

## **Child Protection Policy and Procedures**

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## **Our Values**

These are the guiding principles that underpin all that we do. Our values inform our interactions with the children and families we work with, external partners and stakeholders, and importantly, with one another as colleagues.

**Respect** Means acting in a way that shows we care about the feelings of one another, and that we listen to one another's opinions. As a person-centred organisation that stands up for the rights of all children and families, a culture of respect is inherent in all of our work.

**Integrity.** Means doing the right thing, even when no-one else is watching. We recognise that to fully represent the concerns of Scotland's children and families, we may have to go against the grain or take difficult decisions. We will strive to act with integrity at all times.

**Innovative** Means finding new, efficient ways to do things. We are committed to learning and developing improved ways of helping Scotland's children and families. We will be innovative in our approaches, to ensure we are doing the best for our children and families.

**Challenging:** Means testing ourselves and those around us. It means not accepting the status quo. Within Aberlour, we will challenge ourselves to be the best we can be, as a provider of choice. Externally, we will use our campaigning voice to challenge decisions in the policy sphere, to ensure that our families' voices are heard.

***"In adhering to our values, we will embody a person-centred culture in Aberlour and this will remain at the heart of who we are, what we do and why we do it."***

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## Part 1 – Policy

### 1. POLICY STATEMENT

Aberlour is committed to the protection of children. Promoting the safety and wellbeing and interest of all children and young people who we work with is Aberlour’s paramount concern.

We will make sure that all children and young people we work with have the same protection regardless of age, disability, race, religion or belief, sex, sexual orientation or gender reassignment.

We will seek to keep children and young people safe by:

- Valuing, listening to and respecting them
- Sharing concerns and relevant information with agencies who need to know and reporting abuse or neglect uncovered or suspected
- Involving children, young people, parents, families and carers appropriately
- Working with children, families and partner agencies to reduce the risk of abuse and neglect including online
- Recruiting staff and volunteers safely
- Providing effective management for staff and volunteers
- Ensuring that staff working with children, young people and their families are competent, skilled and confident in responding to child protection issues through supervision, support, training and quality assurance measures
- Creating and maintaining an anti-bullying environment
- Implementing a code of conduct for staff and volunteers
- Ensuring that we have effective complaints and whistleblowing procedures

### 2. CONTEXT AND DEFINITIONS

#### 2.1 Key Legislation and policy

In implementing this policy and procedures, managers and workers should familiarise themselves with the **National Guidance for Child Protection in Scotland 2014** which can be accessed through the Scottish Government Website. This will be referred to as ‘the National Guidance (2014)’

This guidance highlights that child protection must be seen within the wider context of supporting families and meeting children’s needs through ‘Getting it right for every child’ (Scottish Government 2015). **GIRFEC:**

Puts children's needs first

Ensures that children are listened to and they understand decisions that affect them

Ensures they get the appropriate co-ordinated support needed to promote, support and safeguard their wellbeing, health and development

Emphasises early and effective intervention and the sharing of wellbeing concerns to prevent more serious crises developing

The following national legislative and policy initiatives and these should inform our practice as appropriate:

Children's Hearings (Scotland) Act 2011

The Children and Young People (Scotland) Act 2014

UN Convention on the Rights of the Child

Adult Support and Protection (Scotland) Act 2007

The Children Scotland Act 1995

The Protection of Vulnerable Groups (Scotland) Act 2007

National Guidance on Underage Sexual Activity (Scottish Government 2010)

Child Sexual Exploitation Definition and practitioner briefing paper (Scottish Government 2016)

Children and Young People (Scotland) act 2014 National Guidance on Part 12: Services in relation to children at risk of becoming looked after, etc

Revised *Prevent* Duty Guidance for Scotland 2015

Responding to Female Genital Mutilation (FGM) In Scotland - Multi Agency Guidance 2017

The Children's Charter

SSSC Codes of Practice for Social Service Workers and Employers

Allegations Against Residential Workers: Guidance on how agencies should respond (Scottish Government 2011)

Good Practice Guidance for responding to concerns about the welfare or safety of looked after children in foster care or kinship care (Scottish Government 2011)

## 2.2 DEFINITIONS

### 2.2.1 Who is a 'child'?

This policy is designed to include children and young people up to the age of 18. The word 'child' in this policy refers to children and young people. The National Guidance (2014) highlights that 'the protective interventions that can be taken will depend on the circumstances and legislation relevant to that child or young person. This particularly applies to 16-17-year olds who may receive a response under child or adult procedures depending on Local Authority arrangements. **It is also important to identify and support vulnerable pregnant women and consider high-risk pregnancies within child protection processes'**

### 2.2.2 What is child abuse and neglect?

This Policy adopts the definitions of child abuse and neglect used in the National Guidance (2014)

'Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to a child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger.'

Although physical, emotional, sexual abuse, neglect and institutional abuse are listed separately below, abuse is complex and can be any combination of these, which compounds the effects.

### **Physical abuse**

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

### **Emotional Abuse**

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

### **Sexual abuse**

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involved forcing or enticing a child to take part in sexual activities whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of, indecent images or in watching sexual activities, using sexual language towards children or encouraging children to behave in sexually inappropriate ways.

This also includes **child sexual exploitation**, defined in the National Guidance (2014) as follows:

'The sexual exploitation of children and young people is an often hidden form of children sexual abuse, with distinctive elements of exploitation and exchange. In practice, the sexual exploitation of children and young people under 18 might involve young people being coerced, manipulated, forced or deceived into performing and/or others performing on them, sexual activities in exchange for receiving some form of material goods or other entity (for example, food, accommodation, drugs, alcohol, cigarettes, gifts, affection). Sexual exploitation can occur through the use of technology and without the child's immediate recognition.

In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are often common features; involvement in exploitative relationships being characterized in the main by the child/young person's limited availability of choice resulting from their social, economic and/or emotional vulnerability.

In some cases, the sexual activity may just take place between one young person and the perpetrator (whether an adult or peer). In other situations, a young person may be passed for sex

between two or more perpetrators or this may be organised exploitation (often by criminal gangs or organised groups).

Sexual exploitation is abuse and should be treated accordingly. Practitioners should be mindful that a 'dual approach' is key in tackling Child Sexual Exploitation; whilst a young person must be both engaged with and supported, there must also be a focus on proactive investigation and prosecution of those involved in sexually exploiting the young person.'

### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter or clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment, it may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as 'non-organic failure to thrive' where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing or stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children the consequences may be life threatening within a relatively short period of time.

### **Institutional Abuse**

In a childcare setting, institutional abuse is the mistreatment or abuse or neglect of a child by a regime or individuals within settings and services that children live in, or use, that violates the child's dignity, resulting in lack of respect for their human rights. It can be a one-off occurrence or on-going ill-treatment.

