



# Child Protection and Wellbeing Policy and Procedures

February 2024



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## 1. Acknowledgments

These Guidelines have been written by Dr Susan Hamilton, Child Protection Consultant, in consultation with Jamie Dunlop, Chief Executive of the Scottish Youth Parliament.

## 2. Foreword

In the refreshed National Guidance the Government, <sup>1</sup> the Government has articulated its vision for Scotland's children - that all children and young people have the right to be cared for and protected from harm and abuse and to grow up in a safe environment where their rights are respected and their needs met. This Guidance is also explicit that everyone in Scottish society has an important part to play in promoting the wellbeing and preventing the abuse and neglect of children and young people.

Protecting children is everyone's responsibility and the Scottish Youth Parliament takes this responsibility very seriously. Every child and young person should have the right to take part in activities in our Service in the knowledge that they will be safe, secure, listened to and respected.

Our Vision

The Scottish Youth Parliament (SYP) is the democratic voice of Scotland's young people. Our vision for Scotland is of a nation that actively listens to and values the meaningful participation of its young people. Our goal is to make this vision a reality, in order to ensure young people in Scotland grow up loved, safe and respected, and able to realise their full potential.

Our Mission

SYP's mission is to provide a national platform for young people to discuss the issues that are important to them, and campaign for changes to the nation that they live in. We support our members in their work by training them, supporting their personal development and empowering them, using a youth work ethos.

MSYPs listen to and recognise the issues that are most important to young people in every community across the country and ensure that decision-makers listen to their voices.

Our Values

**Democracy** - We are youth-led and accountable to young people aged 14 to 25. Our democratic structure and the scale of our engagement across Scotland give us a mandate that sets us apart from other organisations.

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<sup>1</sup> <https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/>

**Rights** - We are a rights-based organisation. We are passionate about making young people aware of their rights, and ensuring that local and national governments uphold their rights.

**Inclusion and Diversity** - We are committed to being truly inclusive and work tirelessly to ensure policymakers and politicians hear the voices of young people from every community and background in Scotland.

**Political Impartiality** - We are independent from all political parties. By working with all stakeholders, groups, and individuals who share our values, we deliver the policies that are most important to young people.

These procedures do not stand alone and should be read in conjunction with the relevant local authority's Wellbeing and Child Protection Inter-agency Guidelines.

This Policy and associated procedures provide clear guidance for staff, volunteers and students on placement and on what they should do if they have concerns that a child or young person may be at risk of harm or abuse or being abused.

This policy will next be reviewed in 2026 unless circumstances under section 3.4 are met.

Jamie Dunlop  
Chief Executive of the Scottish Youth Parliament

### 3. INTRODUCTION

The National Guidance for Child Protection in Scotland 2023<sup>2</sup> (hereafter referred to as the National Guidance) requires a continuum of preventative and protective work. The Scottish approach to child protection is based upon the protection of children's rights. The Getting it right for every child (GIRFEC) Policy and Practice model<sup>3</sup> is the Scottish Government's commitment to the implementation of the United Nations Convention on Rights of the Child (UNCRC).

In general terms, the protection of children and young people includes unborn babies, and children and young people under the age of 18 years.<sup>4</sup> While child protection procedures may be considered for a person up to the age of 18, the legal boundaries of childhood and adulthood are variously defined under different legislation. There are overlaps for example, Part 1 of the [Children \(Scotland\) Act 1995](#), which deals with matters including parental rights and responsibilities, a child is generally defined as someone under the age of 18, but most of the provisions apply only to children under the age of 16; under the Children and Young People (Scotland) Act 2014 a child is defined as being up to the age of 18 years. The Scottish Youth Parliament (hereafter referred to as 'SYP') also recognises that there will be some vulnerable young people between the ages of 16-18 and it is important that they are protected. In such circumstances, where relevant, staff will be expected to follow the relevant Adult Protection Policy.

SYP is fully committed to safeguarding the wellbeing of all children and young people<sup>5</sup> in its care and its responsibility to promote safe practices and to protect young people from harm, abuse and exploitation. This Policy and associated procedures provide the framework for safeguarding the wellbeing of children and young people and protecting them from harm and abuse and to assist staff and volunteers to apply their skills collectively and effectively and to develop a shared understanding of their common objective to support and protect children and young people, particularly those who are most vulnerable.

#### 3.1 Child Protection - The Context

Child protection has to be seen in the wider context of the 'Getting it right for every child' (GIRFEC) approach. All children and young people have the right to be cared for, and protected from harm and abuse and to grow up in a safe environment where their rights are respected and their needs met. Practitioners in the universal services of health and education are integral to promoting, supporting and safeguarding the wellbeing of all children and they do this through their day to day activities and

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<sup>2</sup> <https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/>

<sup>3</sup> *A Guide to Getting it Right for Every Child*, Scottish Government, June 2012  
<http://www.gov.scot/Resource/0042/00423979.pdf>

<sup>4</sup> UNCRC rights apply to anyone under the age of 18. Article 1 states that this is the case unless majority is attained earlier under the law applicable to the child. The Scottish Government intends to incorporate UNCRC within domestic law.

<sup>5</sup> The terms 'children,' and 'young people', are used interchangeably throughout this policy.

engagement with children and families.

### **3.2 Principles of Child Protection**

These guidelines are based on the following:

- Child protection is everyone's responsibility.
- Child protection processes should uphold children's rights.
- The wellbeing of the child is the primary concern.
- Staff will work in partnership with parents/carers to promote the wellbeing, health and development of children and young people.
- All staff should make sure their approach is child centred. This means they should consider at all times what is in the best interests of the child.
- All children whatever their age, culture, racial origin, disability, gender, language, sexual orientation, gender assignment, religion or belief have a right to be protected and would include for example young people who have been looked after and accommodated and young carers.
- Children and young people should be listened to, respected and responded to, if they express concerns.
- Under the UNCRC children and young people have a right to express views on all matters which affect them should they wish to do so.
- Young people should be informed that it is legitimate for them to raise concerns with staff about their own wellbeing and protection.

Parents/carers should be advised that it is legitimate for them to express concerns to the Child Protection Coordinator/member of staff if they feel that a child may be being abused or is at risk of harm

Inter-agency communication, information sharing and partnership working is essential to ensure best outcomes for children. Staff should work with Social Work (Children and Family Services), the Police, Health Services and other services to promote the wellbeing and protection of children and young people and protect them from harm.

SYP will:

- Work in partnership with children and young people and parents/carers to promote the welfare, health and development of children.

- Promote the health and wellbeing of children by providing opportunities for them to take part in activities safely.
- Respect and promote the rights, wishes and feelings of children.
- Promote and implement appropriate procedures to safeguard the wellbeing of children and protect them from abuse.
- Recruit, train, support and supervise its staff to adopt best practice to safeguard and protect children from abuse and to reduce risk to themselves.
- Require staff to adopt and abide by this Policy and the Code of Conduct for Working with Children and Young People.
- Respond to any allegations of misconduct or abuse of children in line with this Policy as well as implementing, where appropriate, the relevant Disciplinary Procedures.

### **3.3 Equality and Diversity**

Access to and the delivery of services under the Children and Young People (Scotland) Act 2014 and child protection should be fair, consistent, and proportionate and focused on individual outcomes and enablement. Children and families should experience listening, respectful, responsive services. There should be no discrimination on the grounds of: age, disability, gender reassignment, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. The Equality Act 2010 restates, streamlines and harmonises equality legislation. It replaces a number of Acts including the Race Relations Act 1976, the Sex Discrimination Act 1975 and the Disability Discrimination Act 1995.

### **3.4 Review of Policy**

This Policy and associated Procedures will be regularly reviewed:

In accordance with changes in legislation and guidance on the protection of children or following any relevant changes within SYP.

Following any issues or concerns raised about the protection of children within SYP.

In all other circumstances, every three years.



## 4. DEFINITIONS OF ABUSE AND SPECIFIC CIRCUMSTANHCE ADVICE

### 4.1 Definition

Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home, within a family or peer network, in care placements, institutions or community settings. Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use.

The following definitions of the different types of abuse show some of the ways in which abuse may be experienced by a child but are not exhaustive, as the individual circumstances of abuse will vary from child to child.

#### 4.1.1 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.

#### The Law and Parental Chastisement

The Children (Equal Protection from Assault) (Scotland) Act 2019 gives children equal protection from assault by abolishing the common law right of parents (or others caring for or in charge of children) to use physical justifiable force to discipline a child.

Section 1 of the Act makes it illegal to physically punish a child.

#### 4.1.2 Emotional Abuse

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. 'Persistent' means there is a continuous or intermittent pattern which has caused, or is likely to cause, significant harm. Emotional abuse is present to some extent in all types of ill treatment of a child, but it can also occur independently of other forms of abuse. It may involve:

- Conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person;
- Exploitation or corruption of a child, or imposition of demands inappropriate for their age or stage of development;

- Repeated silencing, ridiculing or intimidation of a child;
- Demands that so exceed a child's capability that they may be harmful;
- Exploration and social development;

Seeing or hearing the abuse of another (in accordance with the [Domestic Abuse \(Scotland\) Act 2018](#)). 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.

#### **4.1.3 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.

'Persistent' means there is a pattern which may be continuous or intermittent which has caused, or is likely to cause significant harm. However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect indicate the need for support to prevent harm.

Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment), to protect a child from physical and emotional harm or danger, to ensure adequate supervision (including the use of inadequate caregivers), or to seek consistent access to appropriate medical care or treatment.

Neglect may include unresponsiveness to a child's essential emotional needs. 'Non-organic failure to thrive' refers to an inability to reach normal weight and growth or development milestones in the absence of medically discernible physical and genetic reasons. This condition may be associated with chronic neglect.

