

CHILD PROTECTION SCOTLAND Policy Number QG15

CONTENTS

Introduction	1
Policy	3
Procedure	17
Training	27
Associated documents & legislation	28
Review schedule	29

INTRODUCTION

Prestige Nursing & Care is committed to promoting that clients are free from harm and abuse. The protection of children, young people and adults at risk, is **"everyone's responsibility and everyone's job."** This cuts across all aspects of private life and professional business.

We all continue to have a duty, individually and collectively, to protect vulnerable people in our communities. All colleagues have a key role in protecting children and young people from abuse, firstly in the identification of abuse, harm, and neglect, and secondly responding appropriately to it. Even where we do not actively support children, all colleagues have a duty of care to safeguard children they come across through the course of their duties

In particular, as an organisation we are committed to ensuring that children's and young people's rights to care and protection from harm in any form are firmly upheld as outlined within United Nations Convention on the Rights of the Child (UNCRC).

Prestige Nursing & Care are committed to the ten core principles described in "Getting it Right for Every Child" (GIRFEC) and the current National Guidance for Child Protection in Scotland, as well as the importance of achieving the national health and social care standards, My Support, My Life, particularly section 3. "I have confidence in the people who care for and support me" under "Wellbeing" states:

- "3.20 I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

- 3.21 I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.
- 3.22 I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.
- 3.23 If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me.
- 3.24 If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.
- 3.25 I am helped to feel safe and secure in my local community.”

Prestige Nursing & Care recognises that:

- The children we encounter in the course of providing services may be at risk of abuse or harm in various forms.
- Abuse may be committed by the employees of agencies providing care or by others who could be in a trusting relationship with a child.
- We have a duty to do everything possible to prevent abuse, but also to report and address it wherever we meet it.

SCOPE

For the purposes of the policy, whilst the definition of a child varies in different Scottish legal contexts, the Children and Young People (Scotland) Act 2014, which includes all children and young people up to the age of 18. Whilst child protection procedures may be considered for a person up to the age of 18, the legal boundaries of childhood and adulthood do overlap. The Adults Support & Protection Act 2007 defines an adult as a person over the age of 16.

However, where a young person between the age of 16 and 18 requires support and protection, statutory services will consider which legal framework best fits each person’s needs and circumstances. The National guidance for child protection in Scotland gives more detail about this and explains how professionals should act to protect young people from harm in different circumstances (Scottish Government, 2023a).

This policy therefore applies to all children from unborn up to 16 years of age whether the children are clients of Prestige Nursing & Care or children cared for by adult clients receiving services from Prestige Nursing & Care in Scotland only, although it is recognised that there may be occasions where child protection procedures may be applied to people aged between 16 to 18 years of age.

Whilst differing legal definitions of the age of a ‘child’ can be confusing. The priority is to ensure that a vulnerable young person who is or may be at risk of harm is offered support and protection.

Section 67 of The Children and Young People (Scotland) Act 2014 inserted a new section, 26A, into the Children (Scotland) Act 1995. The current law provides that a young person born on or after 1 April 1999 who is looked after in foster, kinship or residential care is generally eligible to remain in their current care placement and be provided with accommodation and other assistance by the local authority, until they turn 21. This is called Continuing Care

This policy also applies to other children in the wider community that come to the attention of colleagues employed by Prestige Nursing & Care in the course of their work.

This policy applies to all colleagues regardless of their role or place within the organisation.

Protecting children from abuse is everyone's responsibility.

POLICY OBJECTIVE

Protecting children and young people from harm is a core priority for Prestige Nursing & Care and this policy provides guidance to ensure that the principles of protecting children and young people from abuse are embedded in all aspects Prestige Nursing & Care practice.

- The policy aims to set out clearly the roles, duties and responsibilities relating to children and young people for all colleagues working within Prestige Nursing & Care.
- The policy addresses key aspects surrounding the protection from abuse of vulnerable children and young providing clear, consistent, and safe practice standards which are aligned with best practice guidance and relevant legislation.
- Colleagues are equipped with the information, knowledge, support and guidance to keep children, young people at risk, safe and protected.
- Prestige Nursing & Care take account of local inter-agency child protection guidelines and each local authority's legal obligation to safeguard and protect any group at risk, including children.
- To ensure all colleagues understand information sharing process so that appropriate information is shared in a timely manner and, understand the need to discuss concerns about a child with colleagues and social care as appropriate.

POLICY

The National Guidance for Child Protection in Scotland 2021 - updated 2023, clearly state that all agencies 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. Agencies working with children and families must provide clear and relevant information about how they promote the wellbeing and safety of children and relevant protective processes when this becomes appropriate.

Prestige Nursing & Care supports the National Guidance for Child Protection in Scotland 2021 - updated 2023 principles and will ensure:

- Attention to the child's needs, rights, voice and experience is fundamental.
- Recognition and engagement with family is key to the child's safety and wellbeing.
- Information sharing is protective, relevant, proportionate, accurate, timely, necessary, and lawful.
- Planning requires agreed steps, expectations, responsibilities, bringing professionals and family together in shared objectives.

Prestige Nursing & Care is committed to the protection of children's rights and the GIRFEC principles:

- Placing the child or young person and their family at the heart, and promoting choice, with full participation in decisions that affect them.
- Working together with families to enable a rights respecting, strengths based, inclusive approach.
- Understanding wellbeing as being about all areas of life including family, community and society.
- Valuing difference and ensuring everyone is treated fairly.
- Considering and addressing inequalities.
- Providing support for children, young people and families when they need it, until things get better, to help them to reach their full potential.
- Everyone working together in local areas and across Scotland to improve outcomes for children, young people and their families.
- A named person who is a clear point of contact for children, young people and families to go to for support and advice. A named person can also connect families to a wider network of support and services so that they get the right help, at the right time, from the right people.
- A shared and holistic understanding of wellbeing and a single model of how this can be considered and supported.
- A single, shared and rights-based approach to planning for children and young people's wellbeing where support across services is needed, co-ordinated by a lead professional.

The United Nations Convention on Rights of the Child (UNCRC) see supporting document 04, applies to all children and young people under the age of 18 and Prestige nursing & Care is committed to recognising and understanding children's rights in relation to child protection:

- The best interests of a children and young people must always be a primary consideration.
- All children and young people should be treated fairly and with dignity and respect.
- All children and young people have the right to protection from all forms of harm, abuse, neglect and exploitation.

- All children and young people have the right to express their views on matters that affect them.

GIRFEC promotes action to improve the wellbeing of all children and young people in eight areas. The wellbeing indicators aspire for all children and young people. The SHANARRI indicators aim to help those working with children and young people assess how a child is doing at any point in time and identify what support is needed.