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts, or curtails the dignity, privacy, choice, independence or fulfilment of individuals.

Types of institutional abuse:

- Discouraging visits or the involvement of relatives and friends
- Run-down or overcrowded establishment and lack of stimulation
- Authoritarian management or rigid regimes based on convenience of the provider rather than the person receiving services
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- People referred to, or spoken to, with disrespect
- Inappropriate use of power or control
- Failure to manage residents who display challenging or distressed behaviour
- Not providing adequate food and drink, or assistance with eating or toileting

- Not offering choice or promoting independence
- Misuse of medication or inappropriate use of medical procedures
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

### **2.2.3 What is harm and significant harm in a child protection context?**

Child protection is closely linked to the concept of 'significant harm.' The National Guidance (2014) offers the following definitions;

'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. In this context, 'development' can mean physical, intellectual, emotional, social or behavioural development and 'health' can mean physical or mental health.

Whether the harm suffered, or likely to be suffered, by a child or young person is 'significant' is determined by comparing the child's health and development with what might be reasonably expected of a similar child.

Deciding whether harm has been or is likely to be significant can be complex, and where there are concerns about harm, abuse or neglect, Aberlour workers must share these with the relevant agencies so that they can decide together whether the harm is, or is likely to be, significant.

## **3. SCOPE AND INTERDEPENDENCIES**

This policy applies to **all** Aberlour services and child protection is regarded as a key corporate responsibility. It also applies to all Aberlour workers who have an individual responsibility to maintain high standards of conduct and behaviour.

The term 'worker' is used throughout this policy and procedures to define any person delivering services for Aberlour i.e. paid workers including any agency staff, volunteers and students.

This policy does not stand alone and should be implemented with reference to other Aberlour's Policies, procedures and guidance including:

- Adult Protection
- Chronology Guidance
- Children's rights and participation
- Staff Handbook
- Comments and Complaints
- Whistleblowing

Data Protection  
Health and Safety  
Performance Management  
Promoting Positive Behaviour  
Recording  
Recruitment and Selection  
Dynamics Guidance  
Anti-bullying

#### **4. POLICY PRINCIPLES**

##### **4.1 Children's rights**

Child protection in Scotland is underpinned by the UN convention on the rights of the child including;

The best interests of the child must be a top priority in all decisions and actions that affect them. (Article 3)

Children must not be separated from their parents against their will unless it is in their best interests (for example, if a parent is hurting or neglecting a child). (Article 9)

Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. (Article 12)

Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children. (Article 18)

Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them. (Article 19)

##### **4.2 Confidentiality and information sharing**

The National Guidance (2014) highlights that 'sharing appropriate information is an essential component of child protection and care activity.' It outlines the following guiding principles for information sharing:

The wellbeing of the child is of central importance when making decisions to lawfully share information with or about them.

At all times information should be relevant, necessary and proportionate to the circumstances of the child, and limited to those who need to know.

In general, information will normally only be shared in discussion with the child (depending on age and maturity). However, where there is an immediate risk to a child's wellbeing, relevant information should be shared with other individuals or agencies as appropriate without delay. The reasons why information needs to be shared and actions taken should be communicated openly and honestly with children and, where appropriate, their families.

When gathering information about possible risks to a child, information should be sought from all relevant sources, including services that may be involved with other family members, Relevant historical information should be considered.

## **Part 2- PROCEDURES**

### **1. Child protection roles and responsibilities**

Trustees have duties to manage risk and protect Aberlour's reputation and assets. This includes acting in the interests of children who Aberlour supports including taking steps to prevent them from harm.

The Chief executive and Directors are the accountable senior managers responsible for the management of serious child protection incidents.

Assistant Directors are responsible for the implementation of the child protection policy and effective management of child protection concerns. They provide advice and support to service managers, promote and oversee strong child protection practice in their area.

Quality and safeguarding manager is responsible for providing advice and support on child protection matters. S/he promotes continuous improvement through monitoring and disseminating learning from internal and external incidents and developments.

Managers at all levels have a key role in developing and maintaining a culture that protects children and promotes their welfare.

Service Managers are responsible for ensuring that frontline staff understand and apply the policy and have the requisite training and support. Service managers are responsible for ensuring that all management activities are carried out in line with procedures.

Frontline workers have a duty and authority to exercise 'professional curiosity' and to question, challenge and raise concerns about children. They must speak to their manager if something feels wrong.

The people team is responsible for providing support and advice in relation to safe recruitment, learning and development and the management of allegations against personnel.

### **Collective Responsibilities for Child Protection**

National Guidance (2014) highlights that 'all agencies, professional and public bodies and services that deliver adult and/or child services and work with children and their families have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. They are expected to identify and consider the child's needs, share information and concerns with other agencies and work collaboratively with other services (as well as the child and their family) to improve outcomes for the child.'

Aberlour staff must recognise their role within a multi-agency setting and remember:

**Never act alone, except in an emergency.** Seek advice and consult with manager. Aberlour has a duty to pass on any child wellbeing concerns to the statutory authorities

**No worker in Aberlour has the responsibility to investigate child protection concerns.**

## **2. When to make a referral**

A child protection referral should be made when:

- A child or young person makes a clear allegation of abuse or neglect;
- A child has been abandoned;
- Further concerns have arisen in relation to a child on the child protection register or supervision order;
- A child sustains an injury and there is professional concern about how it was caused;
- There are any circumstances which suggest that a child is suffering or is likely to suffer significant harm
- An unborn child may be at risk of significant harm
- A non-mobile infant sustains any injury - the presence of any bruising, of any size, in any site should initiate a detailed examination and inquiry into its explanation, origin, characteristics and history, and the child should then be referred to social work
- A baby or child or young person is not meeting appropriate developmental milestones, or they appear to have faltering growth
- A member of the public makes an allegation that someone has abused a child;
- Professional concern exists about abuse or neglect, despite no allegation being made (see disclosure below)
- Despite professional intervention, either on a single agency basis or as part of early help intervention, because of suspected neglect or abuse there is concern that a child is suffering or is likely to suffer significant harm or requires additional support (see for example patterns of concern below)
- There are concerns that a child or young person is being sexually exploited
- A child is reported missing from home or care and there are additional concerns about their vulnerability
- There are concerns a child may be harmed because of use of technology or social media
- Concern exists about a child having contact with a person who may pose a risk, or potential risk, to children
- A child is being denied access to urgent or important medical assessment or services;
- There are suspicions that a child might be harmed because of fabricated or induced illness

- A child is at risk of being harmed through experiencing or seeing or hearing the ill-treatment of another, e.g. domestic abuse
- A child is at risk of being harmed because of concerns about their parents' mental health
- A child makes allegations of non-recent abuse;
- A child has harmed another child (which may be a single event or a range of ill treatment), which is generally referred to as 'peer on peer abuse'
- A child is at risk or vulnerable to being drawn into terrorism
- A child is at risk of being subjected to illegal procedures, for example:
  - Girls and young women at risk of abuse through female genital mutilation
  - Young people at risk of forced marriage
- There are grounds for concern that a person may be a victim of human trafficking

**Please note this list is not exhaustive.**

### **3. Disclosure**

Disclosure is the process by which children start to share their experience of abuse with others. This can take place over a long period, rather than occur as a single event.