Malnutrition, lack of nurturing and lack of stimulation can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. For very young children the impact could quickly become life-threatening. Chronic physical and emotional neglect may also have a significant impact on teenagers.

#### **4.1.4 Sexual Abuse**

Child sexual abuse is an act that involves a child under 16 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. For those who may be victims of sexual offences aged 16-17, child protection procedures should be considered. These procedures must be applied when there is concern about the sexual exploitation or trafficking of a child or young person.

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.

### **4.2 Child Sexual Exploitation**

It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person under 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact. It can also occur through the use of technology and online. Children, who are trafficked across borders, or within the UK, may be at particular risk of sexual abuse.

### **4.3 Criminal Exploitation**

Criminal exploitation refers to the action of an individual or group using an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity in exchange for something the victim needs or wants, or for the financial or other advantage of the perpetrator or facilitator. Violence or the threat of violence may feature. The victim may have been criminally exploited, even if the activity appears consensual. Child criminal exploitation may involve physical contact and may also occur through the use of technology. It may involve gangs and organised criminal networks. Sale of illegal drugs may be a feature. Children and vulnerable adults may be exploited to move and store drugs and money. Coercion, intimidation, violence (including sexual violence) and weapons may be involved.

### **4.4 Child Trafficking**

Child trafficking involves the recruitment, transportation, transfer, harbouring or receipt, exchange or transfer of control of a child under the age of 18 years for the purposes of exploitation. Transfer or movement can be within an area and does not have to be across borders. Examples of trafficking can include sexual, criminal and financial exploitation, forced labour, removal of organs, illegal adoption, and forced or illegal marriage

## **4.5 Female Genital Mutilation**

This extreme form of physical, sexual and emotional assault upon girls and women involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Such procedures are usually conducted on children and are a criminal offence in Scotland and the UK. FGM can be fatal and is associated with long-term physical and emotional harm.

## **4.6 Forced marriage**

A forced marriage is a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual, and emotional abuse. Forced marriage is both a child protection and adult protection matter. Child protection processes will be considered up to the age of 18.

Forced marriage may be a risk alongside other forms of so called 'honour-based' abuse (HBA). HBA includes practices used to control behaviour within families, communities, or other social groups, to protect perceived cultural and religious beliefs and/or 'honour'.

## **4.7 Specific Concerns**

These are illustrated in the diagram overleaf (screenshot from the National Guidance) and should be read in conjunction with Section 4 - 'Specific Support Needs and Concerns' in the National Guidance. Some of these have been detailed in this section as these have been identified as areas staff may have to action directly e.g. under-age sexual activity. As with all safeguarding risks, staff should be alert to changes in children and young people's behaviour which could indicate that they may need help or protection (see Appendix 1 for 'Signs of Possible Child Abuse').

## Part 4: Specific Support Needs and Concerns



Introduction  
Poverty  
When services find it  
hard to engage



Disabled children  
Parents with learning disabilities  
Impact of mental health or  
health problems on children  
Children and young people  
experiencing mental health  
problems  
Suicide and self-harm



Neglect and emotional  
abuse  
Domestic abuse  
Parental alcohol and drugs  
use  
Physical abuse, equal  
protection and restraint  
Severe obesity



Child sexual abuse  
Child sexual exploitation  
Internet-enabled sexual  
offending  
Harmful sexual behaviour by  
children  
Online safety  
Online challenges and hoaxes  
Under-age sexual activity



Pre-birth assessment and  
support  
Looked after children  
Reunification  
Repeat removal



Children missing  
Separated/unaccompanied  
children  
Trafficking and child  
criminal exploitation  
Child protection in  
transitional phases



Bullying  
Hate crime  
Serious harmful  
behaviour by children  
Risk of terrorism



Complex investigations  
Female genital mutilation  
Honour-based abuse and  
forced marriage  
Fabricated or induced  
illness  
Death of a child



Community  
Cultural and faith  
communities  
Defence community  
Child protection in  
emergencies  
Non-recent abuse  
Child protection themes

[Link to Appendix with References and Sources of Help for Specific Support Needs and Concerns](#)

## 4.8 Racism and Hate Crime

The SYP will not accept or condone racism. Children and young people from minority ethnic groups are additionally vulnerable to racism because they may be:

- experiencing racism and racist attitudes;
- wanting to fit in and not cause a fuss;
- experiencing racism by being ignored by people in authority;
- using, or learning, English as a second language;
- subjected to myths e.g. all people of a particular culture are good with, or hit, their children.

Hate crime is the term used to describe behaviour which is both criminal and rooted in prejudice. Hate crime can be verbal or physical and can be online or face to face. It has hugely damaging effects on the victims, their families and communities. Current hate crime legislation in Scotland allows any existing offence to be aggravated by prejudice in respect of one or more of the protected characteristics of race, religion, disability, sexual orientation and transgender identity. Prejudice or hostility also lies at the heart of some other offences which are recognised as hate crimes. These include racially aggravated harassment and stirring up of racial hatred. The effects of hate crime can be emotional or physical and may impact on children's sense of security, identity and emotional wellbeing. Children who are victims of hate crime may experience high levels of anxiety, difficulty sleeping and potentially, suicidal feelings.

## 4.9 Sexual Activity and Under-age Sexual Activity

All staff working with children and young people who become aware of sexual activity taking place under the age of 16 have a duty of care to consider the impact and whether this behaviour is indicative of a wider child protection issue. All staff should have received training and be familiar with the criteria set out in the Scottish Government guidance, *Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns*.<sup>6</sup> Any decision should be informed by this guidance and local procedures.

The law continues to make clear that society does not encourage sexual intercourse in young people under 16, as it can be a cause of concern for their wellbeing. It does not follow that every case has child protection concerns and it is important to ensure that a proportionate response is made and that only appropriate cases are brought to the attention of social work and the police. 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

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<sup>6</sup> [www.scotland.gov.uk/Resource/Doc/333495/0108880.pdf](http://www.scotland.gov.uk/Resource/Doc/333495/0108880.pdf)

services and practitioners must provide a range of responses. The National Guidance on Under-age Sexual Activity 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. In any situation of under-age sexual activity coming to the attention of staff they will refer the concern to the PC. The following details the action to be taken by PC:

#### **4.9.1 Child under 13 or where the child was under 13 when the alleged abuse took place**

If the child is under the age of 13, the concerns must be passed on to social work/police.

#### **4.9.2 Young people aged 13-15**

Where a young person is sexually active and is not at risk of significant harm the PC should undertake an assessment of risks and needs using the Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns Risk Assessment Framework (Appendix 2) to ensure that the appropriate response is provided. At the same time, such risk assessment must take full account of the issues of confidentiality and information sharing. If at any time during the process it becomes apparent that the relationship is abusive and/or non-consenting the assessment should be stopped, and Child Protection procedures implemented. Even if there are no child protection concerns, the young person may still have worries or need support in relation to their sexual development and relationships, which will require to be addressed either on a single agency or multi-agency basis.

#### **4.9.3 Sexual Activity where one person is over 16 and the other over 13 and under 16**

The Scottish Government Guidance, Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concern is not applicable to the above situations. The law defines a person over 16 as an adult and someone over 13 and under 16 as an older child. In such circumstances, advice should be taken from social work/police.

#### **4.9.4 Young people aged 16-18**

Over the age of 16, sexual activity is legal. However, the activity may not have been consensual, or the young person might have vulnerabilities and related needs. Furthermore, the Sexual Offences (Scotland) Act 2009 states that young people under the age of 18 could be subject to a 'sexual abuse of trust' - e.g. if the young person has had sexual relations with a teacher or a residential worker who has caring responsibilities for the child or for children in the institution in which the child is being cared for or taught and is over the age of 18. It is also worth noting that in cases where young people are involved in prostitution or pornography, Section 9 of the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005 provides that it is an offence for a person to pay for the sexual services (e.g. prostitution) provided by a child under the age of 18, and sections 10-12 provide that it is an offence to cause, incite, control, arrange or facilitate the provision by a child under the age of 18 of sexual services, or their involvement in the making of pornography.

It is essential that young people between 16 and 18 do not fall through the gaps in services and that the

key priority at all stages is to ensure that the young person is provided with support and protection if there is a concern. These circumstances should be considered to ensure that the young person gets the support required, either from child or adult protection services.

#### **4.9.5 Children and young people - Right to confidentiality**

In the context of under-age sexual activity, if there is a concern of a risk of harm because of sexual behaviour and/or relationships, this always overrides the professional requirement to keep confidentiality. In these circumstances, staff have a duty to act to make sure that the young person is protected, and procedures implemented. Staff are required to ensure that children and young people are informed from the outset that confidentiality is not absolute, but that every reasonable attempt will be made to discuss with them beforehand if information needs to be shared. Prior to disclosing information, attempts should be made to gain consent to passing on information. However, in individual cases it may not always be appropriate to seek consent where there is justification to share without it - e.g. if not disclosing information might result in harm coming to the individual in question or compromise a subsequent police investigation. Staff should take account of a young person's or other relevant individual's views when deciding when to share information without their consent and should provide reasons and explain to them when they have shared information without consent.

#### **4.9.6 Children and Young People who Display Harmful Sexual Behaviours**

Sexual exploration and experimentation are normal parts of child and adolescent development and are important in shaping each child's sexual identity and their understanding of how to have healthy and appropriate social and personal relationships with others. Adolescence is a time of the most significant physical, emotional and development change. It can be a period when sexual drives are at their most urgent, but some young people have less experience and understanding of their own and others' sexuality and sexual boundaries. Rule breaking, sensation seeking, and lack of consequential thinking are relatively commonplace amongst adolescents. This may impact on sexual choices, as will the ways many young people now do this exploration (with sharing of intimate images and other online activities).

