



Child Protection Policy



The Queen's Award
for Voluntary
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A. Introduction

'It's Everyone's Job to Make Sure I'm Alright' (Scottish Executive 2002) reinforces that **everyone** in Scottish society has an important part to play in preventing the abuse and neglect of children and young people and in responding to any situation where they think that a child may be at risk of abuse or harm.

Interest Link Borders aims

- ◆ To ensure that the protection and well-being of children and young people is central in all of our considerations and decisions;
- ◆ To safeguard the rights, well-being and safety of every child and young person with whom we work, within the principles and standards set out in "Protecting Children and Young People: Framework for Standards" (Scottish Executive, 2004) ; Scottish Borders Child Protection Committee Guidelines; the United Nations Convention on the Rights of the Child; the European Convention on Human Rights; The Children (Scotland) Act 1995 and other relevant legislation.

This Interest Link Borders policy is designed to dovetail with the Scottish Borders Child Protection Committee Guidelines: it sets out the steps Interest Link takes to achieve a child-safe environment and aims to assist staff and volunteers in identifying harm and reporting it to Social Work, NHS Borders and/or the Police.

The person responsible for child protection at Interest Link is the Project Co-ordinator.

B. Definition of a Child

- ◆ For the purposes of the Interest Link Borders Child Protection Policy, all reference to children means a child or young person under 18 years of age.
- ◆ As well as covering service users who are children, this policy is also intended to cover volunteers aged under 18.
- ◆ Where a young person is 18 years or over, please refer to the Interest Link Borders Support & Protection of Adults at Risk Policy.

C. Creation and maintenance of a child-safe environment

Interest Link Borders has a duty of care to implement effective policies and procedures for safeguarding the welfare of children. In order to achieve this we will ensure our staff and volunteers are carefully selected, screened, trained and supervised.

1. Our recruitment procedures include:

- ◆ Ensuring all applicant staff and volunteers complete an application form.
- ◆ Ensuring all successful applicants provide suitable references.
- ◆ Ensuring all successful applicants complete a criminal record declaration form.
- ◆ Ensuring all successful applicants join the PVG Scheme for working with children and adults at risk.

2. Training for all staff and volunteers gives comprehensive information about the organisation's purpose, values, structure and services. This includes:

- ◆ Details of the structure of the organisation.
 - ◆ Details of the organisation's aims, objectives and activities.
 - ◆ Details of the roles and responsibilities of staff and volunteers within the organisation.
 - ◆ Details of the organisation's policies, including this Child Protection Policy.
3. We ensure that all staff and volunteers understand their obligations to report care or protection concerns about a child by providing training and guidance on:
- ◆ Types of abuse and a summary of signs and indicators.
 - ◆ Procedures for responding to concerns about abuse/neglect.
 - ◆ Procedures and practice for responding and listening to disclosure of abuse.
 - ◆ Details of why organisations have a responsibility to refer child protection concerns to the Child Protection and Reviewing Unit (which includes Police, Social Work, NHS and Education).
 - ◆ Details of who within the organisation should report care and protection concerns to child protection agencies.
4. We ensure that children and parents/carers have access to the organisation's policies and procedures.

D. Recognising Abuse

- ◆ Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or exploitation, resulting in actual or potential harm in the child's health or development.
- ◆ Children may be in need of protection where their basic needs are not being met, in a manner appropriate to their stage of development, and they will be at risk from avoidable acts of commission or omission on the part of their parent(s), sibling(s) or other relative(s), or a carer (i.e. the person(s) while not a parent who has actual custody of a child), other individuals or complete strangers.
- ◆ There are varied settings in which abuse can occur e.g. in the home, in faith settings, encounters with strangers, children cared for or accommodated, through use of computers etc.

1. Forms of Abuse

- ◆ To define an act (of commission or omission) as abusive and/or presenting future risk a number of elements must be taken into account. These include demonstrable or predictable harm to the child, which must have been avoidable because of action or inaction by the parent or other carer.
- ◆ The following are the standard categories of abuse which, although presented as discrete definitions, in practice may overlap.

a. Physical Injury

- ◆ Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.
- ◆ Whilst the law recognises some physical chastisement of children as reasonable, any blow to the head, shaking or use of an implement is against

the law.

