

NATIONAL POLICY

on

CHILD PROTECTION

**Principles and Practice Guidelines**

Updated August 2019

……………………………………………………………… is a member of Relationships Scotland

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**1. CHILD PROTECTION POLICY STATEMENT**

*“All children and young people in Scotland have the right to be cared for and protected from harm and to grow up in a safe environment in which their rights and needs are respected”*

**Framework for Standards 2004, Scottish Government**

All members of Relationships Scotland shall make the safety and protection from harm of children their highest priority.

This policy is based on the following principles:

* the welfare of children is paramount[[1]](#footnote-1)
* that all children without exception have the right to protection from abuse
* that all suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately

**2. LEGAL AND POLICY FRAMEWORK**

In 2014 the Scottish Government refreshed National Guidance for Child Protection[[2]](#footnote-2). It provides guidance to all agencies working with children and their families in the statutory, voluntary and independent sectors who may have concerns about the welfare of a child and who may have to respond to information that a child is at risk of harm. It stresses the importance of collective responsibility and information sharing between agencies.

This guidance is based on GIREC[[3]](#footnote-3); the UN Convention on the Rights of the Child[[4]](#footnote-4); the Children’s Charter[[5]](#footnote-5) and the Framework for Standards[[6]](#footnote-6).

In 2003 The Protection of Children (Scotland) Act[[7]](#footnote-7) allowed Scottish Ministers to set up the Disqualified from Working with Children List which came into operation on 10th January 2005. The Act aimed to improve the safeguards for children by preventing unsuitable people from working with them. Both of these documents contain guidance on procedures to be followed and these guidelines have been developed to provide a framework for Relationships Scotland Services to protect children from abuse. Local child protection guidelines should be supported by appropriate local training.

The Relationships Scotland network is fully committed to promoting children’s rights, notably their right to be protected from harm, abuse and exploitation and to be involved in any decisions that directly affect them.

 Relationships Scotland members have a duty of care to implement effective policies and procedures for safeguarding the welfare of children and young people.  In order to achieve this, we ensure our staff and volunteers are carefully selected, screened, trained and supervised.  Furthermore we endeavour to keep up-to-date with national developments relating to the care and protection of children and young people.

Relationships Scotland also respects and upholds the Codes of Practice and Ethics that our professionals work to including where relevant - COSRT, COSCA, BACP, AFT and SMN.

**3. GENERAL ISSUES**

Some local authorities have divided social work provision among their departments. Reference to *Social work services* in this document means the department(s), to which the local council has given social work responsibility for children, and this may not always be called the Social Work Department; and in England, where a child may reside, it may not always be called Social Work Services.

In this document, the term:

* "child" refers to a child or young person under age 18
* "parent" means an adult with parental responsibilities, or other adult in “loco parentis”;
* "person" means any child or adult.

Whilst the Children Scotland Act 1995 defines a child as under 16, there are some cases where the definition of a child extends to 18 years, including the Protection of Children (Scotland) Act 2003, the Police Act 1997 and United Nations Convention on the Rights of the Child. To ensure compliance with legislation, moral obligations towards the welfare of young people, and for the purposes of best practice, this policy will apply to all those under 18 years.

The policy statement and procedural guidance should apply to everyone involved in the delivery of Relationships Scotland service provision, and includes committee members, paid employees, sessional workers, volunteers, researchers, and others contracted to the service. This includes counsellors, mediators and child contact centre organisers. Throughout this document, these are referred to as "workers".

There are three statutory bodies charged with responsibilities regarding investigating matters of child abuse in Scotland, these are the, police, Scottish Local Authority Social Work Services and Scottish Children's Reporters Administration ([www.scra.gov.uk](http://www.scra.gov.uk)) refer to the Locality Reporter Manager. Usually, there is a local protocol as to where, and under what circumstances referral should be made to each of these, and this should be set out in the local Child Protection Committee (CPC) or Public Protection Committee (PPC) Policy and Procedures document. *Local CPC or PCC guidance will take precedence in any conflict between their guidance and Relationships Scotland national child protection policy and procedures.* Local terminology will differ from area to area, so in this document "appropriate agency" is used throughout for convenience. Normally, referral to the Police is in the case of an immediate danger to a child.

There are a number of measures to protect children from those unsuitable to work with children. One of the measures is the disclosure checks used to check the suitability of any prospective workers. The Protection of Children (Scotland) Act 2003 came into force in January 2005 and provides for Scottish Ministers compiling and maintaining a list of persons disqualified from working with children.