Harmful sexual behaviours by children and young people can have long lasting and devastating consequences for those harmed and their families, as well as for those who cause such harm and their families. Keeping children and young people safe is something for which all adults are responsible. All such concerns should be referred to social work to determine if a child's sexual behaviour is developmentally typical, inappropriate, or abusive and will be based on an understanding of what constitutes healthy sexual behaviours in childhood as well as issues of informed consent, power imbalance and exploitation. In managing and reducing risk, the diversity of potential behaviour must be considered. Children and young people display a wide range of sexual behaviour in terms of the nature of behaviour; degree of force; motivation; level of intent; level of sexual arousal; and gender of victims. Broader developmental issues must also be considered, including the age of the young person, their family and background, their intellectual capacities and stage of development. Young people with



learning difficulties form a particularly vulnerable group who may need specific types of interventions. Where staff are unclear, they should always take advice from the PC. Where the latter is unclear if the behaviour is harmful or abusive, they should take advice from social work/police.

#### **4.10 Grooming**

Most adults involved with children participate with the aim of providing a fun and positive experience for the children taking part. However, a small minority may use their job as a way of gaining access to children with the purpose of developing inappropriate intimate relationships. People who commit sexual offences against children often first gain the trust of people around the child, such as their family and friends and those involved in sport or leisure activities. Those who commit offences work hard to portray themselves as caring and trustworthy and they befriend their victims to break down barriers before an offence may be committed. This predatory behaviour is an offence and may be prosecuted separately to direct sexual abuse.

#### **4.11 Domestic Abuse**

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality, or background. Although most victims are women, men can also suffer domestic abuse, and it can also occur in same-sex relationships. Domestic abuse is primarily a gender based crime with women as the victims and is under-reported to the police. The best way to keep both children and non-abusive parents or carers safe is to focus on early identification, assessment, and intervention.

Domestic abuse can describe a multitude of behaviours, from physical violence to exercising total control over a partner's everyday life. Victims who suffer psychological abuse at the hands of a partner previously had no legal avenue to prosecute their behaviour. The Domestic Abuse (Scotland) Act 2018<sup>7</sup> makes all domestic abuse towards a partner, whether psychological or physical, a criminal offence. It redefines domestic abuse as a course of behaviour towards a partner intended to cause them harm, or which is reckless as to whether it causes harm. Behaviour can mean any violent, threatening, or intimidating act against a partner. Importantly, it can also mean acts towards a partner, child or another person which have one of the following effects:

Making a partner dependent or subordinate, such as denying them access to money or bank cards.

Isolating a partner from friends, family, or other support, such as forcing them to cancel plans or make excuses not to attend family events.

Controlling, regulating, or monitoring a partner's day to day activities, such as accessing their bank statements or calling them excessively to find out where they are and punishing them for not answering. Depriving or restricting a partner's freedom of action, such as not allowing them to have keys to the house so they cannot leave or preventing them from having a job.

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<sup>7</sup> <http://www.legislation.gov.uk/asp/2018/5/contents/enacted>

Frightening, humiliating, degrading, or punishing a partner, such as insulting them on a regular basis or fabricating stories, such as false illness, to cause them alarm.

This legislation also provides an aggravation to the offence where the behaviour is carried out in the presence of a child. Aggravators are characteristics which make an offence worse and can result in a higher sentence. In domestic abuse cases, it is sufficient that a child is present and witnesses the behaviour. The child does not need to be physically harmed themselves.

Children and young people living with domestic abuse are at increased risk of significant harm, through 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. Domestic abuse can have a profound impact on children, both in the short and long term.<sup>8</sup> This will vary, depending on factors including the frequency, level of coercion, 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 and keep them safe. Many services working with the victims of domestic abuse advise that a Child Safety Plan is drawn up for the victim and any involved children.

The Disclosure Scheme for Domestic Abuse in Scotland empowers both men and women with the 'Right to Ask'<sup>9</sup> about the background of their partner, potential partner or someone who is in a relationship with someone they know, and there is a concern that the individual may be abusive.

#### **4.12 Bullying and Cyberbullying**

In Scotland there is no single legal definition of 'bullying'. The Guidance, '[Respect for All: National approach to anti-bullying](#)', provides the framework for anti-bullying work in Scotland and defines bullying as "both behaviour and impact: the impact is on a person's capacity to feel in control of themselves. Bullying takes place in the context of relationships; it is behaviour that can make people feel hurt, threatened, frightened, and left out. This behaviour happens face-to-face and online". Bullying can occur between children and young people, and between adults and children. Bullying behaviour may be motivated by prejudice due to perceived or actual differences. This may lead to racism, sexism, homophobia, biphobia or transphobia, or prejudice and discrimination towards disability

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<sup>8</sup><http://www.gov.scot/resource/doc/228073/0061720.pdf>

<sup>9</sup> <http://www.scotland.police.uk/contact-us/disclosure-scheme-for-domestic-abuse-scotland/>

or faith (possible hate crime). Online bullying can involve the circulation or sharing of rumours, messages, gaming and images. Although the actual behaviour may not be repeated, the threat may be sustained over time, typically by actions, looks, messages, confrontations, physical interventions, or the fear of these. The Anti-bullying Policy detailed in Appendix 3 aims to have a respectful, equitable and inclusive culture and ethos and details a holistic, preventative, proactive and supportive approach.

#### **4.13 Child Protection in the Digital Environment/Online Safety**

The internet, online services and associated technologies are an integral part of the everyday lives, of children and young people. These offer many opportunities that support learning, engagement with others and, crucially, helping children and young people to find the right support and help and to be empowered and confident to access the digital world creatively and fearlessly.

Online child abuse is any type of abuse that occurs in the digital environment and the internet, facilitated through technology and devices such as computers, tablets, mobile phones, gaming devices and other online-enabled devices. Protecting children and young people from online harm is a challenge in a fast changing media environment. Exposure to risk of online sexual harm is a common experience. Perpetrators may be strangers, family members, friends or professionals. Online abuse can include online bullying; emotional abuse and blackmail; sharing of intimate images; grooming behaviour; coercion and preparatory behaviour for abuse including radicalisation; child sexual abuse and sexual exploitation as described above. Spyware which enables monitoring and tracking of activity on devices and offline locations may be used abusively. A sense of anonymity and disinhibition can escalate risks. If abusive content is recorded, uploaded or shared by others online, there is a risk of the on-going experience of abuse. Where an online challenge or hoax has resulted in harm to a child or young person then this should be reported in line with child protection procedures

In relation to youth-produced sexual imagery, staff must in any instance report to the CPC.

They:

- Must not view, download or share such imagery, or ask a child to share or download it - this is illegal. It is relevant to take note of who the child says has sent the image, who has seen it, and the relevant host website if known, as this information could help in taking steps to remove it.
- Must, if the imagery has already been viewed, report this fact to PC.
- Must not delete the imagery or ask the child to delete it.
- Must not ask the child or children involved in the incident to disclose information regarding the imagery. This is the responsibility of the PC.
- Must not share information about the incident to other members of staff, the child or other children or other parents and/or carers.

- Must not say or do anything to blame or shame any child involved.
- Must explain to the child that the material must be reported and reassure the child that they will receive support and help.

Reporting by the CPC to Police Scotland or to social work<sup>10</sup> for consideration of an inter-agency referral discussion (IRD) will normally be the recommended response to ensure the concern is placed in context, and that next steps are proportionate, supportive, and if necessary, coordinated.

#### **4.14 E-Technologies and the Value of Digital Evidence**

New technologies, digital media and the Internet are an integral part of children's lives. Although these provide many positive opportunities for children and young people, these technologies bring a variety of risks from adults and peers, such as: exposure to obscene, violent or distressing material; coercion or intimidation through email and online cyber-bullying; identity theft; abuse of personal information; pro-bulimia and pro-mia sites which encourage young people to maintain their illness; radicalisation; self-harm or suicide sites; and sexual exploitation by online predators - e.g. grooming - through social networking sites.

All those involved in the protection of children and young people should be aware of the value of digital evidence contained on computers, mobile phones, and other media (this includes media used by the victim as well as any suspect). If there is a suspicion that such equipment might be of evidential value, the following procedures should be adopted:

- Report to the CPC who should contact the police.
- Prevent further use of the computer or other equipment.
- Prevent access to the computer, other equipment, or associated media.
- Do not disconnect the power unless there is reason to believe that the computer is carrying out a task that would delete any evidence, in which case remove the power lead from the rear of the computer; do not shut the computer down in the normal manner and do not switch off at the wall (both these actions may cause files to be deleted).
- Do not allow anyone (no matter how computer-literate they may be) to interrogate the computer - this should only be done by the police so as to ensure that the evidential value of the data is preserved.

## **5. Prevent - Vulnerability to be Drawn into Terrorism**

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<sup>10</sup> See Section 4. - 244 of the National Guidance

The Counter Terrorism and Security Act 2015<sup>11</sup> (section 26) places a duty on specified authorities in Scotland such as local authorities to have due regard to the need to prevent people from being drawn into terrorism. The government has defined extremism in the Prevent strategy as: “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces”. It also provides that all Educational establishments need to “challenge terrorism and extremism, to support individuals who are especially vulnerable to being drawn into this extremist behaviour.” In addition, it places an obligation on local authorities to ensure that a panel of persons (Prevent Panel) is in place to assess the extent to which identified individuals are vulnerable to being drawn into terrorism and, where appropriate, arrange for support to be provided. When assessing referrals, the panel should consider how best to align such assessments with GIRFEC and child protection legislation and guidance. It should be viewed as part of safeguarding. Staff may need to share personal information to ensure, for example, that a person at risk of radicalisation is given appropriate support (for example through the Prevent Professional Concerns process). Information sharing must be assessed on a case-by-case basis and is governed by legislation. When considering sharing personal information, the following should be taken account:

**Necessity and proportionality:** personal information should only be shared where it is strictly necessary to the intended outcome and proportionate to it. Key to determining the necessity and proportionality of sharing information will be the professional judgement of the risks to an individual or the public.