Children may disclose directly or indirectly and sometimes they may start sharing details before they are ready to put their thoughts and feelings in order. It takes extraordinary courage for a child to go through the journey of disclosing abuse. All disclosures must be taken seriously. It is critical that those working with children know how to support them if they have been abused.

Child protection concerns can become evident in a variety of ways:

A child tells a worker directly by making specific statements about what has happened to them

A child discloses indirectly, giving ambiguous verbal clues that something is wrong

A child makes non-verbal disclosures – writing letters, drawing pictures or trying to communicate in other ways

A child displays behaviour that signals that something is wrong (this may not be conscious)

A worker notices a pattern of behaviour or concerns which may require investigation

A third-party reports abuse, exploitation or neglect

An anonymous call may be received alleging abuse, exploitation or neglect

Sometimes children make partial disclosures – they may not provide full information due to;

Fear that their family will be angry or upset

Feelings of shame and guilt

Wanting to protect people

It can take years for children to disclose abuse. Barriers to disclosure include:

Thinking they will not be believed or taken seriously

Feeling too embarrassed to talk about what has happened  
Lack of trust in the people around them and services provided to help them  
Fear that they will make the situation worse  
Feeling overwhelmed by formal procedures

Given the significant barriers to disclosing abuse, it is vital to create an environment in which children have the confidence to speak out if something is worrying them.

We do this by:

Establishing relationships of trust in which children feel valued, listened to and respected  
Being reliable  
Being positive about the child, their capacity to change and their resilience  
Seeing the whole person  
Reinforcing positive messages about those who seek help  
Being open and honest, for example about information sharing  
Helping children recognise abuse and know it is wrong  
Providing information on where to go for help  
Encouraging parents to support their children to seek help  
Helping young people to help each other  
Consider the role of new technologies – for example ChildLine

### **3.1 Responding to a child who discloses abuse**

If a child discloses abuse:

**Listen carefully to the child.** Avoid commenting on the matter or showing reactions like shock or disbelief which could cause the child to retract or stop talking

**Let them know they've done the right thing.** Reassurance can really help a child who may have kept the abuse secret for a long time

**Tell them it's not their fault** -abuse is never the child's fault and they need to hear this

**Say you will take them seriously** -They have chosen to tell you because they need help. If they feel they are not being taken seriously they may not be able to continue to disclose.

**Explain what you will do next.** If age appropriate explain to the child that this will need to be reported to someone who will be able to help. Avoid making statements about future outcomes.

**Make notes** Keep accurate and detailed notes on any concerns, what was said or observed, the time, date and location.

**Do not talk to the alleged abuser** – this could make the situation worse for the child

**Do not start any investigation whatsoever** – this could hinder criminal investigations or legal proceedings.

**Do not question the child** – other than gently clarifying e.g. words you have not heard clearly

**REPORT TO THE RESPONSIBLE MANAGER IMMEDIATELY.** This might be your line manager, the service manager if different, or a manager deputising whilst a manager is on leave. If they are not contactable, contact the Assistant Director for the service.

#### **4. Spotting the signs of abuse**

**Children want to tell someone they** have been or are being abused but may struggle to do so: Adults need to be able to notice signs that a child may be distressed and ask them appropriate questions about this. Do not wait until a child tells you directly that something is wrong before acting: instead discuss your concerns with you manager who will help in deciding the best way to approach the situation. Waiting for the child to be ready to speak could leave the child at risk or affect their mental health.

See Guidance for further information on signs of abuse

##### **4.1 What to do if you observe signs of possible abuse**

Make a clear and accurate note of what was observed

Inform the Service Manager, Assistant Service Manager or in their absence Assistant Director who will assess the information and decide the most appropriate course of action.

Observations and outcome of discussion with manager should be recorded in the supported person's file on Dynamics

If you feel unable to follow this process you should follow the organisation's Whistle Blowing Policy.

Trust your instincts: If something feels wrong it probably is wrong.

#### **5. If a third Party makes an allegation of abuse**

**Take it seriously:** Make an accurate note of what was said, time, date and location

**Explain limits of confidentiality:** you may not be able to share information on what has happened, but you can say that all allegations of abuse are taken seriously.

**Inform the manager:** Allegations of abuse must be reported to social work.

**Do not** make judgements about the allegation – e.g. whether it is true

#### **6. Patterns of concerns**

In some cases, it is a cluster of events that give rise to concerns. Increasing awareness of such patterns is supported by good observation, concise, accurate recording and good supervision. Aberlour's chronology facility can support monitoring of patterns.

Neglect. For example, is often identified through a pattern of failing to provide for a child's basic needs, which include adequate food, clothing, hygiene or, developmentally appropriate supervision. Signs that a parent may not be complying, through whatever reason, may emerge over time.

Reviews of significant cases in child protection have identified that 'disguised compliance' can lead to poor outcomes. This can include a pattern of missed appointments, parents agreeing to take up services and then failing to attend, or parents agreeing to make changes but not following through.

Workers should discuss their concerns with parents. Parents may be able to provide additional information to assist in decision making about referral to social work. The only exception to this is when the worker is concerned that the issue is directly related to the parent's care of the child and that doing so may compromise the outcome of the investigation.

Further information on 'Disguised compliance' is provided in the guidance accompanying these procedures. See also Aberlour's Chronology Guidance, and Dynamics Guidance.

## **7. Unborn Baby Concerns**

If a worker has any concern about an unborn baby's health and wellbeing, they can make an unborn baby referral following their local authority's procedures. This allows for early and effective intervention and support to be provided to the vulnerable unborn baby and mother.

Services can create an unborn baby record in Dynamics with a notional birth date. When the baby is born, the date of birth and name are changed. This allows any recordings to be done as outlined for other child protection referrals.

A pre-birth Child Protection Conference may be convened when there is considered to be risk of harm to an unborn child and future risk upon the child's birth. A pregnancy may be considered high risk if one of the following circumstances exists within the household:

- Parental substance misuse;
- Parental learning disability;
- Domestic abuse;
- Serious parental mental health issue;
- Previous parental history of child abuse or neglect.

## **8. Child Sexual Exploitation**

Service managers should ensure that all relevant staff attend child sexual exploitation training. If a worker suspects that a child may be, or is at risk of becoming, a victim of sexual exploitation, this should be reported to the line manager and procedures outlined above should be followed.