Copies of relevant papers must be available in the Service's offices. Relationships Scotland National Child Protection policy and procedures should be available to service-users, public, and workers at Service offices.

Documents which must be available in Service’s for workers to refer to and for staff training are:

* Relationships Scotland National Child Protection Policy and Guidance that includes contact details for local relevant statutory agencies (see Appendix 1); and
* The local CPC or PPC child protection policy statement.

Other documents that workers can refer to are on the members section of Relationships Scotland website. These are:

* The Scottish Government National Guidance for Child Protection in Scotland 2014;
* *Scotland's Children: Children (Scotland) Act 1995* Regulations and Guidance, Volume 1: Support and Protection for Children and their Families;
* The Protection of Children (Scotland) Act 2003; and
* COSRT, COSCA, BACP and AFT Codes of Practice and Ethics if appropriate.

Where possible in waiting areas there should be a copy of the member Service's Child Protection Policy and Procedures for reference. If this is not possible a notice should be visible to clients indicating that copies of the policy and procedures can be made available for reference. The Service will make all users aware of the appropriate policies, including those on confidentiality and child protection at Intake, if written information is sent prior to intake, or at the first meeting clients have with a worker.

## 4. FUNDAMENTAL PRINCIPLES

Relationships Scotland members aim to support families and meet the needs of children in line with the National Guidance for Child Protection in Scotland 2014. Relationships Scotland supports the aims of the UN Convention on the Rights of the Child 1989, the European Convention for the Protection of Human Rights and Fundamental Freedoms, the Children (Scotland) Act 1995, that the welfare of the child is paramount, that children have a right to be protected from abuse, neglect, and exploitation and the Protection of Children (Scotland) Act 2003. Service provision must be managed in a way which is compatible with the local CPC or PPC’s Policy and Procedures, and feeds directly into them.

Relationships Scotland members strive to ensure that all parts of its service are delivered in a manner which protects children and that concern over a child's welfare and/or safety, including possible abuse, is managed in a manner which reflects and supports the relevant local CPC or PPC’s policy and procedures.

If there is any doubt about a concern, contact for advice and guidance should be made with the social work services. Where necessary, they will tell you that you need to refer, and will either take a referral or advise you on what else to do (See Section 8: *What To Do – Procedures to be Followed*). The golden rule is: **If in doubt: refer**.

### 5. THE ROLE OF RELATIONSHIPS SCOTLAND MEMBERS

Relationships Scotland members are voluntary organisations and have no statutory remit or role in investigating child abuse**.** However they do have a responsibility to refer to relevant statutory agencies any concerns that may arise in relation to the welfare and/or safety of a child**.** This includes any concern over a possible offence against a child, whether or not that child is directly involved in the use of the Service**,** so that these concerns can be assessed, and**,** where necessary**,** addressed by the appropriate agency. All Relationships Scotland members check for child protection and domestic abuse issues during intake or first sessions and remain alert should these issues become evident at any time during a client’s involvement with the Service.

Relationships Scotland members should have in place a policy on confidentiality in which it is made clear that where there is concern about the welfare and/or safety of a child, there is a duty of care on the Service to refer this concern to appropriate agencies.

If an agency approaches a Relationships Scotland member for information about a client, they should be asked if this relates to a child protection or a wellbeing issue. If it is a child protection concern, the member Service has a duty to assist and provide such information that they feel is necessary, relevant and proportionate. It is not necessary to seek permission from the family / child before providing this information as this may increase the risk to the child.

If the enquiry relates to a child’s wellbeing[[8]](#footnote-8) then the Relationships Scotland member is not legally obliged to supply any information unless there is a Service level agreement stating that the Service is obliged to respond to requests for information. However, it is good practice to consider requests where sharing wellbeing information is in the best interests of the child. In these cases the Service should seek permission from the family / child first where possible and only provide such information that they feel is necessary, relevant and proportionate.

When information is shared, a record should be made of when it was shared, with whom, for what purpose. Any decision not to share information should also be recorded.

**6. CIRCUMSTANCES UNDER WHICH THE SERVICES OF RELATIONSHIPS SCOTLAND MAY NOT BE OFFERED**

There are some circumstances where Relationships Scotland members may not offer a service until a risk assessment carried out by the relevant statutory agencies, shows**,** to the satisfaction of those undertaking the assessment, that service provision is appropriate.

If any of the following circumstances were not known at the commencement of client involvement, but were revealed during the course of any part of service delivery, then the service must be suspended until a risk assessment carried out by the relevant statutory agencies shows**,** to the satisfaction of those undertaking the assessment, that it is appropriate to resume the delivery of a service. The decision of the Service provider is final.