**Consent:** wherever possible the consent of the person concerned should be obtained before sharing any information about them.

**Power to share:** satisfying the requirements of the Data Protection Act 1998 and the Human Rights Act 1998, GDPR and the Common Law Duty of Confidentiality.

Terrorism can develop from extremist ideologies that are often exploited by terrorist organizations which include white supremacist ideology and Islamist extremists. Prevent may at times touch upon sectarianism or other forms of hate. For example Incels (involuntary celibates) are part of an online community called the incelosphere where references to misogyny and violent action are recorded each day. There is an increasing overlap between incel followers and the far right, with online algorithms blamed for pushing young boys towards extreme right wing ideology. Incel activity online is evolving to become more extreme as some of the online spaces hosting its violent and extreme misogynistic content

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<sup>11</sup> <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-scotland>. Revised April 2021

are shut down and new ones emerge.<sup>12</sup> The most recent UK Government Report<sup>13</sup> reveals that such ideologies account for a significant increase in referrals to Prevent.

The 'Prevent duty' is an additional safeguarding duty

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<sup>12</sup> [https://news-archive.exeter.ac.uk/homepage/title\\_961002\\_en.html](https://news-archive.exeter.ac.uk/homepage/title_961002_en.html)

<sup>13</sup> <https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-the-prevent-programme-april-2021-to-march-2022/individuals-referred-to-and-supported-through-the-prevent-programme-april-2021-to-march-2022>

## **6. ROLES AND RESOPONSIBILITIES FOR WELLBEING CHILD PROTECTION AND RESPONDING TO CONCERNS OR ALLEGATIONS OR DISCLOSURES OF ABUSE**

SYP's vision for safeguarding is illustrated on the front page of this Policy. The primary aim is to provide a safe environment for young people to flourish, learn and develop and promote their rights, wellbeing and protection. SYP is committed to working in partnership with parents/carers whenever there are concerns about a child or young person. Parents/carers have the primary responsibility for the safety and well-being of their children. Where the concern does not involve the possibility of abuse, worries may be discussed with parents/carers. For example, if a young person seems withdrawn, they may have experienced an upset in the family, such as a parental separation, divorce or bereavement. Common sense and proportionality are advised in these situations.

### **6.1 Context of Wellbeing**

Most wellbeing concerns will be dealt with by parents/carers in the first instance. Parents have the primary responsibility to safeguard their child's health and wellbeing, development and welfare as well as provide direction and guidance.<sup>14</sup> Other adults can offer advice and support or signpost the child or young person to the relevant service. Common sense is advised in these situations and with appropriate consents,<sup>15</sup> the best interests of the child will be considered as to what is the best way forward for each child.

### **6.2 Definition of a Child Wellbeing Concern**

The Children and Young People (Scotland) Act 2014 is about improving the wellbeing of children and young people in Scotland. The Act is wide ranging and includes key parts of the Getting it right for every child approach, commonly known as GIRFEC. Under the Act, wellbeing is defined in relation to eight indicators representing the key areas that are essential to enable children to flourish: these are that children should be safe, healthy, achieving, nurtured, active, respected, responsible and included (commonly known by the acronym, SHANARRI). Child wellbeing concerns are one or more of the SHANARRI wellbeing indicators - that do not meet the threshold for a child protection referral but impact the day to day functioning of the child or young person and require a targeted intervention e.g. bullying, mental health concerns, bereavement, family separation or parents pushing their child too hard to achieve academically to the detriment of the child's health and wellbeing. The GIRFEC approach promotes planning for such services to be provided in the way which best safeguards, supports, and promotes the wellbeing of children, and ensures that any action to meet needs is taken at the earliest appropriate time to prevent acute needs arising.

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<sup>14</sup> Section 1 Children (Scotland) Act 1995

<sup>15</sup> <https://www.gov.scot/publications/getting-right-child-girfec-information-sharing-charter-parents-carers-2022/>  
<https://www.gov.scot/publications/getting-right-child-girfec-information-sharing-charter-Children and Young People-2022/>

The Wellbeing Referral Form and guidance on making a referral (see Appendix 4) is based on the GIRFEC principles and promotes the use of the Wellbeing Indicators in single and multi-agency assessments of wellbeing providing a process and structure for implementing effective Coordinated interventions and planning. The Named Person is the professional point of contact for any child or family where there are wellbeing concerns that require a targeted intervention.

They have three core functions to:

- Advise and support children, young people and their parents/carers - this may involve signposting them to an appropriate service/agency.
- Help children, young people and their parents/carers access support/services.
- Discuss or raise matters with service providers or a relevant authority. The Named Person is also responsible for Coordinating the assessment of wellbeing and support planning to address identified concerns or needs.

### **6.3 Responding to a Wellbeing Concern**

Where such a concern comes to the attention of staff and it is felt that the child or young person needs a targeted intervention from a specific service then this should be discussed with the PC. It is important to note that child wellbeing concerns may, without intervention, escalate to become child protection concerns and therefore it is important to respond appropriately and at the earliest opportunity. The form should be stored by the CPC in a secure file in line with data protection requirements.

### **6.4 What is Child Protection?**

Child protection refers to the processes involved in consideration, assessment and planning of required action, together with the actions themselves, for agencies where there are concerns that a child may be at risk of harm. Child Protection Procedures are initiated when Police, Social Work or Health professionals determine that a child may have been abused or may be at risk of significant harm. Child protection involves:

- Immediate action, if necessary, to prevent significant harm to a child.
- Inter-agency investigation about the occurrence or probability of abuse or neglect, or of a criminal offence against a child. Investigation extends to other children affected by the same apparent risks as the child who is the subject of a referral.
- Assessment and action to address the interaction of behaviour, relationships and conditions that may, in combination, cause or accelerate risks.
- Focus within assessment, planning and action upon each child's experience, needs and feelings.
- Collaboration between agencies and persistent efforts to work in partnership with parents in planning and action to prevent harm or reduce risk of harm.



- Recognition and support for the strengths, relationships and skills within the child and their world in order to form a plan that reduces risk and builds resilience.

## **6.5 What is Harm and Significant Harm in a Child Protection Context?**

Protecting children involves preventing harm and/or the risk of harm from abuse or neglect. Child protection investigation is triggered when the impact of harm is deemed to be significant.

‘Harm’ means the ill treatment or the impairment of the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another.

‘Development’ can mean physical, intellectual, emotional, social or behavioural development and

‘Health’ can mean physical or mental health. Forming a view on the significance of harm involves information gathering, putting a concern in context, and analysis with the assistance of appropriate information sharing.

For some actions and legal measures the test is ‘significant harm’ or risk of significant harm. There is no legal definition of significant harm or the distinction between harm and significant harm. The extent to which harm is significant will relate to the severity or anticipated severity of impact upon a child’s health and development. Sometimes, a single traumatic event may constitute significant harm - for example a violent assault, suffocation or poisoning. More often, significant harm results from an accumulation of significant events, both acute and long-standing, that interrupt, change or damage the child’s physical and psychological development.

## **6.6 The Responsibilities of the Wellbeing and Child Protection Coordinator**

The Child Protection Coordinator should:

- Lead on the effective implementation of this policy ensuring that all staff are aware of child protection procedures.
- Ensure there are systems in place for new members of staff to be briefed/given a summary copy of the procedures and Code of Conduct for Working with Children and Young People and emphasise the importance of adhering to them.
- Organise staff briefings and training on child protection.
- Coordinate action within the SYP in relation to specific young people about whom concerns have been raised.
- Ensure they receives updated training on a regular basis to ensure their professional knowledge and skills are as up to date as possible in a changing landscape.
- Be able to keep detailed, accurate, secure written records of concerns and referrals.
- Where appropriate refer Wellbeing concerns to the Named Person.

- Refer cases of suspected abuse to the statutory agencies;
- Support staff who raised the concern.
- Ensure detailed, accurate, secure written records of concerns and referrals.
- Raise awareness of the Child Protection Coordinator 's role to parents/carers,
- and young people.
- Challenge behaviour which breaches the Code of Conduct for Working with Children and Young People.
- Maintain confidential records of any cases and action taken.
- Where required liaise with statutory agencies and ensure they have access to all necessary information.
- Keep abreast of developments in the field of child protection.

## **6.7 Staff Training**

The National Training Framework for Child Protection Learning & Development in Scotland (2012) details the competencies, knowledge and skills required by the work force. These are divided into three levels depending on the roles and responsibilities of staff - the 'Generic Contact Workforce', the 'Specific Contact Workforce' and the 'Intensive Contact Workforce'. All staff in should:

- Have information, advice and training to make them aware of the risks to children and understand their particular responsibilities in keeping children safe;
- Know who to report to and where they can seek advice from if they need it;
- Have ready access to appropriate, relevant and up-to-date guidance that tells them what action to take if they are concerned about a child's wellbeing and protection;
- Understand what, how and when to record and share information, to keep children safe and be able to do so;
- Have knowledge of other services who may play a significant role in protecting children;
- Have appropriate support from the CPC when they are concerned about a child or when they are involved in child protection processes.

