possible effects on children can include:

- Harmful physical effects on unborn and new-born babies;
- Impaired patterns of parental care with a higher risk of emotional and physical neglect and abuse;
- Chaotic lifestyles, which disrupt children's routines and relationships, leading to early behavioural and emotional problems;
- Family income may be diverted to buy alcohol or drugs, leading to poverty, debt and material deprivation;
- Unstable accommodation or homelessness as a consequence of anti-social behaviour orders, rent arrears or conviction for alcohol or drugs related offences;
- Children having inappropriately high levels of responsibility for social or personal care of parents with problem substance use, or care of younger siblings;
- Isolation of children and inability to confide in others for fear of the consequences
- Threat of domestic violence;
- Disrupted schooling;
- Children's early exposure to, and socialisation into, illegal substance misuse and other criminal activity;
- Parents' reduced awareness or loss of consciousness may place children at physical risk in the absence of another adult who is able to supervise and care for them; and
- Careless storage of medication and disposal of needles and syringes may cause accident or overdose.

(Source: *Getting Our Priorities Right*, Scottish Executive, 2003).

### **Fabricated or induced illness**

Fabricated or induced illness in children is not a common form of child abuse, but practitioners should nevertheless be able to understand its significance. Although it can affect children of any age, fabricated and induced illness is most commonly identified in younger children. Where concerns do exist about the fabrication or induction of illness in a child, practitioners must work together, considering all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illnesses. A careful medical evaluation is always required to consider a range of possible diagnoses and a range of practitioners and disciplines will be required to assess and evaluate the child's needs and family history.

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**APPENDIX 2: Guidance on Special Issues**

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**Looked after Children**

Some children who have experienced abuse or neglect may require to be looked after by the Local Authority either at home or away from home.

Schools' and other agencies' responsibilities towards Looked After Children are outlined in The Education of Children and Young People Looked After By East Dunbartonshire Council, Joint Protocol between Education and Social Work (December 2012) (Draft).

The Who Cares? Scotland report 'Feeling Safe?' highlighted the fact that children and young people who are Looked After do not always feel safe and that they are at risk of misusing drugs or alcohol, self-harming and prostitution. School staff should be alert to this range of possible child protection issues.

If any staff member has a child protection concern about a child whom they know to be Looked After they should ensure that the child's named social worker, is notified without delay.

**Exclusion**

Children who have suffered abuse and/or are under considerable stress may show their hurt by behaviours which are highly disruptive and sometimes damaging to themselves, to other children and to property. There are 'many excellent examples of mainstream schools managing the balance between progressing the interests of the majority of their pupils, whilst meeting the needs of children and young people who exhibit very challenging behaviour' (Better Behaviour – Better Learning: Report of the Discipline Task Group 5. 16).

Nevertheless, schools can experience considerable difficulty in responding to these behaviours in terms of their general expectations of pupil behaviour and the safety of other children.

Where school staff contemplate the exclusion of a child who is the subject of child protection concerns, they must first contact the child's social worker/team leader and carry out a risk assessment which requires the identification of plans to address any difficulties relating to home circumstances which would be likely to arise from exclusion.

**Children and Young People with Additional Support Needs**

Children and young people with additional support needs and particularly those with multiple disabilities may be more vulnerable to abuse. [National Guidance for Child Protection in Scotland 2014. Additional notes for practitioners: protecting disabled children from abuse and neglect](#) is available<sup>15</sup>. Staff have a particular need to be alert to possible indicators of abuse in relation to children with additional support needs. At all stages the provision of an appropriate individualised programme of personal and social education, including sex education, should be a key feature of any pupil's curriculum.

The Education (Additional Support for Learning) (Scotland) Act 2004 amended 2009 placed duties on education authorities, including:

- to make adequate and efficient provision for each child or young person with additional support needs;
- to put in place arrangements to identify additional support needs and to consider if a child requires

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<sup>15</sup> See Appendix

a Co-ordinated Support Plan (CSP); and

- to publish their policy and arrangements for identifying and addressing additional support needs.