- ◆ Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child (known as Fabricated, Factitious or Induced Illness).

b. Physical 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.
- ◆ Once a child is born, neglect may involve a parent or carer failing to:
 - ❖ Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
 - ❖ Protect a child from physical and emotional harm or danger
 - ❖ Ensure adequate supervision (including the use of inadequate care-givers)
 - ❖ Ensure access to appropriate medical care or treatment.
 - ❖ It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

c. Non-organic Failure to Thrive

- ◆ Failure to meet expected weight and growth norms or developmental milestones, which does not have a basis in an hereditary or medical condition, as medically diagnosed.
- ◆ In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long term effects such as greater susceptibility to serious childhood illnesses, reduction in potential stature and, with young children in particular, the results may be life threatening over a relatively short period.

d. Emotional Abuse

- ◆ Emotional abuse is the **persistent** emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.
- ◆ It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- ◆ It may involve seeing or hearing the ill-treatment of another (including being exposed to domestic abuse).
- ◆ It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
- ◆ Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

e. Sexual Abuse

- ◆ Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, 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 sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

2. Signs of Abuse

- ◆ It is important that these lists are not considered as completely definitive or exhaustive. They must be used **in the context of the child's whole situation** and in combination with a range of other information in relation to the child and his/her circumstances.
- ◆ Some behaviour, e.g. covering arms/legs in hot weather and avoidance of swimming/PE may be due to sensible precautions against sunburn or cultural issues about dress/changing etc.
- ◆ There can be an overlap between all the different forms of child abuse, and all or several can coexist.

a. Physical Abuse

Signs of possible physical abuse:

- ◆ Unexplained injuries or burns, particularly if they are recurrent
- ◆ Improbable excuses given to explain injuries
- ◆ Refusal to discuss injuries
- ◆ Untreated injuries, or delay in reporting or seeking treatment for them
- ◆ Excessive physical punishment
- ◆ Fear of returning home
- ◆ Arms and legs kept covered in hot weather
- ◆ Avoidance of swimming, P.E. etc
- ◆ Aggression towards others
- ◆ Running away
- ◆ Frequent attendance at Accident and Emergency Departments

When considering the possibility of non-accidental injury it is important to remember that the injuries may have occurred for other reasons. Among the most important:

- ◆ Genuine accidental injuries, which are common. The nature and site of the bruising relative to the child's age is important
- ◆ Bleeding and clotting disorders
- ◆ Mongolian blue spots which occur naturally in Asian, Afro- Caribbean and Mediterranean children
- ◆ Skin disorders e.g. impetigo
- ◆ Rare bone diseases e.g. brittle bones
- ◆ Swelling or dislocation of the eye caused by tumour
- ◆ Undiagnosed birth injury e.g. fractured clavicle

Medical advice must be sought in all cases.

b. Physical neglect

- ◆ Constant hunger / stealing food / weight problems
- ◆ Obesity/ malnutrition
- ◆ Poor personal hygiene (general dress, underwear, nappies)
- ◆ Inappropriate dress
- ◆ Unattended physical/medical/educational problems
- ◆ Constant fatigue
- ◆ Regularly not collected from school etc
- ◆ Perceived relationship problems with parent/carer
- ◆ Poor peer relations
- ◆ Regular lack of supervision
- ◆ Non-attendance at school and / or late arrival

c. Non Organic Failure to Thrive

Signs of possible non-organic failure to thrive:

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

d. Emotional Abuse

Signs of possible emotional abuse:

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

e. Sexual Abuse

Signs of possible sexual abuse:

Behavioural

- ◆ Lack of trust in adults or over familiarity with adults
- ◆ Fear of a particular individual
- ◆ Social isolation - withdrawal and introversion
- ◆ Sleep disturbance
- ◆ Running away from home
- ◆ Girls taking over the mothering role

- ◆ Reluctance or refusal to participate in physical activity or to change clothes for activities
- ◆ Low self-esteem
- ◆ Drug, alcohol or solvent abuse
- ◆ Display of sexual knowledge beyond child's years
- ◆ Unusual interest in the genitals of adults or children or animals
- ◆ Expressing affection in inappropriate ways
- ◆ Fear of bathrooms, showers, closed doors
- ◆ Abnormal sexualised drawing
- ◆ Fear of medical examinations
- ◆ Developmental regression
- ◆ Poor peer relations
- ◆ Over sexualised behaviour
- ◆ Eating disorders
- ◆ Compulsive masturbation
- ◆ Stealing
- ◆ Psychosomatic factors
- ◆ Sexual promiscuity

Physical/Medical

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

E. Reporting Abuse

1. Duty to make a report

- ◆ All Interest Link staff and volunteers have a responsibility to report to their line manager (and emergency services and Disclosure Scotland if necessary) any concerns they have or any disclosures of abuse that have been made to them.
- ◆ At times this may pose a dilemma for staff or volunteers who may feel that by doing so they could alienate the child and/or the family, carer or others and damage the potential for further work.