Additional resources are held on Aberlour's sharepoint. This includes a Scottish Government Practitioner Briefing paper, the National Action Plan to Prevent and Tackle Child Sexual Exploitation and an Aberlour screening tool. Training materials are available from Learning and Development. Services should be aware of local multi-agency protocols.

## **9. Making a child protection referral**

- a. Local Authority Contacts

The local authority social work service has a legal responsibility to respond to concerns about a child and is our first point of contact except in emergencies.

Each service must have an up to date copy of the local interagency child protection procedures issued by their local child protection committee. Contact details for the relevant local social services department, including for out of hours referrals, should be held **per child, per setting**, in the child's file using the 'key contacts' function. Services working on drop-in or assertive outreach basis where there is not a child's file, should ensure this information is clearly available.

If a child is placed with Aberlour from outwith the local authority, the placing authority's procedures should be followed. Their contact details must be stored as above. The host Authority should also be made aware of any allegations of abuse which have occurred within their local area. The manager should make contact by phone with the social work department and follow up with an email (as an email activity on the Supported Person's SPF) as a record of these concerns having been shared.

Clear guidance must be agreed at service level regarding procedures for contacting manager on call / out of hours services; this is particularly important for those services which operate outside office hours.

### **9.2 In an emergency;**

- **Do not place yourself at risk**
- **If the child is in immediate danger, call the police on 999. Call for an ambulance if the medical assistance is required.**

### **9.3 If a child is not in immediate danger:**

The sooner the concern is reported the better.

Inform your manager or most senior member of staff on duty as soon as possible. They will assess the nature of the concern and decide the most appropriate course of action. In their absence alert the Assistant Director.

The responsible manager must assess the information and decide whether the concern is reportable in terms of this procedure. They will decide how the child and parents are informed of the referral (in discussion with the child's social worker if they are subject to supervision or child protection registration). The manager may wish to discuss the potential referral in advance with the relevant social work department.

The manager will inform the parent (if appropriate) and the relevant Social Worker as soon as possible and within 24 hours.

Local Authority social work departments must consider whether the risks to a child are seen to be causing, or are likely to cause, significant harm, which is the threshold for statutory intervention (see definitions in this document).

The person making the referral should have all information to hand including;

The child's details (Name, age, date of birth, address)

The date/time/location of disclosure or event being reported  
The child's current whereabouts and who they are with  
Full details of what was said (in their exact words), heard or observed that gave cause for concern  
Any information about the alleged abuser in abuse situations  
Details of any other children in the household, or who may be at risk  
Information about any communication needs or other needs the child or members of the family have  
Any previous referrals

Do explain clearly what you are concerned about. Make it clear if you believe the situation requires an immediate response. Consider, for example, the child's developmental stage and any information about the parents/carers ability to respond to these needs in the context of their family and environment.

See Dynamics practice guidance for further information in relation to recording Child Protection referrals.

A telephone referral must be followed up in writing by generating a completed version of the Aberlour Child Protection Template from within the Safeguarding Concern on Dynamics-or the Local Authority Child Protection Referral Form, as soon as possible and at latest within two working days. Appendix A shows what a blank word version of the safeguarding report looks like.

When a child protection referral is raised on Dynamics, The Assistant Director and Quality and Safeguarding Manager will be sent a task to review the form.

If you are not comfortable with how Aberlour has responded to your report, follow Aberlour's whistle blowing procedures, available on Sharepoint.

#### **9.4 Reporting patterns of concerns**

The level of contact a service has with statutory services will depend on the type of service. Where the child has a multi-agency child's plan, ongoing communication with the lead professional is expected. Concerns should be discussed with the family.

The chronology is an important means of identifying cumulative concerns – as well as our own single-agency chronology, we may also be asked to ensure we are part of the multi-agency chronology. See Aberlour's guidance on chronologies for further information.

In deciding when a pattern of concern has reached a level which the manager believes requires to be escalated, issues such as the vulnerability of the child and the potential risk should be considered. A referral on the grounds of accumulation of patterns of concern should be discussed in advance with the local authority social work service and, unless it would increase risk, with the parent carer.

A Safeguarding Concern form with the Safeguarding Category of 'Child Welfare and Development Concern' (CWDC) should be completed on Dynamics. A completed version of the CWDC template

should be generated from within the Safeguarding Concern form on Dynamics and emailed to the social worker via dynamics (as an email activity on the Supported Person's SPF) as a record of these concerns having been shared.

The Local Authority may have specific forms for reporting patterns of concern.

The flow chart in appendix outlines child protection referral process. (Appendix C)

### **9.5 Involving Parents**

In all our work with parents and carers we will:

- Advise them at the start of service of our duty to report child protection concerns.

- Ensure the child's wellbeing is at the centre by maintaining a clear focus on the needs of the child and acting in their best interests

- Work in partnership with parents maintaining appropriate boundaries and explicit objectives

- Communicate clearly and openly and work in a planned way.

- Respectfully support parents who raise or who are the subject of concerns.

- Address any fears about violence or personal safety

- Maintain an open mind when allegations of abuse have been made and when these are being investigated

### **9.6 Involving the child**

In keeping with the policy principles, the child should be involved in all matters affecting them.

When a child has an allocated social worker, they will have a key role in determining how the child should be involved. A record of decisions on involving the child and information sharing must be made in the child's file in Dynamics .

### **9.7 Notifying Care Inspectorate**

For registered services, the Service Manager must immediately notify the care inspectorate of any child protection referrals. The Safeguarding Concern on Dynamics should be updated with the Care Inspectorate reference number for the case – there is a field specifically for this.

### **9.8 What happens next?**

If a child isn't considered to be in immediate danger, then more information will be gathered by the local authority social work. This will allow an assessment of whether the child is at risk of suffering significant harm.

After this assessment, the statutory professionals involved will decide how to act. They may:

- take no further child protection action if the child hasn't been harmed and isn't considered to be at risk of significant harm.
- carry out a joint investigation with the police, if the initial assessments suggest that the child may be at risk of significant harm. This aims to decide if any child protection action is needed and whether a child protection case conference should be held.

## **10. Reviewing the referral.**

Service managers must follow up and record the outcome of all referrals made to social work. It is the Service Manager's responsibility to do everything possible to ensure that any referral made is properly dealt with by Social Work, in accordance with this policy and the local inter-agency guidelines. The Service Manager should 'own' the referral until they are satisfied that the concerns raised have received an appropriate response. Follow up the referral within 2 working days if no communication is received, or sooner, depending on assessment of level of risk. If the manager disagrees with the response by social work, they should challenge, and record on the child's record. Police also have statutory responsibility for child protection, and consideration can be given to contacting the police.

A date for a three-month review is automatically created via Dynamics for the service manager. The manager should review all information to assess whether progress and actions have been made consistent with the child's developmental needs. When the concern has been addressed or adequate progress made, the manager should close the safeguarding incident on Dynamics.