## **6.8 The Responsibilities of Staff**

All staff who work and/or come into contact with children and their families have a role to play in child protection. That role will range from identifying and sharing child protection concerns about a child or young person to making an active contribution to supporting the child or young person and their family. Staff have a very important role in the support and protection of children as well as the development of

their wellbeing. For young people who use the service regularly staff are well placed to observe physical and psychological changes in a child that could indicate abuse.

When a member of staff has reason to believe that a child may be at risk of harm or abuse, that member of staff must act on these concerns as soon as possible and share their concerns on the same working day with the CPC. If they are uncertain about the level of their concern, they should seek advice from the CPC. They should then complete Part 1 of the Child Concern/Protection Referral Form (Appendix 4)

You do not need to have extensive detailed information to be certain that a child has been abused or neglected. Concerns should be passed on to allow child protection professionals to make the judgement about the risk(s) present for the child or young person.

## **6.9 How Concerns May Arise**

Concerns about child abuse may arise in the following circumstances:

- A member of staff has concerns arising from observation of the child's behaviour or appearance, or comments the child has made.
- A child tells a member of staff they have been abused or feel unsafe.
- A third party expresses concerns to a member of staff: this could be another child, a parent or carer or member of the public.
- An anonymous allegation is received.
- Non-recent child abuse (previously known as Historical Abuse).
- Where there is any doubt about whether the concern is wellbeing or child protection concern, or if there is any uncertainty about the appropriate course of action by the member of staff, advice should be sought from the Child Protection Coordinator (CPC). In the unlikely event of the CPC not being available/contactable the member of staff should take advice from the CEO or Social Work/Police on the day.

## **6.10 A Member of Staff has Concerns or a Child tells of Abuse**

The suspicions of a staff member may be aroused by the presence of indicators of possible abuse or by a feeling, based on knowledge of the child, that all is not well, or by a mixture of these factors. It may be appropriate for a member of staff to make an enquiry of a child about how an obvious injury was sustained, or why the child appears upset or distressed using open-ended non leading questions e.g. 'What happened?' 'Where did it happen?' 'When did it happen?' and 'Who did it? If the child does not respond, the matter should not be pursued further and advice should be sought.

Questioning and testing of evidence is not a matter for staff as this is the responsibility of the police and social work. Such an approach by staff could prejudice later investigations. The role of staff is to

recognise, respond, report and record (the 4Rs):

- **Recognise** when the child's behaviour and demeanour or a child tells you something that is a cause for concern.
- **Respond** by taking action on the day as soon as possible.
- **Report** your concerns to your Child Protection Coordinator.
- **Record** in detail on Part 1 of the Child Concern Protection Referral Form (Appendix 4) what you have seen and heard and when and sign and date the form on the day.

**Staff should:**

- React calmly so as not to frighten the child or young person.
- Listen sympathetically and with care and take what the young person say seriously. Do not show disbelief.
- Take the allegation seriously.
- Reassure the child or young person that they are not to blame and they were right to tell someone.
- Avoid asking any questions unless to establish the basic facts. Only use open-ended non-leading questions e.g. What happened? Where did it happen? When? Who did it?
- Do not assume that the experience was bad or painful
- Be aware of interpreting what the young person says especially if they have a physical or learning disability or language barrier which affects their ability to communicate.
- Affirm the child or young person's feelings as expressed (don't tell the young person how they should feel).
- Avoid projecting your own reactions onto the child or young person.

**Staff should avoid:**

- Panicking.
- Showing shock or distaste.
- Introducing personal information from either their own experience or those of other children or young people.
- Probing for more information than is offered.
- Speculating or making assumptions.
- Making negative comments about the person against whom the allegation has been made.
- Approaching the individual against whom the allegation has been made.
- Making promises or agreeing to keep secrets or giving a guarantee of confidentiality.

If the child draws back from speaking to the staff member, the child should be informed of the

possibility of making a private and confidential telephone call to ChildLine on 0800 1111 or the Childline For Me app. ChildLine's approach is to listen to the child, discuss options and encourage the child to seek help from a trusted adult.

A member of staff who is concerned about a child in these circumstances should inform the CPC that the child appears to have some concerns.

A child tells a member of staff they have been abused or feel unsafe. Follow the guidance at [3.10](#).

### **6.11 A third party expresses concern**

In these circumstances it is important that, as with children disclosing, staff listen carefully and sympathetically, treat the matter seriously and as soon as is practically possible on the day, record, sign and date the information on the Child Concern Protection Referral Form (Appendix 4). They should also explain to the person that they cannot give a guarantee of confidentiality. Where the contact wishes to remain anonymous, the member of staff should refer the concerns to the CPC who should explain to the referrer the actions that will be taken as set out above.

As with a direct approach, a member of staff to whom a third party expresses concern should apply the 4Rs:

- Recognise that a concern is being raised
- Respond to the person expressing the concern by explaining what you are going to do about it.
- Report the concern to the Child Protection Coordinator. If the latter is the recipient of the concern they should report the concern to Social Work or the Police.
- Record in detail Part 1 of the Child Concern Protection Referral Form (Appendix 4). Actual words used should be quoted where possible. Where this is done in person, record the behaviour and demeanour of the person expressing the concerns.

Those expressing the concerns may seek from the staff member a guarantee of confidentiality. No absolute guarantee of confidentiality can be given. The information disclosed may be of such a nature that the staff member must pass it on in order to protect a child. Whilst it may be possible to a certain extent to protect the identity of the person expressing concerns (this will be a matter for social work and police) it will be easier to take action to protect the child if that person is willing to be identified. If legal proceedings follow, it may be necessary to disclose the identity of that person. In all circumstances, the CPC must ensure that the information is shared with other relevant agencies (Social Work/Police) so that an early assessment can be made of any potential/actual harm to the child and whether further child protection enquiries are necessary.

## 6.12 An Anonymous Allegation is received

Staff in receipt of anonymous allegations about child abuse should:

- Recognise that a concern is being raised.
- Respond and Record as follows:
- Where the allegation is made by telephone, record on Part 1 of the Child Concern Protection Referral Form (Appendix 1). Actual words used should be quoted so far as possible.
- Where the allegation is made in writing, retain the paper and complete Part 1 of the Child Concern Protection Referral Form (Appendix 1).
- Where the allegation is made electronically preserve the evidence and complete Part 1 of the Child Concern Protection Referral Form (Appendix 1).
- Report the matter to the CPC who should take advice from Social Work or the Police. If the CPC is the recipient of the allegation they should likewise take advice from Social Work or the Police.

## 6.13 Non-recent Allegations of Abuse (previously known as Historical Abuse)

Non-recent abuse refers to reports of neglect, emotional, physical and sexual abuse which took place before the victim was 16 (or up to 18) in particular circumstances and which have been made after a significant time lapse. The complainant may be an adult, but could be a young person making reports of abuse in earlier childhood. The reports may relate to a person's experience in the family home, community or while they were a looked after and accommodated child in a residential, kinship or foster care setting. It is possible that the person reporting historical abuse may not be a direct service user but a parent/carer, partner or other family member of a person accessing these services. In all circumstances, these concerns should be referred to the CPC and recorded. Any reasonable professional concern that a child may be at risk of harm will always over-ride a professional requirement to keep information confidential. People reporting historical abuse may state that the perpetrator is deceased, suggesting that there are no current child protection concerns. However, they may still want to be advised that they can share information.

Allegations of abuse may be made some time after the event including after receiving information that the alleged abuser may have died. Any reasonable professional concern that a child may be at risk of harm will always over-ride a professional requirement to keep information confidential. Advice should be taken from Social Work/Police and follow the advice in Section 4 of the National Guidance.

Record in writing the words used, so far as possible, where the allegation is by telephone, or retain the paper, where it is in writing. Where made electronically preserve the evidence.

Report the matter to the CPC.

## 6.14 Checklist for Staff

In all cases if:

- you suspect a child may have been abused or is at risk of abuse or significant harm;
- a child discloses abuse;
- You are required to immediately report it to your CPC.
- You should complete a Part 1 of the Child Concern Protection Referral Form (Appendix 4) and the CPC should complete Part 2.
- Your CPC, if appropriate, should make a Child Protection Referral to Social Work/Police.
- If your CPC or the CEO is not available, you must proceed with the referral to the Social Work/Police in the area where the alleged offence is said to have been committed.
- Once you have made the call, you should notify your CPC as soon as possible that a referral has been made to a Social Work.
- Storage and Retention of Records

Good information-sharing depends on the quality of record-keeping and on robust processes for storing information. SYP has clear procedures for the management, storage, retrieval, retention disposal and disclosure of information/records which are compatible with the Data Protection Act (2018) and the General Data Protection Regulation (GDPR).

Public access to information is governed by the provisions of the Data Protection Act 2018 and the Freedom of Information (Scotland) Act 2002 (FOI). These give individuals the right to apply for a copy of any personal data held about them. Staff should be aware that any information they record may be the subject of a Subject Access Request (SAR).

The Scottish Government has clarified that the primary duty to keep Child Protection records falls to Social Work where the retention periods are outlined in the Children and Family Services Record Retention Schedule published by the Scottish Council on Archives (SCA)<sup>16</sup> Consequently, SYP will hold Child Protection Records until the child's 16th birthday. There may be exceptions to retain a file for longer than the recommended retention period; if so the rationale for keeping the file must be recorded and it should be compatible with GDPR. Review of Management of Concerns

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<sup>16</sup> <http://www.legislation.gov.uk/ukpga/2018/12/notes>

Scottish Council on Archives Records Retention Schedule 2.0 (August 2014) 02 Children and Family Services, 2.002 Child Protection, <http://www.scottisharchives.org.uk/scarrs/schedules>

Where it comes to the attention the CPC that a member of staff has not followed these guidelines or where there is concern about the action taken there will review of that case. There may be more than one reason for reviewing the case for example to:

- Examine the role and responsibilities of all staff involved in responding to concerns identified about a child or a member of staff.
- Establish whether these procedures were followed and how effective these were in safeguarding the child(ren) involved.
- Evaluate how well the child and the staff involved were supported by the service.
- Explore how all agencies involved in the case worked together to ensure best outcomes for the child(ren).
- Establish whether there are lessons to be learned, identify what those lessons are and make recommendations for future action.
- Submit a report to the CEO or SYP Chair.
- Any review will be carried out by someone who is independent.