The indicators state that every child and young person should be:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

The primary indicator for child protection is to keep a child safe and, in so doing, attention is given to other areas of wellbeing as appropriate.

(Scottish Government, 2021a). Anyone who has concerns about a child’s wellbeing should listen to the child and their family’s views and consider the following key questions:

- What is getting in the way of this child or young person's wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others? (Scottish Government, 2021a).

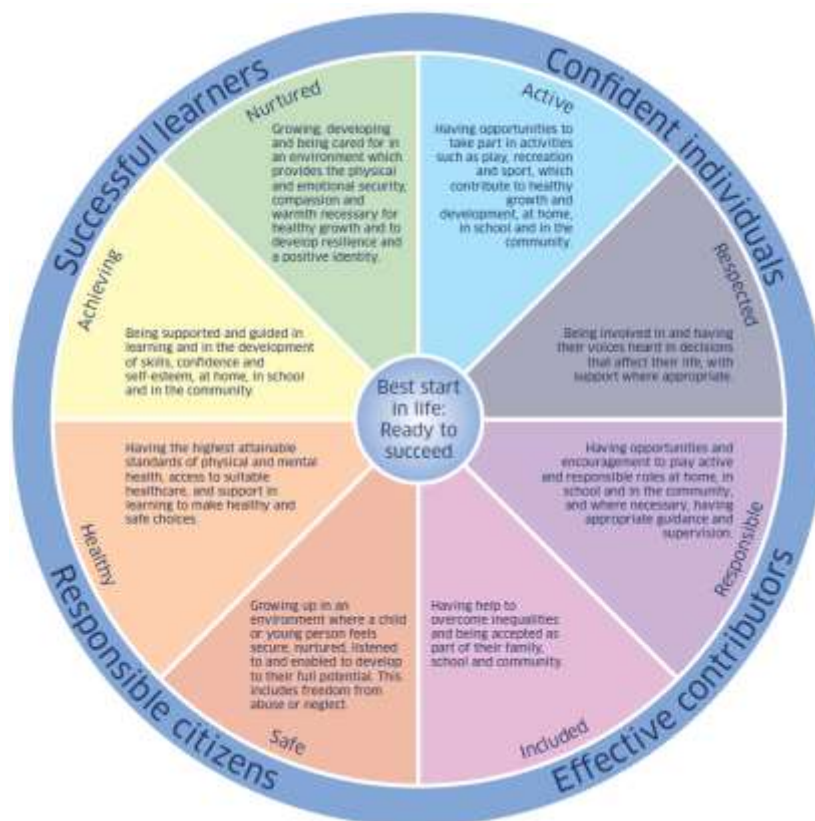
Figure 1 - SHANARRI principles

In practice, the eight indicators can be interconnected and overlapping. When considered together, they give a holistic view of each child or young person. They enable the child or young person, and the adults supporting them, to consider strengths, as well as any obstacles they may face to growth and development.

The ‘Common Core of Skills, Knowledge & Understanding and Values for the “Children’s Workforce” In Scotland’ (2012) describes the essential characteristics that everyone should have if they work with children, young people and their families. These essential characteristics embody the values of the Getting it right for every child (GIRFEC) approach are cross-referenced to the guiding principles of the UNCRC:

- Non-discrimination.

- Best interests of the child.
- The child’s right to life, survival and development.
- Respecting the views of the child.



The Designated Protection Officer (DPO) for Prestige Nursing Ltd is the Chief Operating Officer and has overarching responsibility for Child Protection. The role of the DPO for children includes:

- Taking a lead role in developing and reviewing Prestige Nursing & Care’s child safeguarding and protection policies and procedures.
- Taking a lead role in implementing Prestige Nursing & Care’s child safeguarding and protection policies and procedures: ensuring all safeguarding and child protection issues concerning children and young people are responded to appropriately.
- Providing safeguarding and protection advice and support to colleagues in relation to children and young people.
- Working in partnership with the operational leads to ensure that colleagues are aware of how to make children and young people referrals to the statutory safeguarding and protection authorities in each individual locality, and that this information is accessible and shared.
- Supporting registered nurses and branch colleagues in co-operating with and participating in multi-agency forums to protect children at risk of abuse.

- Ensuring all serious incidents relating to child protection and any organisational or reputational risk related to child abuse cases are reported and investigated.
- Ensuring the necessary systems and processes are in place so that child protection concerns are reported to the relevant authorities (e.g. social services, police, Care Inspectorate Scotland), without delay.
- Promoting, influencing, and delivering the safeguarding and protection strategy.
- Ensuring lessons learnt from children and young people child protection incidents are shared across the organisation.
- Providing a strategic lead for safeguarding and protection across the company in conjunction with Operational leads and Registered Managers/Branch Managers, to provide strategic and professional leadership and to ensure that:
 - Colleagues are aware of how to recognise and respond to protection concerns in a timely manner.
 - Colleagues can access and receive the appropriate level of training and know how to access professional advice and support.
 - That all colleagues are informed of Prestige Nursing & Care protection policies - for adults and children.
 - That a yearly company audit is undertaken to review protection policies and procedures in all teams.
- Working in partnership with the Training Manager to advise on training needs and development.
- Providing protection advice and support to colleagues.
- Ensuring lessons learnt from Safeguarding & Protection incidents are shared across the organisation.

The Senior Leadership Team must ensure there is:

- A clear line of accountability and governance within the organisation designed to promote and safeguard the welfare of children.
- Effective training of all colleagues commensurate with their role.
- Effective supervision arrangements for colleagues working with children/families or adults at risk of abuse or neglect.
- Effective arrangements for engaging and working in partnership with other agencies.
- Identification of a named Registered Nurse/Lead, for protection relating to Children. Named professionals have a key role in promoting good professional practice within the organisation, supporting the local protection system and processes, providing advice and expertise for fellow professionals, colleagues and carers, and ensuring safeguarding and protection training is in place.

- Developing an organisational culture such that all colleagues are aware of their personal responsibility to report concerns and to ensure that any poor practice is identified and tackled.
- Policies, arrangements, and records to ensure consent to care is obtained in line with legislation and guidance.
- Robust governance arrangements and structure which provides assurance that:
 - Compliance audits are conducted in a timely manner. Results are reviewed and any learning is shared and disseminated across the organisation.
 - Any necessary actions required to address compliance and/or improve the quality of protection relating to children and young people are identified, implemented and evaluated in a timely manner.
- Leading the organisation to understand and embed learning from both internal and external case reviews, including multi-agency serious case reviews.