These circumstances include:

* where there is an investigation underway**,** or about to start**,** into a child being at risk of abuse, or criminal case
* where any of the clients are the subject of an investigation into an offence against a child, even if outside the family unit;
* where any child is currently Looked After[[9]](#footnote-9) and under a Supervision Requirement and/or on a Child Protection Register and/or under Investigation;

**Schedule One[[10]](#footnote-10) Offender**

**Child Contact Centres**

The decision as to whether or not individuals classed as Schedule One Offenders should be able to use a Child Contact Centre is a matter of judgement for the Management Committee and Manager of the Service.

**Supported Contact** - Child contact centres will not accept a referral for supported contact where an individual involved in that referral is known by the Service provider to have been charged, convicted or is under investigation of a Schedule 1 offence.

Child contact centres will not accept a referral for supported contact when an individual in that referral is known by the Service provider to be on the Sex Offenders Register.

In cases where a child contact supported contact is taking place and it subsequently becomes known that a client is a Schedule 1 offender or on the Sex Offenders Register, the service must be suspended and contact made with relevant statutory agencies in order to determine whether the child’s continued use of the service is appropriate. The Service will decide in consultation with the statutory agencies**,** what is in the best interests of the child. If the service is continued, contact will be required to be supervised.

**Supervised Contact -** a Service will only accept a referral for contact if it is to be supervised by an appropriately trained person (Contact Supervisor) and will take place when no other clients are present.

**Counselling / Mediation**

The Scottish Government’s National Guidance for Child Protection2 (2014)(p.87 para. 329) refers to situations where a child is or is likely to become a member of the same household as a Schedule 1 offender and the advice is “concerns should be shared with social work services without delay”.

**7. HOW CONCERNS MAY ARISE AND WHAT TO BEAR IN MIND**

Child protection concerns may take a number of forms:

* allegations made directly by a child or young person
* allegations made directly by an adult
* a third party contacting the Service
* direct observation by a worker
* client disclosure or observation of inappropriate behaviour
* client disclosing information about a third Party

Concern may arise at any stage of a family's involvement with the Service.

It is essential that where an allegation is made to any person engaged in providing a service to clients which indicates to the member Service that an offence may have been committed against a child, the immediate effect of continuing the service is considered carefully. It may be tempting to allow matters to continue in the hope that where there has been only partial or incomplete information, fuller information might be forth-coming, and the worker comforted by knowing more clearly the situation, so that a confident and robust referral may be made. This is ***not*** the role of the Service (see section 4).

A disclosure may be an allegation about a particular incident or behaviour. There may also be times when a client makes reference to something that gives the worker concern that a child has been, is or may be at risk and gives concern for the safety and/or welfare of a child; for example:

* if there is a disclosure that the child witnesses physical domestic violence
* if a client admits to internet porn or downloading porn that involves a child under the age of 16.
* if a client discloses that they were abused as a child and names the abuser
* if a client discloses excessive drug / alcohol usage whilst responsible for a child
* if a client makes an allegation against an ex**-**partner

Workers must never ignore any statement made by a child that he/she, or any other child**,** has been abused. Action taken will depend on the circumstances at the time the child decides to speak about alleged abuse, the age of the child, and an assessment of the immediate threat to the child's wellbeing (guidance on listening to children is offered in Appendix 3).

Where concern arises, there is danger in straying beyond listening into the area of information gathering. If this line is crossed, then there may be consequences for evidential purposes.

Workers should only question adults or children to facilitate that person telling that which he/she wishes. This can be done by using ‘who’, ‘what’, ‘when’, ‘where’ questions (see Appendix 3). There may be a desire by the worker to further clarify matters, particularly where there is doubt over what is really being said, but no leading questions[[11]](#footnote-11) must be asked or anything that could be construed as a leading question. Leave the statutory agencies to do their work. Only specific agencies are charged with the responsibility to cause enquiries to be made and gather evidence. What is important is that the worker writes down what they hear.

Where a referral is made, the statutory agencies will want to hear**,** where possible**,** from the person with first-hand knowledge. The person making the referral should be supported by the Service Manager or person with delegated responsibility for child welfare and/or safety.