## **6.15 The Wellbeing, Child Protection and Post Referral Procedures**

The aforementioned procedures are detailed in Flowcharts 1 and 2.



Flowchart 1 - The Wellbeing Procedures

<p>When a member of staff has reason to believe that a child may be at risk of harm or abuse or they are uncertain about the level of concern, they must act on these concerns as soon as possible on the same working day and share their concerns with the Protection Coordinator. If necessary, establish the basic facts using the 'W' questions.</p>	
<p style="text-align: center;"><b>Action by the Child Protection Coordinator</b></p> <p style="text-align: center;">Is the child at risk of abuse/been abused/at risk of significant harm? (If in doubt, follow the 'yes' pathway).</p>	
<b>Yes</b>	<b>No</b>
<p><b>Is the child in immediate danger?</b> Phone 999 Child Protection Referral</p>	<p>Decision made as to what support the child needs including whether a Wellbeing referral is appropriate</p>
<p>Contact the relevant Social Work Dept/Police in the area where the child comes from or if different the locus of the depending on where the alleged offence.</p>	<p>Action and record</p>
<p><b>The Child Protection Coordinator submits the form to the relevant social work office.</b></p>	<p><b>Out of Hours Contact Tel Numbers</b> Social Work in the area the child comes from Police Scotland on 101</p>

1.1.1 Flowchart 2 - The Child Protection Procedure - Post Referral

<p style="text-align: center;"><b>Concern about harm or risk of harm to a child, or children, from abuse or neglect</b> (familial and non-familial).</p>	
<p style="text-align: center;"><b>Notification of nature and location of concern to police or social work; referral to police if risk of harm immediate.</b></p>	
<p style="text-align: center;"><b>Consideration of Interagency Referral Discussion (IRD)</b> If there is likelihood of significant harm IRD Process will commence.</p>	
<p><b>IRD process:</b> The start of the formal process of information sharing assessment, analysis and decision making following reported concern. If likelihood of significant harm, initial plans are made e.g. about: investigation; Joint Investigative Interview; health assessment; needs of this child and others involved in this context; and any immediate protective action.</p>	
<p><b>Child Protection Investigation</b> A multi-agency assessment, coordinated by a lead professional, is required when IRD decides there is risk of significant harm. (If not, assessment and support may still be offered)</p>	
<p><b>Child Protection Planning Meeting</b> (if multi-agency Child Protection Plan is required to prevent significant harm). Consideration of adding child's name to Child Protection Register, and referral to Reporter. Child Protection Core Group identified.</p>	
<p><b>Child Protection Plan Meeting</b> reviews Child Protection Plan and registration</p>	<p><b>Child Protection Core Group.</b> Works with child and family to implement plan</p>

## 6.16 The Roles and Responsibilities of Key Agencies in Child Protection

Part 2A of the National Guidance outlines collective and single-agency responsibilities for all agencies. It highlights key roles and wider planning links, and concludes with considerations for all services and practitioners.

### Child Assessment Planning Meetings and Reviews

These meetings were previously known as Child Protection Case Conferences and Review Case Conferences. Any member of staff attending any of the aforementioned should be well prepared and be familiar with Part 2B of the National Guidance.

## 7. CODE OF CONDUCT

### Introduction

SYP supports and requires all staff to observe the following standards of practice, including verbal and non verbal actions when involved/working with children and young people up to the age of twenty-five. These are categorised into good practice; practice to be avoided; practice never to be sanctioned and safe practice in unforeseen circumstances and specific additional advice.

All staff should uphold the following standards of practice when involved with children and young people. These should be guided by common sense but it needs to be informed common sense. All concerns about a breach of this Code of Conduct for Working with Children and Young People will be taken seriously and responded to in line with the Disciplinary Procedure and/or Procedure for Responding to Concerns about Child Abuse.

Common sense is a good guide when working with young people but it needs to be informed common sense.

### Code of Conduct

#### Good practice includes:

- Put the wellbeing of each young person before winning or achieving.
- Make all activities fun and enjoyable and promote fair play.
- Never drink alcohol with, or in the company of young people.
- Treat young people equally, with respect, dignity and fairness.
- Respect diversity and different cultures and values.
- Recognise the developmental needs and capacity of young people.
- Make sure you understand the issues of boundaries and safety when working with young people.

- Always work in an open environment. Avoid private or unobserved situations and encourage an open environment for activities. Where possible, remain within vision and earshot of others.
- Give young people enthusiastic and constructive feedback rather than negative criticism
- Include young people in the decision-making process.

## 7.1 Physical Contact

Physical contact should only be for the purpose of care, instruction, health and safety, physical intervention or restraint. The climate of suspicion that has developed with regard to child abuse poses a real dilemma for caring adults. In order to protect children from abuse, and staff from suspicions of abuse, the natural inclination to comfort and reassure children through physical contact needs a considered assessment of the situation. This does not mean that physical contact is never permissible. It does mean that adults touching children must operate within understood limits, and that contact outside those limits must be a considered response which can be justified if necessary. Where those limits lie will vary according to the age of the child and the role and responsibilities of the member of staff. Common sense is a good guide, but it must be informed common sense. Any touching or comforting should be age appropriate, context specific, preferably done within vision of others and prompted by the needs of the child not those of the staff.

Help young people to feel confident to let you know if someone is doing something to them that they do not like.

Ensure that, if any form of manual or physical support is required for a young person, it is provided openly, with consent and the young person is informed of what is being done.

Where it is necessary for instruction to be given by the member of staff by physically touching the young person, this should only be done when verbal or role-modeling is insufficient or it is necessary for health and safety reasons. Where 'hands on' is necessary you should seek the young person's permission, appropriate to their age and level of understanding, and explain to them what you are about to do. Whenever possible, this should be done within earshot, and preferably within view, of others. If it is known prior to a course commencing that 'hands on' assistance will be required, the parent/carer's/young person's consent must be obtained before the young person participates in the course.

Whistle blowing is the mechanism by which staff can voice their concerns made in good faith, without fear of repercussion. In working with children and young people, it is possible for staff, through ill-considered actions, to lay themselves open to allegations of abuse. Their best protection is to encourage a climate of respect and openness where children and young people feel confident to point out aspects

of behaviour they do not like.

If another member of staff is seen to behave inappropriately with a child, do not ignore it but report it to the Protection Coordinator.

If the concern is about the Protection Coordinator it should be reported to their line manager.

**Practice to be avoided:**

- Positive relationships between staff and children often involve warmth and humour but staff should be aware that there can be a narrow line between remarks which an adult perceives as fair and humorous, but which can be hurtful and embarrassing to a child. Salacious or demeaning remarks should never be made to or in the presence of children. Remarks about a child's physical characteristics or development, or suggestive or derogatory comments could fall into this category.
- Any physical touching/comforting should be in response to the child's needs (not those of the adult) be age appropriate, context specific, done openly and not in secret and governed by the emotional and physical maturity of the child.
- Where possible doing things of a personal nature for children that they can do themselves.
- Entering areas of personal privacy unless in an emergency situation to implement your duty of care e.g. to intervene in a bullying incident in the toilet or for health and safety reasons. If it is necessary to enter areas of personal privacy, try and have someone else with you, alert the occupants by knocking, asking them to 'cover up' and announcing your intention to enter. The door should remain open, if appropriate.
- Having 'favourites' - this could lead to resentment and jealousy by other children and could be misinterpreted by others.
- Spending excessive time alone with young people away from others.
- Taking children and young people on car journeys however short unless it is an emergency; if this is necessary, the consent of the parents or carers and your line manager should be obtained.
- Taking responsibility for tasks for which you are not qualified.

**Practice never to be sanctioned**

- Engaging in horseplay such as tickling or wrestling.
- Reducing a child to tears as a form of control.

- Hitting a child.
- Make sexually suggestive comments to a child, even in fun.
- Engaging in rough or physical contact unless it is permitted within the rules of the game or competition.
- Engaging in sexually provocative games or touching a child in a sexually suggestive manner.
- Having inappropriate electronic communication with children and young people, including SMS and instant messaging. Unless staff have already established relationships with a child or young person through friendships with their parents or with their own children, they should not have contact with them for the purpose of securing a personal friendship or relationship; consequently, they should not exchange private text, phone numbers, personal e-mail addresses or photos. There will always be exceptions to this for example where the pictures are of friends' children who are friends with your own children and you have their consent to have them on your site; where a part-time youth worker takes up a part-time post at the age of 16 and the majority of his peers are on his social media site. This should be guided by common sense but it needs to be informed common sense Staff members should ensure they use a work, rather than a personal phone, when they need to contact a young person.
- Forming intimate, emotional, physical or sexual relationships with children or young people. Staff need to be aware that it is not uncommon for young people to be attracted to/infatuated by a member of staff. They should also be aware that such circumstance situation can carry a high risk of words or actions being misinterpreted and for allegations to be made.
- Any sexual behaviour with, or towards a child or young person, is both inappropriate and illegal.
- Allowing young people to swear or use sexualised language unchallenged.
- Invite or allow children or young people to stay at your home.
- Share a room alone with a child or young person for sleeping accommodation.
- Allow allegations made by a child or young person to go unchallenged, unrecorded or not acted upon.
- Take a chance when common sense and good practice suggest a more prudent approach.
- Believe that 'it could never happen to me'.