The Quality and Safeguarding Manager monitors completion of reviews on Dynamics.

The quality and safeguarding manager and Assistant Director can consider referral for initial case review to the relevant Child Protection Committee in instances when a child has sustained **significant** harm or risk of significant harm **and** in addition to this, the incident or accumulation of incidents (a case) gives rise to serious concerns about professional and/or service involvement or lack of involvement.

## **11. Recording**

Good child protection practice depends on having sufficient, clear, succinct, accurate and accessible records.

For further information on recording please refer to Aberlour's recording policy and procedures, to Dynamics guidance and to Aberlour's chronology guidance.

## **12. Child protection Case Conference**

A detailed explanation of the child protection case conference can be found in the National Guidance for Child protection 2014 (P.98)

The Service Manager (or senior in some services) will advise and support workers in the preparation of the report and decide on the most appropriate representation at the conference.

The report should be shared with parents and the child prior to the meeting, unless there is good reason for not doing so – for example, this may impact the investigation. Where a report is not shared then this must be agreed by the service Manager and Social Work service and reasons recorded. Therefore, the preparation of a report must allow sufficient time before the case conference for the report to be shared. Attendance should be given the highest priority as the case conference provides an invaluable opportunity for the exchange of information and agreement on a plan to protect the child.

Workers should be clear about their role in relation to parents and children who are subject to child protection processes. Their role is to facilitate the parents and child to express their views but not advocate on their behalf. Parents and the child have a right to bring along to the case conference someone else to support them.

If the worker disagrees significantly with the decisions reached by the case conference, then they should formally request to have that dissent noted in the minute. Local child protection procedures have different ways of responding to dissent, and reference should be made to those local procedures.

Copies of minutes of case conferences should be received. They should be read closely for any inaccuracy or disagreement, and in the event of either, a timely written response should be made to the chairperson of the conference.

The service Manager is responsible for ensuring that all workers who are asked to attend case conferences are provided with adequate support to carry out their role professionally. The Service Manager must ensure that Aberlour takes forward any actions agreed at the conference.

When a child is placed on the child protection register, or when there are ongoing concerns for a child's welfare, then workers must record all planned contacts with families and whether these have been kept or not. If contacts are not kept the worker should inform the child's Social Worker of this; and this then should help avoid drift when families are becoming non-compliant. See the National Guidance for Child Protection in Scotland 2014 for further information on Child Protection Registration.

### **13. Allegations against Aberlour's staff, volunteers and foster carers**

All staff, volunteers and foster carers have a duty to report any concerns they have regarding the conduct of any worker, volunteer or foster carer which contravenes Aberlour's duty to protect children. These concerns may include historical information.

#### **13.1 Staff**

If an allegation of abuse is made against staff, the person receiving this allegation must pass it immediately to the appropriate Service Manager and Senior Manager.

The relevant Social Work service must be advised by telephone as a matter of urgency. Where the allocated Social Worker is unavailable, then their manager should be contacted, or the duty social worker. Where there is no one available the person making contact must be explicit with the call answerer that the contact is about a potential Child Protection Allegation to ensure the relevant Local Authority staff can respond.

This must be followed up within 48 hours, following child protection procedures outlined above. The member of staff should not be identified within the child's record and confidentiality must be strictly

maintained during investigation. It is important to keep an open mind as to the outcome of any investigation.

The Service Manager, or Assistant Director, as appropriate, will decide who should contact Social Work, and remain the contact person following the referral.

A course of action will be agreed with Social Work, and where there are differences of opinion, reasons should be carefully recorded.

Where a service is registered care service, the Care Inspectorate must be notified within 24 hours of the allegation being made.

If an allegation is made against a manager, this must be brought to the attention of the Assistant Director, or Director of Children and Families (contact numbers at APPENDIX 5).

Where a staff member becomes the subject of an abuse allegation, the relevant Senior Manager in consultation with Human Resources, should decide as to the appropriateness of:

- Removing the individual from working directly with children and/or suspension during investigation
- Reporting possible criminal offence to police
- Referral to SSSC

Whatever the outcome of this discussion, managers should ensure that the staff member concerned is advised of their right of access to the Employee Assistance Programme for independent advice and support, and that the staff member can identify a colleague who can act as a support during the period of the investigation.

Aberlour should follow the Scottish Government's Best Practice Guidance on how agencies should respond to allegations made against residential workers.

**13.2 Whistleblowing** – Where the allegation of abuse against a worker is made by a fellow worker, then the organisational Whistleblowing policy and procedure should be used to ensure that the staff member raising the concern is afforded an appropriate level of protection and support.

### **13.3 Volunteers**

Where a volunteer is subject of an allegation the service manager the above process for staff will also then apply to volunteers. Consideration should be given as to how best to support a volunteer during the investigation process. The service manager should consult with the relevant Assistant Director and Director of Children and Families about removing the individual from volunteering during an investigation.

### **13.5 Foster Carers**

Where a foster carer is subject of an allegation the Registered Fostering Manager should follow Aberlour child protection procedures. It is essential that the child's social worker is informed and that they speak with the child. Foster carers should be supported during the process of investigation. Workers who have been involved with children or families in which child protection is an issue, may be asked to present a report and be invited to attend a case conference.

**Appendix A. Referral of Child Protection Concerns to Social Work Services  
(to be completed from Dynamics)**

<b>REFERRAL DETAILS:</b>			
<b>Aberlour Service:</b>		<b>Date of Referral:</b>	
<b>Address:</b>		<b>Tel. No.:</b>	
<b>Name of Referrer:</b>		<b>Email Address:</b>	
<b>Designated Contact Person (if different from above)</b>		<b>Designated Contact Email Address:</b>	
<b>Child Protection Concern:</b> Child Protection			
<b>CHILD DETAILS:</b>			
<b>Child's Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Gender:</b>	
<b>Does Child Have a Disability?</b>		Y/N	
<b>Brief Description of Disability:</b>			
<b>REASON FOR REFERRAL:</b>			
<b>DETAILS OF ANY PREVIOUS REFERRAL(S) TO SOCIAL WORK:</b>			
<b>FAMILY DETAILS:</b>			
<b>Person with Parental Responsibility:</b>		<b>Primary Carer (if different):</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Tel. No.:</b>		<b>Tel. No.:</b>	
<b>OTHER SIGNIFICANT ADULTS IN CHILD'S LIFE:</b>			
<b>SIBLINGS NOT SUBJECT TO THIS REFERRAL:</b>			