The Head of Quality Is responsible for:

Ensuring that the implementation of this policy and associated procedures is audited to ensure that Prestige Nursing & Care is doing all that it can to protect children using its services.

The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and PVG (protection of vulnerable groups) Checks
- Right to Work and reference checking.
- Incident reporting, frequency, and severity
- Training processes, including reviews of uptake of training and evaluations
- Child protection reports will be reviewed by the DPO Lead as part of a root cause analysis with the following terms of reference:
 - Review incident themes.
 - Reports from the Managers
 - Look in detail at specific cases to determine learning or organisational learning.
 - Ensure implementation of the Child protection policy.

All colleagues are responsible for:

- Actively protecting and promoting the welfare of children and young people.
- Reporting any child protection concerns to their line manager immediately.
- Understanding the principles of child protection including procedures and requirements as set out in this policy including timely escalation of any concerns to enable appropriate intervention, as necessary.
- Understanding their role in identifying emerging problems and sharing

information with their line manager/branch and/or regional nurses to support early identification and assessment.

- Completing child protection training as required.
- To ensure that excellent documentation is completed, including body maps to record any injuries.

How to raise concerns

Prestige Nursing & Care understands that in the event of having to make a referral we can use the online referral form on the local authority website.

Colleagues can raise concerns directly with their line manager, the Designated Protection Officer or Registered Manager, this can be done over the telephone, face to face or in writing (including via email). Colleagues have access to this policy on their Team Portal.

Clients, their relatives, advocates, or those lawfully acting on behalf of clients can raise concerns directly with the Designated Protection Officer or Registered Manager, this can be done over the telephone, face to face or in writing (including via email).

We make available to clients and their relatives the company's Child Protection's Policy, along with how to raise any concern directly with the local child protection team. Information is in several languages and formats.

For advice or to raise concern we will use the above contacts, and all colleagues will have this information or access to it.

In an emergency we should dial 999 and ask for the appropriate emergency service.

Accessibility

Prestige Nursing & Care will ensure that reporting processes will be accessible to colleagues, clients, advocates, those lawfully acting on behalf of a client, and those close to them in the following ways:

Colleagues	Discussed in team meetings (standing agenda item). Discussed in supervisions. Policy available on the Team Portal (accessible to colleagues). Displayed in office.
Clients, advocates, those lawfully acting on behalf of a client, and those close to them	Details of Child Protection policy within Service User Guide. Policy discussed at scheduled reviews.

Information Sharing

Prestige Nursing & Care has policies and procedures for the sharing of Child protection information amongst other forms of information that might be shared with other agencies and professionals. These are written to comply with confidentiality principles and data protection laws.

Other Contacts and Sources of Assistance

In addition to notifying the local authority, people can make contact with the following, which forms part of our protection network. Examples:

Care Inspectorate Scotland
Telephone: 0345 600 9527

Email: enquiries@careinspectorate.gov.scot

National resources:

NSPCC 0808 800 5000

Definitions of abuse

○ Physical abuse

May involve hitting, shaking, throwing, poisoning, burning, or scalding drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when their parent or carers fabricate the symptoms of, or deliberately induces, illness in a child.

○ 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 also involve conveying to children that they are worthless or unloved inadequate or valued in so far as they meet the need for another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. 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 over overprotection and limitation or exploration and learning or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber-bullying) causing children to frequently 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.

○ Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, Whether the child is aware of what is happening the activities may include physical contact including assault by penetrative or non- penetrative acts. They may also include non-contact activities such as involving children looking at or the production of sexual images watching sexual activities encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

○ **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. Neglect may occur during pregnancy as a result of maternal substance abuse. 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 children from physical and emotional harm or danger.
- Ensure adequate supervision (including using inadequate caregivers)
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness, to a child's basic emotional needs.
- you paragraph ensure adequate supervision.

Other areas of concern for children and young people:

Female Genital Mutilation

Female genital mutilation FGM is defined by World Health Organisation as: 'all procedures that involve partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.' FGM is sometimes known as female circumcision. The FGM mandate reporting duty is a legal duty provided in the Prohibition of Female Genital Mutilation (Scotland) Act 2005 which requires all regulated healthcare professionals to report FGM in a girl under 18, either through disclosure by the victim or relative and/or visually confirmed. This is no different from any other obligation on healthcare professionals to report abuse against children. FGM is child abuse so the healthcare professional must make a report to the Police.

Criminal exploitation of children

Is when a child is coerced into committing criminal acts. It may be a stranger who exploits a child, but it might be a friend, family member or someone a bit older in their neighbourhood. The first step may seem like a simple favour. The child may be given drugs, a new phone, or some money for lunch. Then, they are told these were not gifts - that they have a debt to pay off. Their exploiter may even set them up to lose money to trap them into debt. With time, repaying this debt can escalate from delivering a parcel, or looking after some money, to acts of serious violence. As they fall deeper into crime, they are exposed to things no child should experience. This trauma changes the way they see the world. It makes it even harder for them to turn away from crime and see a positive life for themselves outside that world. Whilst it is possible for any child to be exploited, criminals tend to target children who feel they have been let down or pushed out elsewhere. Children who are in the care system, who have mental health problems, additional needs or who have been excluded from school are the most at risk.

Child Sexual exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing and touching outside clothing.

It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

The long-term consequences of any form of child abuse can be devastating and early identification and providing support as soon as problems emerge is critical. Child sexual exploitation damages children and like any form of abuse it can have long lasting consequences that can impact on every part of a child's life and their future outcomes. Child sexual exploitation has been shown to affect:

- Physical (including sexual) and mental health and well-being.
- Education and training and therefore future employment prospects.
- Family relationships.
- Friends and social relationships, current and as adults; and
- Their relationship with their own children in the future.

Child sexual exploitation is complex, and children are often reluctant to disclose experiences of exploitation due to misplaced feelings of loyalty and shame. Many may not recognise what they are experiencing as abuse or that they require support or intervention, believing they are in control or in a healthy consensual relationship.

Child sexual exploitation is never the victim's fault: As stated above, all children and young people have a right to be safe and should be protected from harm.

Honour based Abuse

Is an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse), which has or may have been committed to protect or defend the honour of an individual, family and or community for alleged or perceived breaches of the family and/or community's code of behaviour"(crown prosecution service) The abuse can occur by one or more perpetrators and relatives of the victim who may conspire, support or participate in the abuse as they may have a perception that the victim has brought shame on the family. It may be justified on the grounds such

as the victim has worn unapproved make up or clothing, has got pregnant outside of marriage, has engaged in intimacy in public, has rejected force marriage, has identified as LGBTQ, has additional needs, has been a victim of rape, is in an unapproved relationship, has left a spouse, is in an interfaith relationship (list not exhaustive)

As with all types of abuse signs a child may display are-

- sudden absence from school
- Prolonged foreign travel
- having technology withdrawn
- Being chaperoned constantly
- changes in behaviour
- physical injuries

Modern slavery, including child trafficking, is child abuse.