From time to time all staff should review their working practices and relationships with children and young people to ensure they give no grounds for any doubts in the minds of colleagues, young people or parents. For the vast majority of staff, a code of conduct will serve only to confirm what has

always been their practice.

### **Unavoidable situations**

- If situations arise that are unavoidable e.g. parent/carer fails to pick up a child and you have done everything reasonable to try and ascertain why, then you should notify, where possible, your line manager and discuss the situation with them as soon as is practically possible. If they are unavailable, you should seek advice from Social Work.
- If situations arise that are unavoidable, e.g. a young person sustains an injury and needs to go to hospital or a parent/carer fails to pick up a child, then you should notify your CPC/CEO and discuss the situation with them as soon as is practically possible.
- Share with your CPC/CEO any concerns about a member of staff behaving in a way that you think is inappropriate. In working with children, it is possible for staff, through ill-considered actions, to lay themselves open to allegations of abuse. All such concerns must be reported to the CPC/CEO. No member of staff in receipt of information that causes concern about the conduct of a member of staff towards children shall keep that information to himself or herself, or attempt to deal with the matter on their own.
- Keep up to date with Guidelines and Procedures.

### **Reporting**

- It is very important if any of the following incidents occur that they are reported on the day to your line manager and recorded. Parents should also be informed of the incident. It is expected that staff will apply judgement and common sense in any of the following circumstances:
- If you accidentally hurt a child or young person.
- If a child or young person seems distressed in any manner.
- If a child or young person misunderstands or misinterprets something you did.
- If you have done something that may have serious implications.

## **8. APPENDIX 1 - SIGNS OF POSSIBLE CHILD ABUSE**

It is important to remember that lists such as the one below are neither definitive nor exhaustive. The information has to be used in the context of the child or young person's whole situation and in combination with a range of other information related to the child or young person and their circumstances. These are general indicators that the child or young person may be troubled though not necessarily about abuse. The child or young person may have some of these problems or none at all. It is the combination, frequency and duration of signs that will alert you to a problem. Try to notice all changes in usual behaviour. There can be an overlap between all the different forms of child abuse, and all or several can Coexist.

### **1.2 PHYSICAL ABUSE**

- Signs of possible physical abuse:
- Unexplained injuries or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries, or delay in reporting them
- Excessive physical punishment
- Arms and legs kept covered in hot weather
- Fear of returning home
- Aggression towards others
- Running away
- When considering the possibility of non-accidental injury it is important to remember that the injuries may have occurred for other reasons, e.g. genuine accidents or medical disorders.

### **1.3 PHYSICAL NEGLECT**

- Signs of possible physical neglect:
- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing

- Frequent lateness and/or unexplained non-attendance at school
- Untreated medical problems
- Low self-esteem
- Poor peer relationship
- Stealing

#### **1.4 NON-ORGANIC FAILURE TO THRIVE**

Signs of possible non-organic failure to thrive:

- Significant lack of growth
- Weight loss
- Hair loss
- Poor skin or muscle tone
- Circulatory disorders

#### **1.5 EMOTIONAL ABUSE**

Signs of possible emotional abuse:

- Low self-esteem
- Continual self-deprecation
- Sudden speech disorder
- Significant decline in concentration
- Socio-emotional immaturity
- 'Neurotic' behaviour (e.g. rocking, head banging)
- Self-mutilation
- Compulsive stealing
- Extremes of passivity or aggression
- Running away
- Indiscriminate friendliness

#### **1.6 SEXUAL ABUSE**

Not all children are able to tell parents or carers that they have been assaulted. Changes in behaviour



may be a signal that something has happened. It is important to remember that in sexual assault there may well be no physical or behavioural signs.

**Signs of possible sexual abuse:**

- Behavioural
- Lack of trust in adults or over familiarity with adults
- Fear of a particular individual
- Social isolation - withdrawal or introversion
- Sleep disturbance (nightmares, irrational fears, bed wetting, fear of sleeping alone, needing a nightlight)
- Running away from home
- Girls taking over the mothering role
- Reluctance or refusal to participate in physical activity or to change clothes for activities
- Low self-esteem
- Drug, alcohol or solvent abuse
- Display of sexual knowledge beyond child's years
- Unusual interest in the genitals of adults or children or animals
- Expressing affection in an age inappropriate way, e.g. 'French kissing'
- Fear of bathrooms, showers, closed doors
- Abnormal, sexualised drawing
- Fear of medical examinations
- Developmental regression
- Poor peer relations
- Inappropriate or sexually harmful behaviours
- Compulsive masturbation
- Stealing
- Psychosomatic factors, e.g. recurrent abdominal pain or headache

- Having unexplained/abundance of sums of money and/or possessions
- Sexual promiscuity

### **1.7 Physical/Medical**

- Sleeplessness, nightmares, fear of the dark
- Bruises, scratches, bite marks to the thighs or genital areas
- Itch, soreness, discharge, unexplained bleeding from the rectum, vagina
- or penis
- Pain on passing urine or recurrent urinary infection
- Stained underwear
- Unusual genital odour
- Anxiety/depression
- Eating disorder, e.g. anorexia nervosa or bulimia
- Discomfort/difficulty in walking or sitting
- Pregnancy - particularly when reluctant to name father
- Venereal disease, sexually transmitted diseases
- Soiling or wetting in children who have been trained
- Self-mutilation/suicide attempts

## 9. APPENDIX 2 UNDER-AGE SEXUAL ACTIVITY RISK ASSESSMENT

<b>SYP Under Age Sexual Activity Risk Assessment</b>			
To be completed by the CPC			
Name of Young Person		Date of Birth	
Name of Young Person		Date of Birth	
<p>If it is clear either at the initial presentation or at any stage of information gathering for an older child (over 13 and under 16) that they are at risk of harm/abuse or they have been abused, no further questions should be asked and a Child Protection Referral should be made. It is not intended to be used as a checklist but forms the basis of a risk assessment; depending on the specific situation, not all of the areas identified will require exploration.</p>			
<b>The Young Person</b>	<b>Yes</b>	<b>No</b>	<b>No Information</b>
A younger child under 13 years			
Is the child under the age of 13 or did the sexual activity take place when the child was under 13?			
An older child (over 13 and under 16)			
Did the young person understand the sexual behaviour they were involved in?			
Did the young person agree to the sexual behaviour at the time?			
Did the young person's own behaviour - e.g. use of alcohol or other substances - place them in a position where their ability to make an informed choice about the sexual activity was compromised?			
Was the young person able to give informed consent? (e.g. mental health issues, learning disability or any other condition that would heighten the young person's vulnerability)			
<b>The Relationship</b>	<b>Yes</b>	<b>No</b>	<b>No Information</b>
Was there a coercing power or any other relevant imbalance present in the relationship? (E.g. differences in size, age, material wealth and/or psychological, social, intellectual and physical development - in addition, gender, race levels of sexual knowledge can be used to exert power.) It should not automatically be assumed that power imbalances do not exist for two young people similar in age or of the same sex.			

An older child (over 13 and under 16)			
Were manipulation, bribery, threats, aggression and/or coercion, involved? (E.g. was the young person isolated from their peer group alcohol or other substances as a disinhibitor etc.)			
<b>The Other Person</b>	<b>Yes</b>	<b>No</b>	<b>No Information</b>
Did the other person use 'grooming' methods to gain the trust and friendship of the young person? (E.g. by indulging or coercing the young person with gifts, treats, money etc; by befriending the young person's family; by developing a relationship with the young person via the internet.)			
Did the other person attempt to secure secrecy beyond what would be considered usual in teenage sexual activity?			
Was the other person known by the practitioner to be or have been involved in concerning behaviour towards other children and young people?			
Was the other person in a position of trust?			
<b>Other Factors</b>	<b>Yes</b>	<b>No</b>	<b>No Information</b>
Was the young person, male or female, frequenting places used for prostitution?			
Is there evidence of the young person being involved in prostitution or the making of pornography?			
A boy (over 13 and under 16)			
Was the young man frequenting places where men have sex with men in circumstances where additional dangers, e.g. physical assault, might arise?			
Were there other concerning factors in the young person's life which may increase their vulnerability? (E.g. homelessness.)			
Did the young person deny, minimise or accept the concerns held by the Protection Coordinator?			
<b>Recording Information</b>			
The needs of the young person are the primary consideration when staff decide upon the relevant and proportionate sharing of information. Staff recording information or releasing information to other parties and persons have legal and professional duties to ensure that the information recorded is accurate, relevant and sufficient for its purpose and that any disclosure is lawful - either through the			

consent of the young person concerned or where there is the potential of harm to themselves or others which outweigh lack of consent.

Where a decision is made not to share information with parents or carers, the Child Protection Coordinator should ensure they record the reasons for this. If they have any doubt they should share their concerns/dilemma with their line manager.

**Risk Assessment:**

The Child Protection Coordinator should ask themselves the following questions:

- What is getting in the way of this young person’s wellbeing?
- Do I have all the information I need to help this young person?
- What can I do now to help this child or young person?
- What can my service do to help this young person?
- What additional help, if any, may be needed from others?

In addition they should encourage children and young people to share information with their parents or carers where it is safe to do so. This is in recognition of the responsibilities, rights and duties of parents to direct and guide their children in consistent with the young person’s evolving capacities. If the Protection Coordinator has assessed that the sexual behaviour is consensual teenage sexual activity where there are no concerns of abuse or exploitation, they should:

- Ask the young person to share it with their parents or carers;
- Inform them of the law and under-age sex;
- Uphold the confidentiality rights of the young person; and
- Provide practical assistance and advice as required and signpost young people to the appropriate local services (e.g. sexual health services).