<b>ACTION TAKEN BY SERVICE (prior to referral):</b>			
<b>DETAILS OF TELEPHONE REFERRAL:</b>			
Referred to:		Date of Telephone Referral:	
Action Agreed During Telephone Conversation:			
<b>INFORMATION SHARING:</b>			
Has details of referral been discussed with Parent or Carer?	Y/N	Has details of this referral been discussed with Young Person?	Y/N
If no, state why not:			
<b>OTHER AGENCY INVOLVEMENT:</b>			
GP Name & Address		Tel. No.:	
		Email Address:	
Health Visitor/School Nurse Name & Address		Tel. No.:	
		Email Address:	
Education/Nursery School Name & Address		Tel. No.:	
		Email Address:	
Other Agencies			
<b>CARE INSPECTORATE NOTIFICATION</b>			
Care Inspectorate Reference Number		Date of Electronic Notification	

Signed:  
Signed:

(Referring Worker)  
(Service Manger)

Date:  
Date:

APPENDIX B CWDC

(To be completed from Dynamics to report pattern of lower level concerns)

<u>Child Well-Being and Developmental Concerns</u>	
Service Name:	Worker Making Referral:
Service Address:	Manager:
Date:	

**CHILD'S DETAILS**

Name of Child:	D.O.B.:
Person with Parental Responsibility:	Name of Primary Carer (if different from Person with Parental Responsibility)
CWDC Category of Referral	

Summarise concerns include information regarding specific incidents which give rise to concern and outline background to involvement with child and/or family

<u>Action taken at Aberlour</u>
---------------------------------

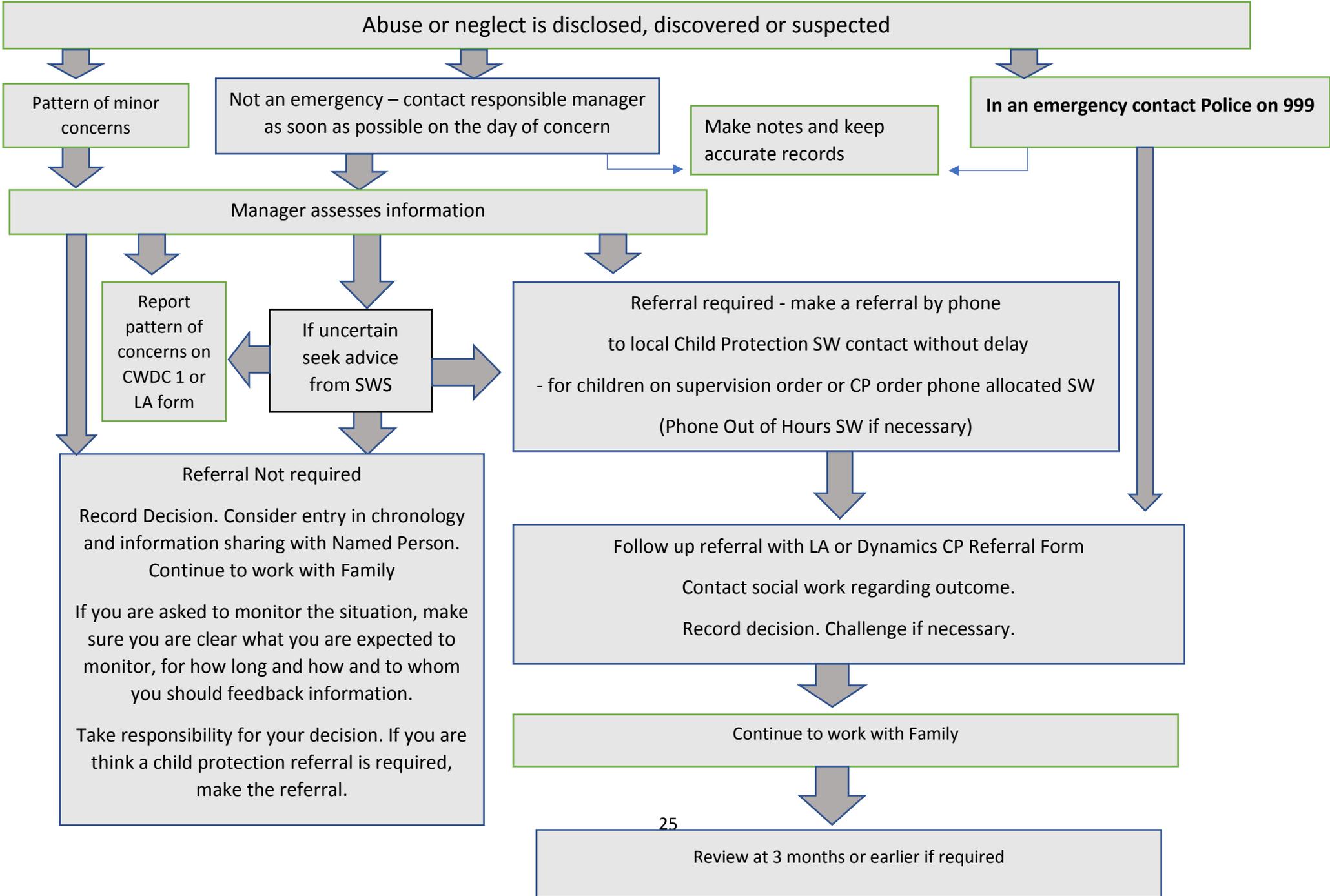
Staff Member Signature:

Date:

Service Manager Signature:

Date:

APPENDIX C - Child protection referral flow chart



## Appendix D Contacts

### Child Protection and Safeguarding

#### Contact Sheet

	<b>Title</b>	<b>Telephone Number</b>
<b>Aberlour Childcare Trust Head Office (Stirling)</b>	Senior Management Team	01786 450 335
<b>Jim Wallace</b>	Director of Children and Families	07717 535 911
<b>Helen Jones</b>	Quality and Safeguarding Manager	07738 753 484

#### Additional Contact Sheet: Sycamore Fife Services

<b>Name</b>	<b>Title</b>	<b>Telephone Number</b>
<b>John Ryan</b>	Assistant Director (Sycamore Residential Services)	07854 958096
<b>Lauren Wilson</b>	Police Scotland (Fife Missing Person Team)	01592 418566
<b>Out of House Social Work</b>	Emergency Contact Number	03451 550099

### 3. CHILD PROTECTION GUIDANCE

The following guidance is not comprehensive. If you require further information on specific circumstances, please get in touch with your local child protection team or Aberlour's quality team.

#### 1. Warning signs of child abuse and neglect

Whilst there may be other explanations for some of the signs listed below, they are examples of things which a worker should pay attention to and discuss with their manager. The list is not exhaustive

#### Signs of emotional abuse include

- Excessively withdrawn, fearful, or anxious about doing something wrong
- Shows extremes in behavior (extremely compliant, demanding, passive, aggressive)
- Doesn't seem to be attached to the parent or caregiver
- Acts either inappropriately adult (taking care of other children) or inappropriately infantile (thumb-sucking, throwing tantrums)

Research findings highlight that this form of abuse is different from other types of abuse as it is directly observable. The perceived difficulty is in naming the observed interactions as emotional abuse (Glaser 2006)

Glaser defines emotional abuse as aspects of a relationship, rather than a single event or series of events. Interactions that pervade or characterise the parent/child relationship, which are actually or potentially harmful to the child and include acts of omission and commission.