When an agency comes into contact with a child who may have been exploited or trafficked, Local Authority Children's Services and the police should be notified immediately. All children, irrespective of their immigration status, are entitled to protection under the law. When there is reason to believe a victim of trafficking or modern slavery could be a child, the individual must be given the benefit of the doubt and treated as a child under until an assessment is carried out.

Children at risk of radicalisation (PREVENT)

The prevent strategy (Home Office, 2011) defines the term 'radicalisation,' as 'the process by which a person comes to support terrorism and forms of extremism, leading to terrorism.' Prevent is aimed at frontline colleagues and is designed to help those members have an awareness of their role in preventing vulnerable people being exploited for terrorist purposes. The Counter Terrorism and Security Act (2015), places a duty on the range of organisations to have due regard to the need to prevent people of all ages being drawn into terrorism. If a colleague has concerns that a child or adult may have been radicalised or is at risk of radicalisation, colleagues must report their concerns and complete a Prevent referral to the Local Authority.

The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a course. This may be direct through a relationship or by social media. Prestige Nursing & Care has a statutory duty to ensure that it makes arrangements to protect, safeguard and promote the welfare of children, young people and adults at risk and support the Home Office Counter Terrorism strategy CONTEST. This includes a specific focus on Prevent (preventing violent extremism / radicalisation).

Anyone can be at risk of being radicalised regardless of their age. Extremists know how to capitalise on feelings of insecurity, and they convince the person they can help by providing a solution.

With the convenience and accessibility of social networks, social games, and encrypted communication platforms the internet is being used by extremists to target vulnerable groups.

All concerns relating to PREVENT must be escalated as a matter of urgency to the relevant corporate named lead for child protection within Prestige Nursing & Care.

The Prevent referral process can be described in three stages: notice, check and share:

- ⇒ **Notice:** colleagues must be aware of an individual's vulnerability to radicalisation, changes in behaviour, ideology, and other forms of extremism.
- ⇒ **Check** out your concerns with the individual where possible, and where safe, with your line manager, colleagues, and multi-disciplinary clinical meetings.
- ⇒ **Share** your concerns with partner agencies, and as far as possible be open and honest with the individual about the duty to share your concerns.

Groups at risk of radicalisation

Anyone can be radicalised but there are some factors which may make someone vulnerable:

- Being easily influenced or impressionable
- Having low self-esteem or being isolated
- Feeling that rejection, discrimination or injustice is taking place in society.
- Experiencing community tension amongst different groups
- Being disrespectful or angry towards family and peers
- Having a strong need for acceptance or belonging
- Experiencing grief such as loss of a loved one.

Indicators of radicalisation

- Spending increasing amounts of time talking to people with extreme views (this includes online and offline communication change in their style of dress or personal appearance.
- Lose interest in friends and activities that are not associated with the extremist ideology, group, or cause.
- Have material or symbols associated with an extreme cause.
- Try to recruit others to join the cause.

[Online Radicalisation - Get Safe Online](#) Expert tips on keeping everyone safe online.

[Radicalisation on the internet | ACT Early](#) Tips for safe use of the internet and talking to someone about safe internet usage.

[Parenting, Media, and Everything in Between | Common Sense Media](#) website reviews games, books, films and music and all sorts of digital content. Children and young people adopt new games and social media platforms rapidly, and this resource is a fantastic way to keep up to date.

Fabricated or induced illness

This is where a child suffers harm through deliberate action of their main carer to seek attention. It can happen by:

- Fabricating signs and symptoms of a medical history
- Falsifying hospital records e.g., a consultant letter
- Induction of illness
- Inflicting unnecessary medical treatment to the child

Domestic Abuse

Domestic Abuse (Scotland) Act 2018 specifically provides that a child (under 18 years old) who sees, hears, or experiences the effects of domestic abuse and is related to the victim or the suspect is also to be regarded as a victim.

Signs and Symptoms of abuse in children

Physical	Emotional	Neglect	Sexual
Bruising - age site cause e.g. fingertip thumbprint linear e.g. belt Linear burns, dunking Adult bite marks Cigarette burns. Mouth injuries- torn frenulum, bleeding from the nose or mouth with an apparent life - threatening event and no adequate history. Bi-lateral eye/ear injuries Head intra-abdominal and intra-thoracic injury trauma incompatible with history. Fractures in non-mobile baby Unexplained hypothermia or cold injuries Submersion incidents with no appropriate	Irritability Sleep problems. Apathy/anxiety Aggression Attachments Fearful Clingy School failure Relationship difficulties Truancy Soiling Wetting Bullying Alcohol/drug misuse Abandonment	Failure to thrive i.e. poor weight gain and height. Scavenging stealing or hoarding of food with no medical explanation Poor hygiene Severe nappy rash General delay Anxiety Poor self-esteem Poor social skills Immaturity Aggressive Destructive Alcohol drug misuse Truancy	Recurrent urinary tract infections (UTI) Recurrent abdominal pain/ psychosomatic Perineal itching/ soreness Warts, sexually transmitted diseases (STD's), bruising Mood changes, tantrums Insecurity Suicide/attempts self-poisoning. Sexualised behaviour Presence of semen Pregnancy in a minor where father concealed or unknown.

Physical	Emotional	Neglect	Sexual
explanation or lack of supervision			

Adverse Childhood experiences (ACE'S)

The experiences everyone has in their early lives, particularly in childhood has a huge impact on their growth and development of their physical and mental health, thoughts, feelings, and behaviour. If a child is witness to or the victim of a “highly stressful, and potentially traumatic event” (young minds,2018) then this is now classed as an adverse childhood experience (ACE). Examples of an ACE’s can be identified in all the above categories of abuse e.g., a child who is a victim of sexual abuse to other examples such as a parent dying.

The impact ACE’s can have on a child’s future as an adult are health problems such as cancer or heart disease, increase in mental health problems, inability to manage emotions and the capacity to form healthy friendships and relationships.

It is imperative therefore that ACEs are prevented and that by sustaining safe, stable, nurturing environments for all children and their families will allow children to flourish and reach their full potential.