### Summary of Risk Assessment

Younger child (under 13) - Child Protection Referral made	
Older child (over 13 - under 16) - no concerns of abuse or exploitation	
Older child (over 13 - under 16) where other concerns have been identified / signposted to sexual health/ counselling/other services	
Older child (over 13 and under 16) - at risk of harm/ abuse or has been abused -	
Child Protection Referral made	

Signed	
Designation	
Date	

## 10. APPENDIX 3 SIGNS OF POSSIBLE BULLYING AND HOW TO RESPOND

Signs which may suggest a child is experiencing bullying include:

- Hesitation or reluctance to attend training or an activity.
- Bruising or other injuries
- Feels ill before a training session.
- Becoming nervous and withdrawn.
- Clothing or personal possessions go missing or get damaged torn Starts self-harming.
- Often last one picked for a team or group activity for no apparent reason or being picked on when the bully thinks your back is turned.
- 'Loses' pocket money repeatedly.
- Asks for money or starts stealing money (to pay the bully).
- Reluctance to go to certain places or work with a certain individual.
- Is frightened to say what is wrong.
- Suddenly prone to lashing out at people either physically or verbally, when normally quiet.
- When talking about bullying, it's never helpful to label children and young people as 'bullies' or 'victims.' Labels can stick for life and can isolate a child, rather than helping them to recover or change their behaviour. It is preferable to talk about someone displaying bullying behaviour rather than label them a 'bully' - behaviour can be changed with help and support.

Action to help children and young people who are being bullied:

- Cultivate an ethos where there's an anti-bullying culture - it is especially important that adults are good role models for children and young people.
- Take all signs of bullying very seriously.
- Encourage all children to speak and share their concerns. Help those being bullied to speak out. Create an open environment.
- Take all allegations seriously and take action to ensure the child is safe.
- Speak with the child being bullied and those displaying bullying behaviour separately.
- Reassure the child that you can be trusted and will help them, although you cannot promise to tell no-one else.
- Involve the parents.
- Keep records of what is said i.e., what happened, by whom and when.
- In cases of cyberbullying advise the child who are being bullied to retain the communication and print it out.
- Report any concerns to the PC.
- Support for children and young people involved in bullying behaviour.

- Talk with the child and explain the situation and try to get them to understand the consequences of their behaviour.
- Consider seeking an apology from those involved in bullying behaviour (e.g. where those on the receiving end wish reconciliation). Apologies are only of real value however, when they are genuine.
- Be sensitive and use good judgement when it comes to informing parents/carers of those whose negative behaviour is impacting on others. Put the child at the centre - will telling the parents/carers result in more problems for the young person?
- If appropriate, insist on the return of 'borrowed' items and compensation for the person(S) being bullied.
- Impose consequences as necessary. Encourage and support the child to change behaviour.
- Keep a written record of action taken.

## 11. APPENDIX 4 WELLBEING RECORDING/REFERRAL FORM

This form should be completed by the Child Protection Coordinator to record well-being concern(s) (and should be forwarded to the Named Person. Please complete the information available at the time.

### 1. Details of Child and Concern (s)

Name of child/ young person:	Name of reporting staff:
Address:	Designation:
Date of birth:	Parents/Carers  Phone Number:  Mobile No
Nursery/School attended:	Email:

### 2. Which of the SHANARRI Indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected & Responsible & Included) apply?

SHANARRI Indicators:	Details of the Wellbeing Concern:
What targeted intervention is necessary?	From what agency?

GIRFEC Questions	Notes
What is getting in the way of this child's wellbeing?	
Do I have all the information we	



need to help this child?	
What can I do now to help this child?	
What can my service do to help this child?	
What additional help if any may be needed from others?	

### 3. CONSENT TO SHARE INFORMATION

#### A CHILD UNDER 12 - PARENTAL CONSENT NECESSARY

Was this concern shared with the child's parents/carers?

Yes  No

If not, why not?

---

What was the parents' response(s)?

---

Did they give consent to passing on this concern to another agency?

Yes  No

If no the information cannot be shared unless the child is at risk of significant harm.

#### 4. Was the concern shared with the child?

Yes  No

If not, why not?

#### 5. If shared, what were their views?

---

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**B Consent - Young Person over 12 - under 16 Years**

1. If the parents are not aware of the concern, did the young person give consent to their parents/carers being contacted?

Yes  No

If not the information cannot be shared with their parents.

2. Did the young person give consent to passing on this concern to another agency?

Yes  No

If not the information cannot be shared unless the child is at risk of significant harm

**4. Action Taken**

Date passed on: Time:
Service/agency passed onto: Date:
Name of Named Person & Designation:
Telephone Contact:
Email:
Outcome if known:

Please record any disagreements on the planned action/need for support/intervention

## 12. GUIDANCE ON COMPLETING THE WELLBEING REFERRAL FORM

### 1. The Context of Wellbeing

Most wellbeing concerns will be dealt with by parents/carers in the first instance. Parents have the primary responsibility to safeguard their child's health and wellbeing, development and welfare as well as to provide direction and guidance<sup>17</sup>. Any wellbeing concerns should be discussed with them. Other adults can offer advice and support or signpost the child or young person to the relevant service. Common sense is advised in these situations and the best interests of the child will be considered as to what is the best way forward for each child with appropriate consents<sup>18</sup>.

### 2. Definition of a Child Wellbeing Concern

The Children and Young People (Scotland) Act 2014 is about improving the wellbeing of children and young people in Scotland. The Act is wide ranging and includes key parts of the Getting it right for every child approach, commonly known as GIRFEC. Under the Act, wellbeing is defined in relation to eight indicators representing the key areas that are essential to enable children to flourish: these are children should be safe, healthy, achieving, nurtured, active, respected, responsible and included (commonly known by the acronym, SHANARRI).

#### SHANARRI Indicators



Child wellbeing concerns are one or more of the SHANARRI wellbeing indicators - that do not meet the threshold for a child protection referral but impact of the day to day functioning of the child or young person and require a targeted intervention for example bullying, mental health concerns, bereavement, family separation or parents pushing their child too hard in sport or to achieve academically to the detriment of their child's health and wellbeing.

The Child Wellbeing Pathway (CWP) in Fife is based on the principles of Getting It Right for Every Child,

<sup>17</sup> Section 1 Children (Scotland) Act 1995

<sup>18</sup> <https://www.gov.scot/publications/getting-right-child-girfec-information-sharing-charter-parents-carers-2022/>  
<https://www.gov.scot/publications/getting-right-child-girfec-information-sharing-charter-Children and Young People-2022/>

(GIRFEC) and promotes the use of the Wellbeing indicators in single and multi-agency assessments of wellbeing. The Pathway also provides a process and structure for implementing effective coordinated interventions and planning. It has been agreed that in Fife the Named Person for children and young people will be provided by the following practitioners at identified ages and stages: Birth to school entry - Health Visitor or Family Nurse; Primary School - Head Teacher or Depute Head Teacher; Secondary School - Guidance Staff. The Named Person has three core functions:

To advise and support children, young people and their parents/carers - this may involve signposting them to an appropriate service/agency

To help children, young people and their parents/carers to access support/services

To discuss or raise matters with service providers or relevant authority The named person is also responsible for coordinating the assessment of wellbeing and support planning to address identified concerns or needs

### 3. Responding to a Wellbeing Concern

Where these come to the attention of staff and it is felt that the child or young person needs a targeted intervention from a specific service then this should be discussed with the Protection Coordinator who will decide on the level of support needed and if appropriate make a referral to the Named Person. The electronic copy should be kept in line with Data Protection requirements.

It is important to note that child wellbeing concerns may, without intervention, escalate to become child protection concerns and therefore it is important to respond appropriately and at the earliest opportunity.

## 13. APPENDIX 5 CHILD CONCERN/PROTECTION REFERRAL FORM

If a member of staff knows or suspects that a child/young person has been, is being or is at risk of being harmed/abused, this form must be completed and the concern must be passed onto the Child Protection Coordinator as soon as possible and on the same working day.

This form should be either handwritten or completed electronically, provided it is signed and dated in writing on the day. Do not delay in completing the form if you do not have all the information.

PART 1: To be completed by the person who has the concern.

### Child/Young Person's Details

Full Legal Name:  Known as: Gender:	Address & Tel No	Age/Date of Birth (if known)
2. Details of concern (The member of staff must record the facts as accurately as possible, using the child's own words.)		
3. Did the child/young person express a view? If so, record		
4. Describe the issues which give you cause for concern, and why (you may wish to consider the SHANARRI indicators - Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible, Included). If known, include parental behaviour that is a concern (e.g. substance misuse, domestic abuse, mental ill health etc.).		

Name:

Date: Time:

Role/ Designation:

Signed:

CHILD CONCERN/PROTECTION REFERRAL FORM - PART 2

To be completed by the Child Protection Coordinator

Name of Child Protection Coordinator:	
Date Form Received:	Time:
Have there been previous child protection concerns?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	
If yes, give details:	
2. Did you as Child Protection Coordinator speak to the child/young person e.g. to establish basic facts?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Have the parents been informed that a referral has been made?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	

4. Was this concern shared with anyone else?

Yes  No

If Yes, please specify:

6. If child protection procedures are initiated, record details of the discussion with Social Work Services/Police.

Date: Time:

Agency: Location:

Name of contact: Tel No:

Details of discussion: Outcome of discussion:

Name: Date: Time:

Child Protection Coordinator Role/ Designation:

Signed:

Any other relevant information