**8. WHAT TO DO - PROCEDURES TO BE FOLLOWED IF AN ALLEGATION IS MADE BY AN ADULT AT INTAKE OR DURING COUNSELLING OR MEDIATION**

8(a) **An allegation made by an adult at intake, during mediation or counselling**

Procedures to be adopted (in order of implementation)

i) The worker should facilitate the person making the allegation to say what they wish using who, what, when, where questions (see Appendix 3).

ii) If the allegation is against the other person in the room the session must be suspended immediately and they must be moved to areas where they can be spoken to individually in private. The participants must be informed that what has been said is being taken seriously and that the member Service’s rule of confidentiality is no longer applicable The Service has made it quite clear that it has a duty to refer all matters regarding possible offences against a child, allegations of abuse, and/or concern over the welfare and/or safety of a child.

iii) Where an adult has made an allegation against another person, the adult who made the allegation should be advised to tell the appropriate agency, and support from the Service should be offered, if this will help him or her make a referral. The Service cannot absolve the person from his or her responsibility to make a referral but the Service can suggest to the alleger that the relevant agency will be notified by the Service and the agency will wish to speak directly to the person making the allegation.

iv) The safety of each participant (including the worker) should be addressed, ensuring, where appropriate, separate and safe departure from the building; this can include summoning transportation, a friend, etc., to support someone. At no time should anyone be left alone in the building.

v) The worker spoken to should aim to speak with their supervisor / Service manager or other person with child welfare responsibility within the Service within 24 hours of the incident and s/he should support the worker in all subsequent matters relating to the circumstances. The worker spoken to should refer to the appropriate agency (which depends on the circumstances) what was said and by whom, and this should be done as soon as possible. The Service must contact relevant statutory agencies when an allegation has been deemed by the Service to be serious and may place the child at further risk of harm**.**

Serious allegations may include but are not limited to:

* Aggressive or violent physical behaviour
  + Throwing or breaking objects;
  + Personal injury; and
  + Pushing, hitting on the head or with an implement, spitting, scratching, kicking
* Emotional intimidation
  + Threatening, frightening or terrorising
* verbally, written or by body language;
* Use of alcohol or illegal drugs;
* Physical neglect; and
* Sexual maltreatment
* Inappropriate touching, kissing or tickling.

When in doubt, refer.

vi) When a referral is made to the appropriate agency, the Service must seek advice from that agency as to any further action it should take. Unless advised otherwise, the content and the fact that a referral has been made will remain confidential to the Service. If two parties were present in the counselling or mediation session both will have been informed of the referral (see ii above). If the allegation was made at an individual meeting this will not be the case. The agency informed will advise on what the Service should say about the referral to the adults involved.

vii) A written record must be made promptly on the Child Protection Record Form (see Appendix 2) of what was said, by whom, the circumstances, advice received from any other person and the action taken; if contact was made with an outside agency, the date and time, who was spoken to, what was said and asked, what advice was given. This statement must be dated, timed, and signed, and must be made available to any statutory agency which subsequently requires it. Subsequent contact should be similarly recorded.

8(b) **An allegation made by an adult at a child contact centre**

Procedures to be adopted (in order of implementation)

1. If an allegation of abuse is made by an adult involved in a contact, the person making the allegation and the person toward whom the allegation is made should be moved to separate areas where they can be spoken to individually in private by the lead worker on duty. Ask only open-ended questions (see Appendix 3 for examples) and no leading questions. The participants must be informed that what has been said is being taken seriously and that the Service’s rule of confidentiality is no longer applicable, because the Service has made it quite clear that it has a duty of care to refer all matters regarding possible offences against a child, allegations of abuse and/or concern over the welfare and/or safety of a child.
2. The adult who made the allegation should be advised that if he/she has concerns he/she should refer these concerns to relevant statutory agencies and support from the Service will be offered, if this will help him/her make a referra~~l~~. The Service cannot absolve the person from his/her responsibility to make a referral.
3. The safety of each participant (including child contact centre workers) should be addressed, ensuring, where appropriate, separate and safe departure from the building; this can include summoning transportation, a friend, etc., to support someone. At no time should anyone be left alone in the building.
4. The worker being spoken to will then consult with his/her line manager and the Manager of the Service as soon as possible within 24 hours of the allegation being made (immediately if the child is at immediate risk of harm) to determine if it is necessary to contact a relevant statutory agency (see Appendix 1) whose responsibility it will be to investigate the allegation further.
5. The Service must contact relevant statutory agencies when an allegation has been deemed by the Service to be serious and may place the child at further risk of harm**.** Even if the person making the allegation has said that will inform the relevant agency, the Service has a duty to ensure that the information is passed on.(see 8(a) v)

Serious allegations may include but are not limited to:

Aggressive or violent physical behaviour

* + Throwing or breaking objects;
  + Personal injury;
  + Pushing, hitting on the head or with an implement, spitting, scratching, kicking

Emotional intimidation

* + Threatening, frightening or terrorising
  + verbally, written or by body language;
* Use of alcohol or illegal drugs;
* Physical neglect;
* Sexual maltreatment
* Inappropriate touching, kissing or tickling.