Consent relating to sexual activity

A child under the age of 13 years is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching; Sexual activity in older children (i.e. from 13 to 18 years) needs to be considered in relation to both *the giving and the getting* of consent, with the promotion of mutual negotiation as the norm being an important aspect of preventative activity. (NSPCC, 2018)

Sexual activity with a child under 16 is an offence. Practitioners have responsibility to undertake an assessment of young people aged 13 to 15 years who are engaged in sexual activity following Fraser competencies guidelines (NSPCC, 2018), to determine the risk of sexual and other forms of exploitation or coercion. This assessment will inform the decision-making process relating to the appropriateness of a referral to Children’s Social Care and the Police.

It is an offence for a person to have a sexual relationship with a 16 or 17-year-old if they hold a position of trust or authority in relation to them.

Nonconsensual sex is rape whatever the age of the victim.

No individual, whatever their age, can give consent in a situation where there is intoxication, duress, violence, power imbalances and/or vulnerabilities through age differences, learning difficulties or mental health issues. A child under 18 years of age cannot consent to their own abuse through exploitation (NSPCC,2018).

Safer Recruitment and Employment

It is known that people who pose a risk to children may be attracted to organisations which provide services for children and young people.

Protection of Vulnerable Groups Checks are obtained on all colleagues whose work will bring them into contact with children, young people, and vulnerable adults, prior to them having unsupervised access to clients. References should also be sought for all new colleagues as part of this process. The manager must ensure clearance is obtained before the applicant commences employment.

All job descriptions must reflect the requirements for all colleagues to have in regard for child protection. All colleagues are required to conduct themselves in a professional manner, adhering to their professional code of conduct (for colleagues always covered by a code of conduct) and Prestige Nursing & Care policies.

PROCEDURE

Care colleagues are in a key position to prevent abuse occurring and to empower the person at risk to act where concerns arise. Their role is to:

- **Recognise** when there is a child protection concern.
- **Reassure** the child and make sure that they are in no immediate danger.
- **Report** the concerns in a timely manner.
- **Record** what has happened.

Recognition or disclosure of possible abuse

Make sure that you are aware of the types of abuse and the possible signs and symptoms.

Be alert whilst not jumping to any conclusions.

- Always be vigilant for signs of abuse/maintain professional curiosity.
- Consider the possibility of a child protection matter from signs that have been observed such as bruises, marks, or a change in behavior.
- Recognise patterns of concern.
- Listen to information from another professional such as a community nurse. Perhaps a friend, neighbour or relative of the individual
- If there are any concerns but unsure whether the signs are child protection related, always report to a line manager to seek advice and guidance.

Reassuring the child

- If a child makes an allegation of abuse, be sensitive and supportive so that they feel safe to tell you about their concerns. It is usually exceedingly difficult for a child to disclose that they are being or have been abused.
- Reassure the child that they are being taken seriously and that they have done the right thing in sharing their concerns. Listen carefully to what they are saying. Remember, a young child may not have the vocabulary to clearly explain what is distressing them. Stay calm and get a clear and factual picture of their concerns. Do not be judgmental and try to keep an open mind. Allow the child to speak for as long as they want to.

- Only ask questions for clarification. If the child is alleging abuse, do not ask further questions. (Never ask leading questions or try and investigate the matter. This is the responsibility of the children's social care team or the police.)
- Never promise to keep allegations a secret. Explain that there may be a need to inform other. Do not make assurances that cannot be kept. Inform what will happen next and with whom the information will be shared.
- Make sure that the child is comfortable and is in no immediate danger (see 'reporting concerns' below).
- If made aware of an incident of abuse from a third party, encourage them to report it themselves or help them to report their facts.

Report

- If you see or hear something that suggests that a child has been, or may be at risk from abuse, you must report this to your line manager or the on-call manager immediately. Out of hours, escalate to the duty on call manager.
- If the allegations relate to your line manager, then report to their manager. If it relates to their manager or you are unable to contact a senior member of colleagues, report the matter directly to the local authority children's social care team.
- If the situation indicates the need for urgent medical attention, dial 999 and contact an ambulance immediately. Or if there is a risk of immediate harm contact the police.
- If you believe that a criminal offence may have been committed, and you are unable to speak to your manager immediately, contact the police. Be careful not to disturb any evidence. The police will be able to advise what action you may need to take to preserve evidence.
- Colleagues who report child protection concerns are protected under the Public Interest Disclosure Act 1998 (see Whistleblowing policy).
- Never discuss the child protection concerns with the alleged perpetrator or others (except for those noted above).
- Any concerns about radicalisation must be reported.
- Always report to the relevant local authority where the abuse is alleged to have occurred. If it is not known when and where the alleged abuse took place, then report it to the local authority where the child permanently resides. If the client is funded by a different local authority to where they permanently reside or where the alleged abuse occurred, the allegation must also be reported to the funding local authority.
- Report to the Care Inspectorate Scotland where appropriate.

Record

- Make an accurate and factual record of exactly what you have heard or seen straight away. Describe allegations using the child's own words as far as possible. Avoid using your own emotive language, judgements, or interpretations.
- Note names, dates, and times. Include details of any witnesses who may have heard, seen or noticed the allegation or behavior.

- Record what you did, who you reported the matter to, the time and any response using a blank copy of the visit log.
- All child protection concerns must be uploaded on the incident management system (IMS) to the applicable category, an exception to this is the disclosure of domestic abuse by a colleague in this instance the HR department need to record actions taken.
- The Registered Manager must ensure an entry is recorded on the IMS, and regularly updated with any actions, outcome and lessons learnt.
- Access on IMS should be restricted by the Operations Manager to only those colleagues who need to know; this must include Head of Risk Management and the Chief Operating Officer (as they are the protection leads for Prestige Nursing & Care).
- The referral form and CI Scotland notification forms must be uploaded on the main page of IMS.
- The log should be updated at a minimum of weekly and any actions clearly recorded. The IMS number and a brief summary of the concern raised should also be recorded in the notes section on webroster.
- Ensure that the individual's care plan(s) and any risk assessments are immediately updated or introduce new ones to reduce any further occurrence.
- The alleged abuser should not be contacted at this step Information must always be shared on a need-to-know basis. If unsure seek guidance.
- Make sure there is a clear audit trail of all actions taken and decisions made. Including the degree of harm, type of harm, source of harm, did the actions constitute a child protection risk, is it an isolated event or is there evidence of a sequence of events, is it an act of intent or omission, what measures can be put in place to reduce or stop the risk.

For further information see Prestige Nursing & Care Accident & incident policy which has IMS guidance within this can be found on the Intranet

Duty toward children who are not Prestige Nursing & Care clients.