It may be that a child who is in need of protection has additional support needs which need considering under this legislation.

Where children have a communication difficulty, it is particularly important that they have access to a means of being understood.

When establishments/services provide intimate care to pupils, they should ensure that staff are aware of and implement the guidance provided in the Scottish Executive's (1999) publication, *Helping Hands- Guidelines for Staff who Provide Intimate Care for Children and Young People with Disabilities*.

In the case of child protection investigation becoming necessary, schools have a key role in providing support for children and providing advice or acting as interpreters for the investigating officers.

### **Domestic Abuse**

Domestic abuse describes any behaviour that involves exerting control over a partner or ex-partner's life choices and that undermines their personal autonomy. It is an assault on their human rights. Although most victims are women, men can also suffer domestic abuse, and it can also occur in same-sex relationships. Children and young people living with domestic abuse are at increased risk of significant harm, both as a result of witnessing the abuse and being abused themselves. Children can also be affected by abuse even when they are not witnessing it or being subjected to abuse themselves. Domestic abuse can profoundly disrupt a child's environment, undermining their stability and damaging their physical, mental and emotional health.

The impact of domestic abuse on a child will vary, depending on factors including the frequency, severity and length of exposure to the abuse and the ability of others in the household (particularly the non-abusive parent/carer) to provide parenting support under such adverse conditions. If the non-abusive parent/carer is not safe, it is unlikely that the children will be. Indeed, children frequently come to the attention of practitioners when the severity and length of exposure to abuse has compromised the non-abusing parent's/carer's ability to nurture and care for them.

Where the child is known to social services, social services will act as the lead agency in assessing the most effective response to the child. Where the child is not known to social services, health will act as the lead agency for children under five years of age; education will act as the lead agency for school aged children.

### **Underage Sexual Activity**

In some cases, the activity will be wholly consensual; in others it will happen in response to peer pressure or as the result of abuse or exploitation. Young people who are sexually active will, therefore, have differing needs, so services and practitioners must provide a range of responses. National guidance provided by the Scottish Government covers the legal issues and advises practitioners how they can strike a balance between assuring the freedom of young people to make decisions and protecting them from activity which could give rise to immediate harm and/or longer-term adverse consequences.

The law is clear that society does not encourage sexual intercourse in young people under 16. However, it does not follow that every case presents child protection concerns and it is important that a proportionate response is made. If there are no child protection concerns, there may still be needs to be addressed either on a single agency or multi-agency basis. However, child protection measures must be instigated:

- if the child is, or is believed to be, sexually active and is 12 or under;
- if the young person is currently 13 or over but sexual activity took place when they were 12 or under; and
- where the 'other person' is in a position of trust in relation to the young person.

When staff become aware that a young person is sexually active or is likely to become sexually active, they should undertake an assessment of risks and needs so that the appropriate response can be provided. The practitioner has a duty of care to ensure that the young person's health and emotional needs are addressed and to assess whether the sexual activity is of an abusive or exploitative nature. This process may not always be straightforward, so it will require sensitive handling and the use of professional judgment.

Please refer to the EDC inter-agency joint protocol and Sexual Health Policy.

### **Problematic Sexual Behaviour**

In all cases where a child or young person displays problematic sexual behaviour (PSB), immediate consideration should be given to whether action needs to be taken under child protection procedures, either in order to protect the victim or to tackle concerns about what has caused the child/young person to behave in such a way. The East Dunbartonshire Multi-Agency Risk Management Framework and Protocol for children with sexually harmful behaviours should be applied in both Child Protection and welfare cases. It is intended to help inform decisions about the management of risk within the context of a Child's Plan.

This risk management protocol reflects two key aims of addressing sexually harmful behaviour:

- risk management and
- risk reduction

Risk management is supported by the following essential elements:

- risk management is embedded in the systems around the child and promoted by those who supervise and monitor the child on a daily basis; and
- safety plans are drawn up in the relevant environments (for example, home, schools, communities and residential units).