Barlow and Schrader (2010) identify five categories of passive emotional abuse;

#### 1. Emotional unavailability

where a parent or carer is not connected with the child and cannot give them the love that they deserve and need – this has been described as the 'trauma of absence'

#### 2. Negative attitudes

such as having a low opinion of the child and not offering any praise or encouragement

#### 3. Developmentally inappropriate interaction with the child

either expecting the child to perform tasks that they are not emotionally mature enough to do or speaking and acting in an inappropriate way in front of a child

#### 4. Failure to recognise a child's individuality

this can mean an adult relying on a child to fulfil their emotional needs and not recognising that the child has needs

#### 5. Failure to promote social adaptation

not encouraging a child to make friends and mix among their own social peers.

When someone intentionally scares, demeans or verbally abuses a child it's known as "active" abuse. This requires a premeditated intention to harm a child.

Active emotional abuse includes: Rejecting, frightening, isolating and exploiting or corrupting.

Emotional abuse includes:

- humiliating or constantly criticising a child
- threatening, shouting at a child or calling them names
- making the child the subject of jokes, or using sarcasm to hurt a child
- blaming, scapegoating
- making a child perform degrading acts
- not recognising a child's own individuality, trying to control their lives
- pushing a child too hard or not recognising their limitations
- exposing a child to distressing events or interactions such as domestic abuse or drug taking
- failing to promote a child's social development
- not allowing them to have friends
- persistently ignoring them
- being absent
- manipulating a child
- never saying anything kind, expressing positive feelings or congratulating a child on successes
- never showing any emotions in interactions with a child, also known as emotional neglect.

**Warning signs of physical abuse:**

- Frequent injuries or unexplained bruises, welts, or cuts
- Is always watchful and "on alert," as if waiting for something bad to happen
- Injuries appear to have a pattern such as marks from a hand or belt
- Shies away from touch, flinches at sudden movements, or seems afraid to go home
- Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days

**Bruises and wounds**

- Bruises, commonly on the head but also on the ear or neck or soft areas - the abdomen, back and buttocks
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet
- clusters of bruises on the upper arm, outside of the thigh or on the body
- bruises with dots of blood under the skin
- a bruised scalp and swollen eyes from hair being pulled violently
- bruises in the shape of a hand or object.
- can be from hot liquids, hot objects, flames, chemicals or electricity
- on the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs
- a clear edge to the burn or scald
- sometimes in the shape of an implement for example, a circular cigarette burn
- multiple burns or scalds.
- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth.
- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing
- scarring
- effects of poisoning such as vomiting, drowsiness or seizures
- respiratory problems from drowning, suffocation or poisoning
- withdrawn, anxious or clingy, depressed,

- suddenly behaves differently
- aggressive
- problems sleeping, nightmares
- eating disorders or changes in eating habits
- wetting the bed or soiling clothes
- takes risks
- misses school
- obsessive behaviour
- use of drugs alcohol
- self-harm or thoughts about suicide

#### **Warning signs of child neglect:**

- Child is hungry, or regularly attends school without breakfast
- Clothes are ill-fitting, unwashed or inadequate for the weather
- Child is regularly dirty or smelly
- May miss appointments in relation to their health and development or suffer untreated illnesses and physical injuries
- Is frequently unsupervised or left alone or allowed to play in unsafe situations
- Is frequently late or missing from school
- Frequent untreated nappy rash in infants
- repeated accidental injuries caused by lack of supervision
- recurring illnesses or infections
- not been given appropriate medicines
- missed medical appointments such as vaccinations prominent joints
- skin sores, rashes, flea bites, scabies or ringworm
- thin or swollen tummy
- poor muscle tone
- anaemia
- tiredness
- faltering weight or growth and not reaching developmental milestones (known as failure to thrive)
- poor language, communication or social skills.
- living in an unsuitable home environment for example dog mess being left or not having any heating
- left alone for a long time
- taking on the role of carer for other family members

#### **Warning signs of sexual abuse in children:**

- Trouble walking or sitting
- Displays knowledge of sexual acts inappropriate for their age, or even seductive behavior
- Makes strong efforts to avoid a specific person, without an obvious reason
- Doesn't want to change clothes in front of others or participate in physical activities
- An STD or pregnancy, especially under the age of 14
- Runs away from home

#### **Domestic Abuse**

Because domestic abuse usually takes place in the family home and abusers can act very differently in front of other people, it can be difficult to tell if domestic abuse is happening,

Signs children may be witnessing domestic abuse include:

- sudden changes in behaviour
- anti-social behaviour, including aggression / risk taking behaviour or misuse of alcohol or drugs
- missing or not doing as well at school - due to difficulties at home or disruption of moving to and from refuges.
- Poor mental health including withdrawn / depressed/ anxious/ self-harm /suicidal thoughts/ problems sleeping /nightmares /obsessive behaviour
- Eating disorders /changes in eating habits
- Elimination disorders - wets the bed / soils clothes

The impact of domestic abuse on a child should be understood as a consequence of the perpetrator choosing to use violence in the environment of the child, rather than of the non-abusing parent's/carer's failure to protect.

Practitioners being aware that a child is in a household where domestic abuse is taking place should refer using Aberlour's child protection procedures.

## **2. Recognising and working with parents who display 'Disguised Compliance'**

Disguised compliance is when parents give the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns. Published case reviews in relation to parental disguised compliance highlight that professionals sometimes delay or avoid interventions or focus on parents and their engagement rather than on achieving safer outcomes for the child. Babies and very young children are at particular risk from a lack of timely intervention due to disguised compliance.

### **Recognising disguised compliance**

Parents deflecting attention – they focus on engaging well with one set of professionals, for example in education, to deflect attention from their lack of engagement with other services.

Criticising professionals – this diverts attention away from their own behaviour.

Pre-arranged home visits - presenting the home as clean and tidy with no evidence of any other adults living there.

Failing to engage with services - promising to take up services offered but then fail to attend.

Complying sporadically - such as attending a few successive appointments or engaging well with some professionals for a limited period of time or on their terms;

Avoiding contact with professionals – Agreeing to referrals but repeatedly cancelling or rescheduling appointments;

Using Anger and aggression to alienate professionals from working with them - i.e. parent being asked to change GP surgeries several times because of aggressive behaviour.

Appearing to agree about the changes needed but not matching with effort into making any change

Doing 'just enough' to keep professionals at bay;

Making it difficult for professionals to see the child(ren) alone;

Older young people may display disguised compliance themselves, particularly in relation to health appointments.