When in doubt, refer.

1. When a referral is made to the appropriate agency, the Service must seek advice from that agency as to any further action it should take. This must include guidance from the agency as to what the Service should say about the referral to the adults involved. Unless advised otherwise, the content and the fact that a referral has been made will remain confidential to the Service.
2. The contact will be cancelled if it is determined by the Service that the child or staff would be placed at risk of harm during a future contact.
3. A written record must be made promptly on a Child Protection Record Form (Appendix 2) (and may also be recorded in an Incident Book) of what was said, by whom, the circumstances, advice received from any other person and the action taken**.** If contact was made with an outside agency, the date and time, who was spoken to, what was said and what advice was given must be recorded. This statement must be dated, timed, and signed**;** and can be made available to any statutory agency which subsequently requires it. The worker being spoken to should be supported in all subsequent matters relating to these circumstances.

8(c) **An allegation made by a child during attendance at a child contact centre, direct consultation, children & young person’s counselling, time-to-talk session or other individual or group work**

Procedures to be adopted (in order of implementation)

1. After listening to the child, the worker being spoken to must inform the child, as far as the child can understand, that what has been said is serious, and that the Service’s rule of confidentiality is no longer applicable, because the Service has made it quite clear that it has a duty to refer all matters regarding possible offences against a child, allegations of abuse, and/or concern over the welfare of a child.

ii) If it is necessary, facilitate the child finishing what is being said without heightening the stress of the occasion or straying into areas of questioning and evidence-gathering (see section 7). Workers have no right to take the child away from the parent or to withhold the child at the end of any session, unless it appears that the child is at immediate risk of significant and serious harm or other danger. (See section 4 and 8(d) below).

iii) The worker spoken to has to make an assessment (if practical, with advice from a senior member of staff on site) of any immediate danger to the child should be made, such as, can the child go home safely, or will he/she be facing immediate danger.

iv) The staff member spoken to should aim to speak with his/her line manager, or other appointed person within the Service**,** and the Service Manager within 24 hours of the allegation being made to determine which relevant statutory agency should be contacted and whose responsibility it will be to investigate the allegation further.

v) When a referral is made to the appropriate agency, the Service must seek advice from that agency as to any further action it should take. This must include guidance from the agency as to what the Service should say about the referral to the child and to the adults involved. Unless advised otherwise, the content and the fact that a referral has been made will remain confidential to the Service.

vi) A written record must be made promptly on a Child Protection Record Form (see Appendix 2) (for child contact centres, this may also be recorded in an Incident Book) of what was said, by whom, the circumstances, advice received from any other person and the action taken; if contact was made with an outside agency, the date and time, who was spoken to, what was said, and what advice was given. This statement must be dated, timed, and signed**;** and can be made available to any statutory agency which subsequently requires it.

The staff member spoken to by the child should be supported in all subsequent matters relating to the circumstances.

8(d) ***Additional information regarding allegations made at a child contact centre or during any direct work with children or young people***

Because particular difficulties could arise at a child contact centre, the following additional points should be addressed:

* Where there is thought to be immediate physical danger to a child, the police and the local duty social worker for children & families should be called immediately.
* Where the person having contact or the person with care of the child is thought to present a danger to the child or removes the child, no staff should attempt to intervene. Appropriate statutory agencies should be contacted immediately if there is cause to believe the child is at immediate risk of harm.
* No member of staff should attempt to intervene physically in a situation which puts him/her in danger**.**

8(e) **A third party contacting the Service**

There is a possibility, hearing of a family's involvement with a Relationships Scotland member, or believing that a member of Relationships Scotland is the appropriate place to contact, that a third party may contact a Local Service to pass on their concern about a child and/or family.

The role of a Relationships Scotland member (outlined in section 5), and of the statutory agencies (outlined in section 3) makes it clear where a referral should be directed. The Service cannot undertake to act as a channel to, for example, social work. It is the responsibility of the person contacting the Service to pass on to the appropriate agency his/her concern(s). It is the role of the Relationships Scotland member to make this clear, to explain why this is so, and to impress on the person the need to do this in the best interests of the child. The statutory agencies will want to speak to the person who has concern(s) first-hand. If anyone else makes the referral on their behalf, it will merely slow down enquiries and help for the child and/or family while the agencies seek out the person with first-hand knowledge. These points should be made **strongly**.