Risk reduction is outlined within a 'phased approach' detailed in the risk management framework (see part 3 of the Protocol). This process supports the child's progress towards ultimately taking responsibility to manage their own risk and is placed clearly within the context of intervention. This ensures the child is helped to develop skills, opportunities and understanding in order to reduce their need to engage in further sexually harmful behaviour.

### **Child Sexual Exploitation (CSE)**

Children who are victims of child sexual exploitation (CSE), a form of child sexual abuse have distinct issues and needs. On occasions, children who display sexually harmful behaviour towards others can also be victims of sexual exploitation themselves. The understanding of how vulnerabilities develop, how risks towards the child occur and the complexities and distinct issues relating to this form of sexual abuse should be understood, recognized and managed by the adults around the child. If concern arises in relation to CSE reference should be made in the first instance to the Barnardos, Child Sexual Exploitation: Guidance on Child Sexual Exploitation, A Practitioners' Resource Pack.



**Children and Young People who present a risk of serious harm**

In some instances the harm caused by one child to another extends beyond bullying. This may occur when one child seriously physically or sexually assaults another.

Where this is alleged, child protection referrals should be made for both the victim and the alleged abuser. Research from work with adult sexual abusers has shown that many began abusing in childhood or adolescence. Children who are abusive towards other children require comprehensive assessment and therapeutic intervention and programmes to address their welfare needs as well as their criminal and sexually aggressive behaviours. The establishment should also undertake a risk assessment to consider whether additional procedures need to be put in place to protect other children.

**Online and mobile phone child safety**

New technologies, digital media and the internet are an integral part of children's lives. Whether on a computer at school or at home, a games console or mobile phone, children and young people are increasingly accessing the internet whenever they can and wherever they are. This has enabled entirely new forms of social interaction to emerge, for example, through social networking websites and online gaming. But these new technologies also bring a variety of risks, such as:

- exposure to obscene, violent or distressing material;
- bullying or intimidation through email and online (cyber-bullying);
- identity theft and abuse of personal information; and
- exploitation by online predators - for example, sexual grooming - often through social networking sites.

Where police undertake investigations into online child abuse, or networks of people accessing, or responsible for, images of sexually-abused children, consideration must be given to the needs of the children involved. This may include children or young people who have been victims of the abuse or children and/or young people who have close contact with the alleged perpetrator. In many cases, they will have been targeted because they were already vulnerable. Local services need to consider how they can best support and co-ordinate any investigations into such offences. They should understand the risks that these technologies can pose to children and the resources available to minimise those risks.

Children and young people need to understand the risks the internet and mobile technology can pose so that they can make sensible and informed choices. Practitioners and carers need to support young people to use the internet and mobile technology responsibly, and know how to respond when something goes wrong. Refer to Procedure Manual 3/42 Policy on the Use of Mobile Phones by Pupils in East Dunbartonshire Schools

**Female Genital Mutilation (FGM)**

FGM is a form of violence and abuse against women and children and has wide reaching consequences both individually and in wider communities. Practitioners across services must be aware of the risks to children of FGM and the impact on the child or young person's wellbeing.

It is illegal in Scotland to practice FGM under Prohibition of Female Genital Mutilation (Scotland) Act 2005. This legislation makes it a criminal offence for UK nationals or permanent UK residents to:

- perform FGM in the UK or overseas
- make a UK national or permanent UK resident have FGM in the UK or overseas

## **Definitions**

The World Health Organisation (WHO-2010) has classified FGM as: 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organ for nonmedical reasons'. The majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at higher risk.

## **Response**

The National Guidance for Child Protection in Scotland (2014) clearly states that FGM is child abuse and should trigger child protection procedures. Action taken should be based on assessment in close collaboration with partner agencies. The welfare of the child should be the primary concern at all times.

## **Disability**

There are some forms of abuse to which disabled children are more vulnerable than their peers. The definition of 'disabled children' includes children and young people with a comprehensive range of impairments with physical, emotional, developmental, learning, communication and health care needs. There is a strong association between childhood disability and maltreatment. Abuse of disabled children is significantly under-reported.