The very nature of care at home means that care colleagues have privileged access to clients, their family, friends, and acquaintances. There may be occasions whereby you suspect or witness abuse against a child visiting/occupying the clients 's home - a child who is not a client of Prestige Nursing & Care. We believe, to protect individuals at greater risk of abuse and neglect, we must extend professional vigilance, act on our moral obligations, and alert the local authority to child protection matters concerning those we do not serve. Should you suspect or witness maltreatment of children you are not contracted to care for, report your concerns immediately to your line manager who will alert the relevant authority.

Colleagues are expected to co-operate with any enquiries conducted by the police or the local authority children's social care team. You may be asked to contribute to their investigation at any time.

Accessing the community

Being able to participate in community activities is essential for the mental and physical wellbeing of children. However, the community can hold many risk factors for children e.g. traffic, water, loose animals and possibly the inability to understand stranger safety. It is the responsibility of Prestige Nursing & Care to ensure safe staffing ratios are agreed and that a comprehensive risk assessment identifies all possible risks to the child. If agreeing to lone working, then there must be safety measures in place to ensure that the care colleague can safely manage on their own. Any concerns in the risk to safety must be escalated appropriately.

Prestige Nursing & Care should always adhere to other organisations child protection policy and share information when appropriate e.g., copy of PVG if accessing schools with a child.

Concerns about risk of harm from abuse for a child

May arise in a number of ways including:

- Because of what a child has said.
- Over a period of time.
- In response to a particular incident.
- As a result of direct observations.
- Through reports from family, from a third party, or from an anonymous source.
- If children are known to social work.
- Through notification that a child may become a member of the same household as a child in respect of a Schedule 1 offender.

Immediate danger:

- Refer to Child Protection Flowchart. (Supporting document 01).
- Ensure the immediate health, safety and welfare of the child is met.
- Contact the police.
- The Police should contact the local authority's Children's Services/Local Child Protection Team.

If the child is not in immediate danger:

- Refer to Child Protection Flowchart. (Supporting document 01).
- Contact the local authority's Children's Services/Local Child Protection Team.
- On contacting the local authority Children's Services / Local Child Protection Team you may be asked:
 - Details of the person completing the referral
 - Details of the person subject to the referral, including name, date of birth, address

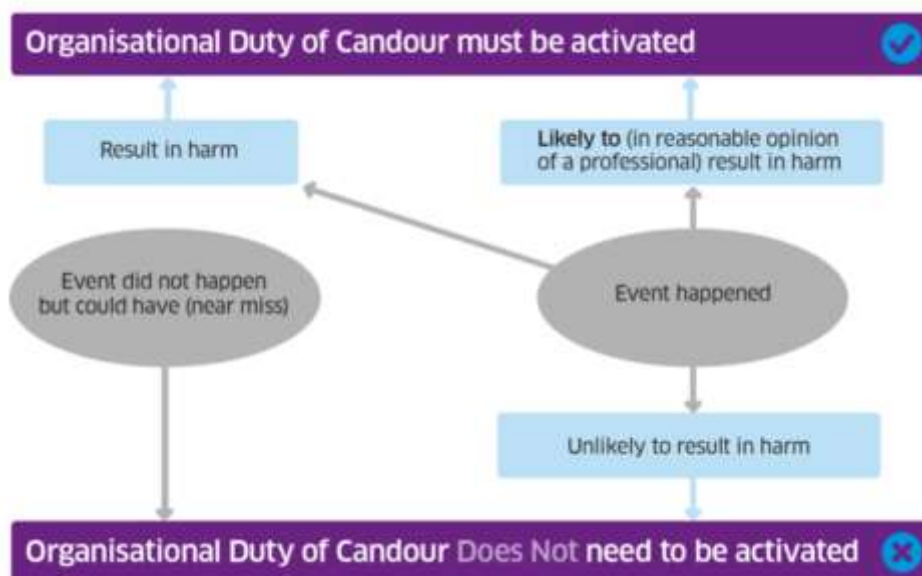
- The primary user group or client category of the patient, if known (e.g. learning disability, mental health, dementia, substance misuse, acquired brain injury, physical disability).
- Any communication needs of the child at risk.
- Harm type(s) suspected.
- Details of the concern, including as much information as possible about the incident(s), dates, alleged harmer(s), previous concerns, any child protection activity undertaken.
- Confirmation of whether police have been contacted if a crime is suspected.

Documentation

Record all details of the alleged abuse, the actions that you took and the outcomes. The record must include a chronology of the allegation/incident; persons involved; dates; times, who was consulted, why and when and any other additional information. The records must be a factual account and include what was said/observed, by whom, when and how (e.g., by phone, by letter, face to face).

Records relating to substantiated allegations against colleagues must be kept for 10 years. Records for children must be kept or disposed of in accordance with the Data Protection Act 1998. Seek advice from the local authority/care regulator regarding the retention of records/circumstantial requirements.

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act) and The Duty of Candour Procedure (Scotland) Regulations 2018 set out the procedure that organisations providing health services, care services and social work services in Scotland are required by law to follow when there has been an unintended or unexpected incident that results in death or harm (or additional treatment is required to prevent injury that would result in death or harm).



Making a Referral

Initial Referral Discussions (IRD)

IRDs are required to ensure a coordinated inter-agency child protection process up until the point a Child Protection Planning Meeting (CPPM) is held, or until a decision is made that a CPPM is not required/that alternative action is required.

Instigation

The decision to convene an IRD can be made by police, health or social work, but a request to consider an IRD may be made by any agency.

Practitioners in police, social work and health must participate in the IRD; participation of other professionals should be considered based on their involvement with the child.

Information gathering should involve services working together to ensure child safety, as appropriate. This may include Third Sector services.

IRD participants must be sufficiently senior to assess and discuss available information and make decisions on behalf of their agencies. They must have access to agency guidance, training and supervision in relation to this role.

After a referral is instigated and assessed (child)

"No further child protection action is needed" If the child has not been harmed and is not considered to be at risk of significant harm, it may be decided that there does not need to be any further child protection action.

"Further action by single service/agency" Course of action agreed.

"Joint investigation" If the initial assessment suggests that the child may be at risk of significant harm, there will be a joint investigation to decide if any child protection action is needed and whether a child protection case conference should be held.

"Referral to Children's Reporter" will be considered if compulsory measures of care may be required.

Child Protection Planning meetings (CPPM)

The people involved in a CPPM should be limited to those with a need to know, or those who are essential to an effective plan. Participants attending are there to take active part, represent their agency, and share information to ensure that risks can be identified and addressed. They have a responsibility to share relevant information. The Chair, in conjunction with the lead professional, will decide who to invite.

If child protection investigation occurs, a child protection planning meeting (CPPM) will follow within 28 calendar days of the concern about the child being referred to the police or children's social work.