Often people have reservations about contacting statutory bodies, such as the police or social work, however there is also the authority reporter, and all three agencies should be brought to the person's attention. It is also important that whatever the degree of concern, it may be the missing part of a jigsaw and of invaluable help to the statutory agencies.

8(f) **Direct Observation by a worker**

This is probably the most difficult and stressful area for workers, because the recognition of child abuse is often difficult. There are many signs, symptoms, and behaviours which **may** indicate abuse (see Appendix 4), and there is need for extreme caution in their interpretation. Their presence, however, should at least raise the possibility of abuse in the mind of the worker.

It is important to continue to interact normally, for example, workers, on seeing a child with a bruised eye, would in most circumstances ask quite naturally how it happened. It is the reaction and reply of the child or parent that might engender concern about the welfare and/or safety of a child. In this case one is asking out of concerned interest, not suspicion.

There are a number of possible indicators of abuse that workers might observe; however child abuse must not be assumed on the grounds of any one or more of these possible indicators.

There is a clear need for training to support workers in this difficult and stressful area. Good relations with the social work services are important so that matters can be spoken about in general terms, but as is often the case in child protection, matters will not be clear cut. It is useful to have within the member Service, a Manager or other designated person who is well trained in this area. However, where there is doubt, an informal contact with the social work services should be made for guidance and advice; and where there is clear concern, a referral should be made as soon as possible to the appropriate agency, and it will decide if and what action there needs to be. If there is not enough information, then there will be no action; and you may be holding a concern which completes a picture for the statutory agencies, or gives them enough grounds to act upon a concern which they already hold.

**8(g) Client Disclosing Information about a Third Party**

There may be times when a client makes an allegation about a child being at risk with the allegation based on information they have received from a third party. If the client has only indirect information, they should be advised that they or the third party can and should raise their concerns to an appropriate statutory agency. The third party allegation and advice should be noted and logged by the worker.

**9 SUMMARY**

* The best interests of a child are not served by sitting on any concern about the child’s welfare and/or safety.
* Always bear in mind that the information or concern you have may be the missing part of a picture held by statutory agencies.

* Relationships Scotland members do not have an investigative role and workers are not expected to be experts in this area of work. Any concerns are best shared with one of the appropriate statutory agencies.
* Each statutory agency has a statutory role to decide whether any action needs to be taken, and, if so, what action to take. Relationships Scotland members are spared this responsibility.
* **If in doubt: refer.**

**APPENDIX 1**

**LIST OF APPROPRIATE LOCAL AGENCIES’ CONTACT DETAILS**

*INSERT LOCAL AGENCIES CONTACT DETAILS IN HERE*

**Police**

**Social Work Emergency Duty Team**

**Child Protection Committee**

**Child Protection Officer**

**Authority Reporter**

**Child Protection Record Form**

*Please use this form to record any concern you have about a child. It should be completed based on available information and should not be delayed due to incomplete information.*

Case no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents advised of referral **Y / N**

child advised of referral **Y / N**

Date of incident / observation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where incident happened\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause for concern (description of incident / allegation / suspicion, NO opinion)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor / Service manager concern was reported to

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action taken (including no referral where appropriate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If referred to an agency date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time\_\_\_\_\_\_\_\_\_\_

Person spoken to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

Their position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information given to and received from agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature supervisor / Service manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Contact Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX 3 LISTENING TO CHILDREN**

All workers must be aware of the dangers, when speaking to a child, of being asked by the child for a guarantee of confidentiality in advance. If a guarantee is given and the child makes a disclosure, the guarantee will cause the dilemma of breaking a promise given to a child, and the risk of becoming another untrustworthy adult**.** The person giving the guarantee is left carrying the burden of knowledge, without being able to do anything about it. The best way of avoiding this trap is to say to the child that, depending upon what s/he tells you, you may have to pass this information on to someone else if there is to be help. If this turns out to be necessary, tell the child who it is. The following may also be useful to underpin training:

LISTEN

* Do not interrupt the flow
* If any issues need clarification in order to assist the child ask only **open ended questions** – see below**:**

|  |  |  |
| --- | --- | --- |
| **To establish…** | **You could ask…** | **Do not ask…** |
| What | What happened? | Did he/she …? |
| Where | Where did it happen? | Did he/she come to your…? |
| Who | Who did it? | Did daddy/mum/ baby sitter do it? |
| When | When did it happen? | Did it happen yesterday? |

Avoid how or why questions. They require judgement from the person disclosing the possible abuse and may induce blame.