Disabled children are more likely to be dependent on support for communication, mobility, manual handling, intimate care, feeding and/or invasive procedures. There may be increased parental stress, multiple carers, care in different settings (including residential) and often reluctance among adults to believe that disabled children are abused.

Disabled children are also likely to be less able to protect themselves from abuse and limited mobility can add to their vulnerability. In addition, the network of carers around the child is likely to be larger than for a non-disabled child, which can be a risk factor in itself. While the majority of parents/carers who are part of such a team demonstrate the highest standard of care for their child, some could themselves be perpetrators. Particularly vulnerable are those children with communication or sensory impairments, behavioural disorders or learning disabilities.

Abuse of disabled children is more likely to start at an earlier age and repeated multiple abuses are evident. Neglect is the most frequently reported form of abuse, followed by emotional abuse.

Disabled children are often highly dependent on their carers. They may be less resilient and non-treatment of even minor ailments can have serious consequences. Practitioners' expectations of the ability of parents/carers to cope in managing the care needs may be over-estimated. The latter can fear failing or admitting they cannot cope. To protect disabled children, it is crucial for assessments to include the ability and capacity of parents/carers to cope with the demands required.

When responding to concerns about a disabled child, expertise in child protection and disability should be brought together to ensure the child receives the same standard of service as a non-disabled child. Practitioners experienced in working with disabled children, such as speech and language therapists or residential workers, may be helpful to participate in the investigative process.

Practitioners responsible for making enquiries into a child protection concern should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. Assumptions should not be made about the inability of a disabled child to give credible evidence or withstand the rigours of the court process. Each child should be assessed carefully and supported to participate in the process when this is in the child's best interest.

Specialist advice should be sought at an early stage to help inform decision-making and any investigation planning should include: support to the child, such as preferred support worker and someone who is able to communicate with, and for, the child; identifying a location suited to the sensory or communication needs of the child, including any communication boards/loop system as required; additional time allowed to conduct the inquiry; including time before to brief the support staff and plan for breaks to suit child's needs.

**APPENDIX 3: Checklist for monitoring low level concerns****Section A: A record of the child's behaviour**

As appropriate to the circumstances this section should include details of:

- The actual incident/behaviour
- Where it took place
- When it took place
- With whom it took place
- Its duration and frequency
- Its intensity/severity
- The sequence of events
- How the child's behaviour related to the behaviour of others
- Specific questions or behaviours that were used to elicit the child's response
- The child's view of explanation

The information could be detailed under the following headings:

- Attendance (where relevant)
- Behaviour
- Language
- Social interactions
- Drawings/writing/statements
- Physical indicators
- Contact with parents

**Section B: The monitoring Process**

As appropriate to the circumstances this section may include details of:

- Planning meeting
- Time scale of monitoring
- Individuals involved
- Action Plan
- Review date
- Decision as to when to involve parents/carers
- Decision to continue/discontinue monitoring
- Decision on whether to instigate child protection procedures or to re-contact Social Work for further consultation
- Decision regarding storing of the Child Protection Monitoring Record.

#### **APPENDIX 4: Key Reference Documents, Links and Themes**

##### **Key Reference Documents and Links**

[National Guidance for Child Protection in Scotland](#)

[National Guidance for Child Protection in Scotland 2014. Additional notes for practitioners: protecting disabled children from abuse and neglect](#)

[Getting it Right for Every Child](#)

[West of Scotland Inter Agency Child Protection Procedures](#)

[Additional Support Needs Code of Practice](#)

[Administration of Medicines](#)

[Educating Children of Armed Services Personnel](#)

[Children's Hearings](#)

[Children and Families Affected by Substance Misuse](#)

#### **APPENDIX 5: Protocol for sharing information**

Admin process shared referral form

#### **APPENDIX 6: Shared Referral Form: Child Protection / Vulnerable Young Persons**

CP Referral Form Aug 2019