A Core Group are those who have direct and on-going involvement with the child and/or family and are responsible for implementing, monitoring and reviewing the Child Protection Plan, in partnership with children and parents. Review needs to

be held within six months and will continue at regular intervals until the child is no longer considered at risk of significant harm or until they are taken into care.

Scottish Children's Hearing System

A children's hearing is a legal meeting to decide what is best for a child or young person under 18 who needs help.

Reasons include:

- If they are the victim of neglect or abuse.
- Their behaviour is causing concern - for example, not attending school.
- Drug and alcohol misuse.
- They have committed an offence.

Children are usually referred by police, social work or schools, but can be referred by anyone, such as a concerned relative. Once the Reporter receives a referral, they carry out an investigation which may involve requesting a variety of reports from all relevant agencies, before deciding whether or not the child may require compulsory measures of supervision.

Information Sharing

"Scotland must ensure that the right information is shared at the right time and that those close to children are heard. The starting point for any decision must be how to best protect relationships that are important to children." (The Promise, the report of the Independent Care Review).

Sharing relevant information at the right time is an essential part of promoting, supporting and protecting the wellbeing of children and young people, including protecting them from neglect or physical, mental or emotional harm.

Where there is a child protection concern, relevant information should be shared with police or social work without delay, provided it is necessary, proportionate and lawful to do so.

If there is a child protection concern, consent is not required. The relevant section of the National Guidance for Child Protection guidance is "Information Sharing: Inter-Agency Principles" 1.128 to 1.147.

Getting it right for every child. Practice Guidance 4: Information Sharing

This guidance promotes lawful, fair and proportionate information sharing that complies with all relevant legal requirements, by clarifying:

- The circumstances in which information can be shared with another organisation.
- The considerations that need to be taken into account to ensure sharing information with another organisation is appropriate.
- The importance of involving children, young people and families in the decision to share information with another organisation.

Consent to share information:

- You should only ask for consent when this will genuinely affect whether the information is shared.
- It is important that you do not give the impression that you are asking for consent if there is a lawful basis for sharing the information without consent and you have decided to share the information in the best interests of the child or young person.
- You can still seek a child, young person or families' views on sharing their personal information and use that to inform your decision making.
- It will not be appropriate to seek consent if asking for consent could increase the risk of physical, mental or emotional harm to a child or young person; or if asking for consent could otherwise place a child or young person at risk.
- In a child protection situation, you should go ahead and immediately share information as is necessary and proportionate. This should be recorded.

The ICO have published guidance on sharing information to safeguard children [10 step guide to sharing information to safeguard children | ICO](#) - see supporting document 05.

The Caldicott Principles

The sharing of information in Health and Social Care is guided by the Caldicott Principles. These principles are reflected in the General Data Protection Regulation (GDPR), see supporting documents.

- Justify the purpose.
- Don't use personal confidential data unless absolutely necessary.
- Use the minimum necessary personal confidential data.
- Access to personal data should be on a strict need to know basis.
- Everyone with access to personal confidential data should be aware of their responsibilities.
- Comply with the law.
- The duty to share information can be as important as the duty to protect patient confidentiality.

How to escalate any child protection concerns which are not being addressed by Prestige Nursing & Care

In the first instance all child protection concerns must be raised with the Prestige Nursing & Care colleague's Line Manager, which for carer colleagues would be with the Branch/Registered Manager.

Should the colleague raising the concern think that the child protection concern is not being addressed, then they should raise it with their line manager's line manager. In the case of Branch/Registered Managers, this would be to the Head of Operations or Operations Manager.

Once a colleague has exhausted all of these options and they still think that Prestige Nursing & Care has not addressed their child protection concerns, then the colleague should use the Speak Up service via email at speakup.ecibrands.com or freephone on **0808 189 1053**. "Speak Up", a system that enables employees to report misconduct in confidence via a website or by phone. The Speak Up service is available 24/7, 365 days a year.

If a child protection referral is not agreed by the local authority protection team.

The local authority children's team will take all concerns seriously. In some incidents, they may decide not to investigate. The local authority children's team will feed back to the referrer the reason and rationale why they have come to this decision, if Prestige Nursing & Care still are not happy with this decision, then the following process should be followed:

- Stage 1 - Make initial attempts to resolve the matter through discussion with the other professional involved. Seek help and guidance from the named professional.
- Stage 2 - If the disagreement remains unresolved speak with your line manager who should then speak their equivalent manager and seek to resolve the matter. Line managers now consider whether a professional meeting is required.
- Stage 3 - If the disagreement remains unresolved- the line managers escalate further, another professional meeting should be called

Child Protection Investigations

Prestige Nursing & Care must not proceed with any investigations; this will be carried out by the local authority or Police Scotland.

Suspension from duty

In cases which appear to involve gross misconduct, or where the Company reasonably considers it necessary, a colleague may be suspended from work on full pay whilst the case is being investigated. Suspension may take place before, during or after the investigation meeting, depending on what evidence is available at what time. Suspension will be a matter for consideration by the investigating manager in conjunction with the HR representative. See Prestige Nursing & Care's Managing Investigations and Suspension Guidelines for further guidance.

A decision to suspend may be taken where:

- A regulatory authority has requested that the company remove the colleague from the premises.
- The matter is so serious that dismissal for gross misconduct is a real possibility.
- An unhindered investigation needs to take place and it is reasonably considered that the colleague's presence in the workplace would prevent this, for example where there is a reasonable concern that evidence has been or may be tampered with.

- There is any risk to the business and or other colleagues, customers or clients if the colleague remains in work.
- It is considered reasonably necessary in order to protect people or property, including to prevent witnesses from being pressured.

Before a decision to suspend the colleague is taken, consideration should be given to alternative options, for example, whether it is possible to temporarily move the colleague to work at another site location.

Corporate Homicide

The corporate manslaughter and corporate homicide act 2007 created the offence of corporate homicide. Organisations can be found guilty of corporate homicide where gross failure in the way activities are managed organised results in a person's death. Organisations can be prosecuted when the activities of the business cause the death through a gross breach of duty of care owed to the deceased. The focus is on how the activities were organised by senior management when supplying goods and services.

An organisation has a duty of care for:

- Work systems and equipment.
- Condition of premises and worksites.
- Where products or services are supplied to customers.

A gross breach of duty is where the alleged conduct "falls far below what can be reasonably be expected of the organisation in the circumstances."

Person In a position of trust (PIPOT)

People in Positions of Trust (PIPOT) refers to a person, whether an employee, volunteer or student, paid or unpaid who works with or cares for adults with care and support needs.