* Do not ask leading questions
* Facilitate the child continuing, but do not push for more information than the child is happy to give
* REASSURE
* Be calm, try not to show disgust, revulsion, or disbelief at what the child is saying -- however much you might feel it
* Do not be judgemental; remember it is never the child's fault
* Sitting side-by-side may make it easier for a child to talk**;**  too much eye contact in this situation may inhibit a child
* Explain to the child that what ever has happened, he or she is not to blame, and that telling is the right thing to do

RECORD

* It is very important to make a written note, including the date and time, as soon afterwards as possible. Making a note at the time may inhibit the child

SUPPORT

Throughout the process, make sure that you convey to the child the following important points:

* I am taking seriously what you are telling me
* What ever has happened, you are not to blame
* You are not doing wrong by telling me

AFTER THE CHILD HAS MADE A STATEMENT

* Stress your recognition of the importance of what has been said
* Indicate your willingness to help and protect
* Explain that, in order to help, you MUST share this information, and that someone else might contact him/her to hear this important information.

**APPENDIX 4 LISTENING TO ADULTS**

Listen compassionately, validate the courage of the person making the report and

acknowledge that reporting an allegation can be difficult. An adult third party making an allegation to you should be encouraged to report the allegation directly.

LISTEN

* Do not interrupt the flow
* If any issues need clarification in order to assist the person ask only **open ended questions** – see below**:**

|  |  |  |
| --- | --- | --- |
| **To establish…** | **You could ask…** | **Do not ask…** |
| What | What happened? | Did he/she …? |
| Where | Where did it happen? | Did it happen in…? |
| Who | Who did it? | Did so and so do it? |
| When | When did it happen? | Did it happen yesterday? |

Avoid how or why questions. They require judgement from the person disclosing the possible abuse and may induce blame.

* Do not ask leading questions
* Facilitate the person continuing, but do not push for more information than they are happy to give
* REASSURE
* Be calm, try not to show disgust, revulsion, or disbelief at what the person is saying -- however much you might feel it
* Do not be judgemental
* Explain to the adult that they have a duty to report their allegation and they can be supported to do this; but under the confidentiality exclusions that were explained to them at the start, the Service has an obligation to report serious allegations to the appropriate agency.

RECORD

* It is very important to make a written note, including the date and time, as soon afterwards as possible. The supervisor / Service manager should if possible be spoken to before a referral is made.
* **APPENDIX 5 POSSIBLE INDICATORS OF ABUSE**

***NOTE: THIS IS NOT A CHECK LIST***

The following list illustrates some of the signs and behaviours which **may** be indicators of possible abuse, bearing in mind that:

1. this list is not comprehensive;
2. the appearance of one or more of these possible indicators is not grounds to assume child abuse**.**

* Doubtful or inconsistent explanations of fractures, cuts, bruises, scalds, burns, lacerations, swellings, or bite marks.
* Damage round the mouth and ears; the child who is crawling or walking can frequently get cuts or bruises, but it is not so easy for babies to incur such injuries.
* Bruising in areas which a child would not normally injure in everyday play; e.g. centre of the back, abdomen.
* Bruising which would indicate that the child has been gripped too tightly, and possibly shaken. This may take the form of finger-tip bruising on the upper arms, chest, or face.
* Failure to thrive emotionally, developmentally, or physically. There may also be loss of weight, lethargy, and tiredness.
* Symptoms of the consumption of potentially damaging substances; e.g. excess alcohol, overdoes of medicines, cleaning fluids.
* Unusual or suspicious behaviour of parents, including fabricated and induced illness.
* Unexplained absences from school, nursery, etc.
* Undue fear of adults**.**
* Apprehensive or withdrawn behaviour.
* Very aggressive behaviour.
* Running away from Home.
* Anorexia Nervosa.
* Bulimia.
* Insomnia.
* Depression.
* Recurrent urinary-tract, genital, or vaginal infections.
* Sexual knowledge inappropriate to age, shown through behaviour, writing, talking, or drawing.

The above indicates that child abuse may be present in a variety of ways. It is important to understand that any adverse change in a child's behaviour or performance should raise concern of the possibility of abuse if there are no other adequate explanations; nevertheless, one cannot assume child abuse purely on the basis of the existence or suspected existence of one or more of these indicators;

**APPENDIX 6 APPOINTMENTS OF ALL THOSE DIRECTLY INVOLVED WITH PROVIDING A RELATIONSHIPS SCOTLAND SERVICE TO CHILDREN**

In order to protect the welfare and/or safety of children, all Relationships Scotland members have in place a policy to scrutinize the suitability of each and every candidate for any relevant position within the organisation prior to the final binding offer of a position; therefore, no binding offer for any position that would involve the worker having contact with children can be made nor any position taken up before a check has been made with, and a satisfactory result received from Disclosure Scotland and the receipt of two satisfactory references.