Nonetheless:

- ❖ To do nothing is not acceptable.
- ❖ To promise not to report the situation is not acceptable.
- ◆ Discussing the situation with the child
 - ❖ If possible, speak to the child about your concerns.
 - ❖ Any discussion should **not** take the form of an “interview”. If it is essential to ask questions, the questions should be open ended questions for clarification purposes only e.g.” what happened?” or “how do you feel?”
 - ❖ It is preferable to obtain consent from the child to take further action, but if this cannot be obtained staff or volunteers should explain to the child their responsibility to report the information.
- ◆ For volunteers, their line manager will be their local Branch Co-ordinator. If their Branch Co-ordinator is not available, then volunteers should contact another Branch Co-ordinator or the Project Co-ordinator (see contact details below)

2. In an emergency situation.

- ◆ If the child is unconscious, in immediate physical danger, or appears to be a victim of a crime, contact the appropriate Emergency Services:
 - ❖ Police and/or ambulance 999
 - ❖ Child Protection and Reviewing Unit (Includes Police, Social Work, NHS and Education): 01896 662762. Out of hours: Emergency Social Work Services 01896 752 111; Police 0131 311 3131
 - ❖ NHS24: 08454 242424
- ◆ Physical or sexual abuse should always be reported to the police as soon as possible, in order to preserve vital evidence.
- ◆ Staff or volunteers should not put themselves at risk: they should remove themselves from any situation that potentially endangers them before making a report.
- ◆ After action has been taken to address the emergency, a report to the line manager should be made as described below

3. Non-Emergency situation (and after an Emergency situation has been dealt with)

- ◆ A report must be made to the line manager as soon as possible. (see Contact details below)
- ◆ The initial report can be by phone, but this must be followed up by completing the report form attached to this policy. The line manager can help in completion of the form.
- ◆ Once the report has been made to the line manager, it will be discussed between the line manager, the Project Co-ordinator and Project Committee members as necessary. A decision will be taken (based on this policy and the Scottish Borders Child Protection Committee Guidelines) as to whether the report should be passed to Child Protection and Reviewing Unit.
- ◆ If the report form is passed on to police or Social Work, a copy of the form should be kept.
- ◆ Consideration must be given to whether a referral needs to be made to

Disclosure Scotland under the Protection of Vulnerable groups Act 2007.

- ◆ Staff or volunteers making a report must make themselves available in connection with any investigation of that report by the Police or Social Work.

4. Contact details for making reports

a. Interest Link :

- ◆ Branch Co-ordinators
 - ❖ Berwickshire: 01361 883662
 - ❖ Buddies Central Borders: 01896 750020
 - ❖ Roxburgh: 01450 377600
 - ❖ Tweeddale: 01721 72934
- ◆ Project Co-ordinator: 01573 410760

b. Child Protection and Reviewing Unit (Includes Police, Social Work, NHS and Education): 01896 662762. Out of hours:

- ❖ Emergency Social Work Services 01896 752 111
- ❖ Police 0131 311 3131

5. Allegations against Interest Link Borders Volunteers or Employees.

- ◆ If Interest Link receives information that allegations of abuse are being made against Interest Link staff or volunteers, the relevant Branch Co-ordinator and the Project Co-ordinator must be notified immediately. As appropriate:
 - ❖ The same reporting procedures in respect of the Police or Social Work should be followed as with an allegation against any other person and/or
 - ❖ Interest Link staff and volunteers involved must make themselves available in respect of any report and investigation carried out by police or Social Work.
- ◆ Interest Link Borders will provide appropriate support to staff or volunteers who are the subject of allegations of abuse.

F. Monitoring and Review.

This policy shall be reviewed annually, with particular attention to whether it is in accordance with the Scottish Borders Child Protection Committee Guidelines and relevant good practice.

Interest Link Borders Report Form: Abuse of a child

The person making this report

Name

Address

Telephone number

Position (e.g. Employee, Volunteer)

Relationship to the child

The child.

Name

Address

Telephone number

Status within Interest Link (e.g. service user, volunteer)

Any person (other than the child) making the allegation

Name

Address

Telephone number

Relationship to the child.

Any person allegedly causing abuse

Name

Address

Telephone number

Relationship to the child

Description of the alleged abuse.

- ◆ If possible, this should include the exact words used by the child or other person making an allegation.
- ◆ Include details of any specific incidents, e.g. dates and times, injuries, witnesses, evidence such as bruising.
- ◆ Say how and when you become aware of the abuse.

Did the child consent to the report being made? Yes/No/Not capable

Are they aware a report is being made? Yes/No/Not capable

Who else is aware of the situation and that a report is being made (e.g. carers, emergency services, Social Work)?

Date and time

Signature