### **Learning for improved practice**

#### **Establish facts and gather evidence**

Don't accept presenting behaviour, excuses or parental assertions and reassurances that they have changed or will change their behaviour. Look for non-verbal cues. Establish the facts and gather evidence about what is actually occurring or has been achieved. Exercise 'professional curiosity'.

**Build chronologies** – these can be used to provide evidence of past parenting experience, including possible former patterns of engagement / non-compliance. Analyse parenting history. The information can then be considered in relation to current parenting capacity and to gain a fully documented picture of the family environment. This can help in recognising and understanding further incidences of disguised compliance. Please refer to Aberlour's chronology guidance for further information.

**Keep the focus on the child.** Record the children's perspective and situation and Recording can become focussed on the adult's participation and parenting capacity. Instead the focus should be on recording the children's perspective and situation. When a young child misses important appointments (e.g. with health providers) remember that this is not their choice. This will help to retain the focus on the child and can also help to ensure that important information does not become lost when shared between multiple agencies.

**Talk to other professionals** – coordinate information across other family member for a fuller picture of what life is like for the child. Undertake joint visits so that experiences can be shared.

**Identify and establish clear, understandable and measurable outcomes** and take action when outcomes are not achieved within agreed time scales. A focus on outcomes rather than process, prevents attention from being deflected by good intent or an appearance of participation. Look for clear signs of sustained improvement.

**Avoid being over-optimistic** about a parent's abilities of motivation to change

**Use of staff supervision to challenge beliefs** - Disguised compliance, by its very nature, makes it difficult for professionals who are involved with a family to maintain an objective view of progress in safeguarding the welfare of a child. Disguised compliance 'wrong foots' professionals and can prevent or delay understanding of the severity of harm being experienced by children in the family.

Professionals can become overly optimistic about change that has occurred. This can involve rationalising parent's behaviour to their own viewpoint, for example seeing a failure to engage with services as a matter of 'parental choice' rather than non-compliance, or an over optimistic desire to believe change has occurred. Supervision needs to challenge professionals' beliefs about apparent changes and to seek evidence of actual progress.

### **3 Child protection: Specific circumstances**

There are some circumstances which practitioners need to be aware of because of the increased vulnerability of children.

The National guidance (2014) provides additional information for dealing with specific conditions that may impact adversely on children. In addition to domestic abuse and disguised compliance, referenced above this includes:

**Parental substance misuse:** It is important that all practitioners working with drug- or alcohol-abusing parents/carers know the potential effects that substance misuse can have on a child, both in terms of the indirect impact on the care environment as well as direct exposure to the use of these substances. Planning around these children is vital, particularly in pre-birth situations. The best interests of the child should always be the principal concern.

**Disability:** Disabled children are not only vulnerable to the same types of abuse as their typically developing peers, but there are some forms of abuse to which they are more vulnerable. The definition of 'disabled children' includes children and young people with a comprehensive range of impairments with physical, emotional, developmental, learning, communication and health care needs. Disabled children are defined as a child in need under section 93(4) of the Children (Scotland) Act 1995.

### **Children experiencing mental health problems**

There are certain risk factors that make some children and young people more likely to experience problems than other children, but they do not necessarily mean difficulties are bound to come up or are even probable. Some of these factors include:

- having a long-term physical illness;
- having a parent or carer who has had mental health problems, problems with alcohol or been in trouble with the law;
- experiencing the death of someone close to them;
- having parents who separate or divorce;
- having been severely bullied or physically or sexually abused;
- living in poverty or being homeless;
- experiencing discrimination, perhaps because of their race, sexuality or religion;
- acting as a carer for a relative, taking on adult responsibilities;
- having long-standing educational difficulties; and
- insecure attachments with primary carer.

A focus on children's welfare is paramount. The need to work collaboratively across services to ensure effective responses is fundamentally important. This is particularly important where child protection concerns have been identified. Effective risk assessment is required as part of this response. Child and adolescent mental health services can provide an important resource in helping children and young people overcome the emotional and psychological effects of abuse and neglect

For further information on understanding and responding to self-harm and suicidal behaviour, refer to Aberlour's Policy, procedures and Guidance on self-harm and suicidal behaviour. Additional resources can be found in the Child Protection folder on Sharepoint

### **Parental mental health**

The stigma associated with mental health problems means that many families are reluctant to access services because of a fear about what will happen next: Children living with a parent experiencing mental health problems may be more vulnerable or at risk. Effective partnership working is essential to ensure that the needs of both child(ren) and parent(s) are addressed. The best interests of the child must be kept at the centre.

### **Problem Sexual Behaviour in Children and Young People**

Boundaries between what is abusive, what is inappropriate and what is part of normal childhood or adolescent experimentation can cause confusion. It is important that practitioners understand issues of informed consent, power imbalance and exploitation developmentally normal sexual behaviour.

Where abuse of a child is alleged to have been carried out by another child or young person, such behaviour should always be treated seriously and be subject of a referral to relevant agencies, both in respect of the victim and the perpetrator.

Managers responsible for work with children who display problematic sexual behaviour should always work alongside colleagues in a multi-agency team in carrying out the key tasks of risk management and risk reduction.

### **Female Genital Mutilation**

FGM is usually a single event of physical abuse with very severe physical and mental consequences. There is a risk that a child or young person is likely to be sent abroad to have the procedure performed. Where a child or young person within a family has already been subjected to FGM, consideration must be given to other female siblings or close relatives who may also be at risk.

Any staff member suspecting that Female Genital Mutilation must report in line with Aberlour's policies and procedures.

### **Children going missing**

It is essential to follow Aberlour's protocols for young people going missing from care in the event of an unauthorised absence of a child from Aberlour's residential and foster care services. They are potentially highly vulnerable at this time.

For children attending Aberlour's non-residential and foster care services, risk assessments should be completed to minimise the possibility of children going missing from services or during Aberlour-led activities. Risk assessments should identify the action that should be taken in the event of a child going missing, based on the age and vulnerability of the particular child or group.

This risk assessment is the responsibility of the Service Manager; however all staff must familiarise themselves with the actions specified in the risk assessment.

### **Young People at risk of radicalisation**

Services commissioned by Local Authorities have a duty to act if they are concerned that a young person is at risk of radicalisation. Scotland's Guidance on preventing people from being drawn into radicalisation states that

- Frontline staff who engage with the public should understand what radicalisation means and why people may be vulnerable to it.
- Staff need to know what measures are available to *prevent* people from becoming drawn into terrorism. They need to understand how to access support for people who may be being exploited by radicalising influences.

- If you suspect that a child may be a victim radicalisation of or at risk of this, follow child protection procedures, being clear in communication what your concerns are, and what the evidence is. See Revised *Prevent* Duty Guidance for Scotland 2015.