It is an offence according to The Protection of Children (Scotland) Act 2003 to knowingly appoint to the organisation an individual who is fully listed and the Act requires that if a worker is found to be fully listed, that they be removed from their position.

**APPENDIX 7 CHILD PROTECTION CORE GROUP MEETINGS**

It is possible, particularly for Services offering child contact centre facilities**,** that a worker is asked to sit on a core group set up as a result of a child protection case conference where a child has been registered.

A core group is responsible for drawing up and implementing the Child Protection Plan, which is based on information gathered by the investigating agencies during the process of assessment. It establishes the way in which agencies work together to support the child. The way in which a child contact centre may be involved is if there is to be Supervised Contact in a centre. In which case, it is necessary for all members of the core group to**:** determine what is required**;** and establish what can be provided and by whom**;** and establish how the situation can be monitored**;** and complete an assessment made of any outcomes. The worker could be asked to report to any of the statutory agencies or to a review case review conference. Support and briefing should be sought from the social work services.

**APPENDIX 8 ACTION ON ALLEGED ABUSE BY WORKERS – DISCIPLINARY PROCEDURES**

There is need for clear procedures for action in the case of any worker who gives concern about abusing a child. The welfare of the child remains paramount, and any action taken must be to protect the welfare and safety of any child within the Service and prevent access to further sensitive information about children.

Where there is concern about a worker, the person who receives the information or has the concern must inform the Service Manager immediately, or in his or her absence a designated person within the Service**.**  This person will take responsibility for taking appropriate action, which will include immediate contact with the Service’s Management Committee Chair (or in his/her ~~or~~ absence, or where the Chair is the person about whom there is concern, the Vice-chair or other member of the Management Committee). The concern or the allegation will be referred immediately to the appropriate agency, and the worker who is the subject of the concern or allegation will be suspended pending investigation by the Service and/or the statutory authorities.

Guidance on informing the worker of the exact nature of the concern or allegation will be sought from the statutory agencies, who will also determine who will make and how contact will be made with the child and family over the allegation.

This disciplinary procedure is part of the National Disciplinary Procedures for Relationships Scotland members and applies to all workers.

*The Protection of Children (Scotland) Act 2003 (POCSA) places a legal duty on each Relationships Scotland member to refer an individual to the Disqualified from Working with Children List if he/she harms a child and/or puts a child at risk; and is dismissed, resigns or moves away from access to children and young people as a result. (Refer to POCSA guidelines).*

**APPENDIX 9 CHILD PROTECTION: DOS AND DON’TS**

**CHILD PROTECTION**

**DOS AND DON’TS**

If you have any reason to suspect child abuse

**don’t** panic

**do** listen to the allegation or disclosure

**don’t** question any leading questions

**do** think about your own safety and that of anyone else involved

**do** speak to your supervisor / Service Manager as soon as possible

**do** make the referral if you suspect abuse

**do** support an adult to make the referral if they have made an allegation

**do** write down what you have heard

if in doubt refer

1. Children (Scotland) Act 1995 http://www.scotland.gov.uk/Publications/2004/10/20066/44708 [↑](#footnote-ref-1)
2. http://www.gov.scot/Resource/0045/00450733.pdf [↑](#footnote-ref-2)
3. http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/publications [↑](#footnote-ref-3)
4. http://www.unicef.org.uk/Documents/Publication-pdfs/crcsummary.pdf [↑](#footnote-ref-4)
5. http://www.scotland.gov.uk/Publications/2004/04/19082/34410 [↑](#footnote-ref-5)
6. http://scotland.gov.uk/Publications/2004/03/19102/34603 [↑](#footnote-ref-6)
7. http://www.crbs.org.uk/pocsainformation/documents/POCSA.pdf [↑](#footnote-ref-7)
8. Refer to Relationships Scotland Confidentiality Policy [↑](#footnote-ref-8)
9. Bearing in mind that not all children who are looked after will be subject to child protection concerns [↑](#footnote-ref-9)
10. A schedule 1 offence is a physical, emotional or sexual offence against a child. These offences are called 'schedule 1 offences' because they are listed inSchedule 1 to the Criminal Procedure (Scotland) Act 1995. [↑](#footnote-ref-10)
11. A question that suggests a particular answer [↑](#footnote-ref-11)