A relationship of trust is one in which one person is in a position of power or influence over someone because of their work or the nature of their activity. If the person who is in the position of power, then uses their position to the detriment of the health and wellbeing of a person at risk e.g. a colleague who tells a client with a learning difficulty to steal from a shop for them.

A PIPOT allegation may also be triggered by concerns in an individual's personal life. For example, they may have committed a criminal offence against an adult with care and support needs or there may be other concerns such as domestic abuse or child protection.

Prestige Nursing & Care must follow the local PIPOT process of the relevant local authority's where the branch is based. Prestige Nursing & Care is committed to ensuring that any such allegations will be investigated, and where substantiated it will be managed through the disciplinary process. See supporting document 03 PIPOT flowchart for further information.

Referrals to Disclosure Scotland PVA Barred List

Prestige Nursing & Care will always comply with its legal requirement to refer a colleague, where it has evidence that the colleague in question has been guilty of misconduct by harming or putting at risk of harm a person at risk, during the course of their work, to the PVA barred lists following the procedures issued by Disclosure Scotland.

Nurse & Midwifery Council (NMC) referral

Where the allegations of abuse are against a Registered Nurse, following an investigation if the allegations are upheld a referral to the NMC should be considered if the concerns included:

- Deliberate harm or prolonged neglect of clients who use services.
- Exploiting clients who use services for financial or personal gain or engaging in relationships with patients in breach of guidance on clear sexual boundaries.
- Serious dishonesty, such as covering up mistakes, deliberately falsifying records, deliberately obstructing investigations, bullying colleagues who want to raise a concern, or otherwise engaging in activity that is intended to suppress openness about the safety of care.
- Deliberately using false qualifications or a false picture of employment history which hides patient safety incidents or restrictions on practice.
- Serious criminal activity, even when not related to care, such as sexual assault, child abuse, or using child pornography.
- Being directly responsible (such as through managing a service or setting) for exposing patients or clients who use services to harm or neglect - especially where the evidence shows the individual put their own priorities, or those of the organisation they work for, before the safety and dignity of clients who use services.

All referrals to the NMC must be agreed by Prestige Nursing & Care's Managing Director and Chief Operating Officer.

TRAINING

It is a mandatory requirement for all colleagues working for Prestige Nursing & Care to undertake child protection training, in line with Skills for Care guidance. The frequency and the different levels will depend on job role and can be found in the Learning & Development policy.

Protection Supervision

Prestige Nursing & Care is committed to ensuring all colleagues receive protection supervision. Protection supervision is an opportunity for support, challenge and learning around protection cases.

Protection supervision is complementary to, but separate from, managerial supervision, which is about monitoring and appraising the performance of colleagues.

These are examples of where protection supervision takes place:

- One-to-ones
- Case discussions
- Work reviews

Effective supervision can help to:

- Promote and develop competence and skill in child protection practice.
- Maintain a focus on the client.
- Avoid the potential for 'drift'/delay.
- Provide an opportunity for exploring professional difference and challenging fixed views.
- Review the evidence-base for agreed actions and decisions.
- Address the emotional impact of the work.

Prestige Nursing & Care will ensure therefore that-

- Protection supervision will be provided by an experienced supervisor who has undertaken appropriate training.
- There is protected time.
- That a written record of supervision is kept

That any concerns raised at supervision will be escalated if required

ASSOCIATED DOCUMENTS & LEGISLATION

Associated documents

Prestige Nursing & Care Accident and incident policy which includes IMS Guidance

Prestige Nursing & Care Consent to Care & Treatment

Prestige Nursing & Care Domestic Violence and Sexual abuse policy.

Prestige Nursing & Care Onboarding Policy.

Prestige Nursing & Care Whistleblowing policy.

Prestige Nursing & Care Managing Investigations and Suspension Guidelines.

Prestige Nursing & Care Learning & Development Policy.

Relevant Legislation

- Children (Scotland) Act 1995 (age 18, parental rights up to age 16)
- The Children and Young People (Scotland) Act 2014 (age 18 and 21 for continuing care).
- Children's Hearing (Scotland) Act 2011 (age 16)
- The Human Trafficking and Exploitation (Scotland) Act 2015 (age 18)
- Children (Care and Justice) (Scotland) Bill 2022 (age 18)
- Prohibition of Female Genital Mutilation (Scotland) Act 2005
- The Protection of Vulnerable Groups (Scotland) Act 2007
- Domestic Abuse (Scotland) Act 2018
- Adults with Incapacity (Scotland) 2000
- Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act)
- The Duty of Candour Procedure (Scotland) Regulations 2018

- Sexual Offences Act, 2003
- The Human Rights Act, 1988
- The Data Protection Act, 1998
- General Medical Council (2018): 0-18 years~: guidance for all doctors
- NMC 2018, The Code – professional standards of practice and behaviour for nurses, midwives, and nursing associates
- Young Minds (2018) Understanding trauma and adversity

SOURCES OF FURTHER INFORMATION

[Child protection - gov.scot](#)

[Getting it right for every child \(GIRFEC\) - gov.scot](#)

[Getting it right for every child \(GIRFEC\) Practice Guidance 4 - Information sharing - gov.scot](#)

[Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot](#)

[Child protection system for Scotland | NSPCC Learning Children \(Scotland\) Act 1995](#)

[Convention on the Rights of the Child | UNICEF](#)

[The Promise](#)

[UNCRC | The UN Convention on the Rights of the Child - The Children and Young People's Commissioner Scotland](#)

[Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot](#)

[Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland - gov.scot](#)

[Organisational duty of candour: guidance - gov.scot](#)

<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines> [Comprehensive child safety guide | NSPCC](#)

[UK GDPR guidance and resources | ICO](#)

[Karma Nirvana](#) - Honour based abuse charity.

[Raise a concern as an employer - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

[Action Counters Terrorism \(ACT\): Report suspicious activity | ProtectUK](#)

[Get help for radicalisation concerns - GOV.UK \(www.gov.uk\)](#)

[Online Radicalisation - Get Safe Online](#) Expert tips on keeping everyone safe online.

[Radicalisation on the internet | ACT Early](#) Tips for safe use of the internet and talking to someone about safe internet usage.

Supporting documentation

01 Allegation of abuse flowchart

02 The Eight Caldicott Principles

03 PIPOT flowchart

04 UNCRC

05 ICO Sharing information to protect a child

REVIEW SCHEDULE

This policy will be reviewed annually, or sooner if any legislation changes.

Version	Date	Changes by	Approved by	Updated from previous Version
V1	02/01/2025	SG	KM	New policy
V2	31/01/2026	SG	LO	Includes how to raise concerns, accessibility and information sharing. DPO changed to COO