



## CHILD PROTECTION POLICY

At the High School of Glasgow the staff have an important part to play in the sensitive task of dealing with known, or suspected, cases of child abuse.

As a caring adult, a teacher may be faced with concerns about a particular child. All adults who have the charge or care of children have a responsibility to ensure that the children in their care are not harmed or at risk of being harmed.

Experience shows that a child with a problem will choose to speak to a person he/she trusts. Although it is likely that a child will choose to speak to his/her House Staff, or Transitus Form Teacher, other members of staff may also be approached. At the Junior School, it is likely that a child will choose to speak to his/her Class Teacher, Classroom Assistant or a member of the Out of School Care team. Other members of staff may also be approached.

It is, therefore, important that all members of staff are trained to react appropriately under these circumstances.

We are committed to ensuring the delivery of a programme of training to:

- raise the awareness of members of staff of the need for child protection, and of their responsibilities in identifying and reporting possible causes of abuse.
- develop a structured internal procedure to be followed by all members of staff in cases of suspected abuse.

Mr G Robertson is the Child Protection Co-ordinator (CPC) and Mrs J Sim is the Deputy in the Senior School. At the Junior School, Miss Heather Fuller is the Child Protection Co-ordinator (CPC) and Mrs Gail Morrans is the Deputy. It will be the responsibility of the CPC on each site to coordinate the procedures within that part of the School.

The policy of the School is to work in partnership with parents in order to promote the welfare of children. The School also aims to build up relationships of trust with children. Children and parents should feel able to raise with the School concerns about safety and welfare in the knowledge that these will be dealt with sensitively.

The implementation of GIRFEC, the National Practice Model and the introduction of the Named Person System have not changed our Child Protection Guidelines. Nevertheless, they will support and enhance our ability to identify child protection concerns and support young people.

The policy shows cognisance of:

- SCIS Guidance on Wellbeing and Child Protection 2015
- National Guidance for Child Protection in Scotland 2014
- Child Protection Learning and Development in Scotland 2012
- The National Risk Framework 2012
- National Guidance on Under-age Sexual Activity 2010

The policy and school procedures have been reviewed against:

- HGIOS4 Q.I. 2.1
- How Do We Protect Children and Meet Their Needs 2009.

The policy should be read in conjunction with the High School of Glasgow Child Protection Guidelines Card and the Staff Code of Conduct.

### **What is Child Abuse and Child Neglect?**

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

Child Protection means protecting a child from abuse or neglect. Abuse or neglect need not have taken place. It is sufficient for a risk assessment to have identified a likelihood or risk of significant harm from abuse or neglect.

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

It should be borne in mind that abuse may in some cases be perpetrated by another child rather than an adult.

(Possible indicators of child abuse are set out in Appendix 1.)

#### **The next part of this section outlines the four main types of abuse/neglect:**

- **Physical Abuse**
- **Neglect**
- **Emotional Abuse**
- **Sexual Abuse**

#### **Physical Abuse**

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

#### **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 and 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 suffering from "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 and 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 in particular, the consequences may be life-threatening within a relatively short period of time.

#### **Emotional Abuse**

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects 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 children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

Active emotional abuse happens when a parent or carer denies a child the love and care they need to be healthy and happy.

Passive emotional abuse usually happens when a parent or carer denies a child the love and care they need in order to be healthy and happy. Such adults might be emotionally unavailable; fail to offer their child praise and encouragement; interact with them in an age-inappropriate way; be over-protective.

### 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. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. 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 a child or encouraging children to behave in sexually inappropriate ways. Appendix 5 details our Under-age Sexual Activity Protocols.

**The next part of this section looks at some other key indicators of abuse suffered by children. The indicators of potential risk are considered separately but they will often – particularly for children in vulnerable circumstances – occur together.**

### Domestic Abuse

Domestic abuse describes any behaviour that involves exerting control over a partner or ex-partner's life choices and that undermines their personal autonomy. It is an assault on their human rights. Although most victims are women, men can also suffer domestic abuse, and it can occur in same-sex relationships as well as heterosexual ones. Children and young people living with domestic abuse are at increased risk of significant harm, both as a result of witnessing the abuse and being abused themselves. Children can also be affected by abuse even when they are not witnessing it or being subjected to abuse themselves. Domestic abuse can profoundly disrupt a child's environment, undermining their stability and damaging their physical, mental and emotional health.

The effect of domestic violence on children is such that it must be considered as abuse. Either witnessing it or being the subject of it is not only traumatic in itself but is likely to have an adverse impact on a child's behaviour and performance at school. Staff may see changes of behaviour or attendance patterns in pupils affected by domestic violence.

Staff should also look out for the signs of pupil to pupil relationship abuse either physical or emotional. Pupils can suffer significant harm from relationships with an imbalance of power, and often think it is normal, or what they deserve.

### Parental Substance Abuse

Problematic parental substance use can involve alcohol and/or drug use (including prescription as well as illegal drugs). The risks to, and impacts, on children of parents and carers who use alcohol and drugs are known and well-researched. Alcohol and/or drug use during pregnancy can have significant health impacts on the unborn child. Problematic parental alcohol and/or drug use can also result in sustained abuse, neglect, maltreatment, behavioural problems, disruption in primary care-giving, social isolation and stigma of children. Parents and carers with drug and/ or alcohol problems often lack the ability to provide structure or discipline in family life. Poor parenting can impede child development through poor attachment and the long-term effects of maltreatment can be complex. The capability of parents/carers to be consistent, warm and emotionally responsive to their children can be undermined.

### Bullying

Bullying is a form of abuse, where deliberately hurtful behaviour is repeated over a period of time, and where the victim may find difficulty in defending him/herself. Cyber-bullying is a particularly damaging form of bullying as it can be constant, difficult to escape, and to a wide audience. Under no circumstances should staff ignore such behaviour; in most instances anti-bullying procedures (and the School's Positive Relationships Policy) should be able to address the issues without resort to formal child protection procedures.

However, sustained bullying can be profoundly damaging to the victim, and has been known to result in attempted, and actual, suicide. Where a pupil's bullying behaviour is persistent and does not respond to the school's normal anti-bullying strategies, the child protection procedures can be invoked. In these circumstances the principles and procedures in these guidelines should be followed.

### Child Sexual Exploitation/Internet Dangers/Grooming/Under-age Sex and Sexting

The sexual exploitation of children and young people is an often hidden form of child sexual abuse. It may involve young people being coerced, manipulated, forced or deceived. It may occur through technology and without the child's immediate recognition.

The downloading or creation of indecent images is a sexual offence. There are dangers for children being allowed to access chat rooms as they may be targeted by adults who are posing as young people. Child protection concerns arise when the young person arranges to meet the person they have been chatting to on the internet, as that person may have been grooming the young person which can lead to children being sexually abused. Under the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005 it is a legal offence to attempt to groom a child for sexual activities through the internet.

Evidence suggests that significant numbers of children have sex below the legal age of 16. Where a member of staff becomes aware of this, they should pass their concern to the Child Protection Co-ordinator who will assess the risk using the government guidelines, and who will ensure the House Staff offer the pupil(s) involved appropriate advice and support.

There is an increase in the number of children sending Self-Generated Inappropriate Images (Sexting) and the reduction at the age in which they do so. This can have considerable impacts on their emotional and social wellbeing. The sending of such images is also illegal. Where the school is aware of pupils sharing inappropriate images with each other, the same criteria as is used for assessing concerns relating to under-age sex should be used.

### Factitious or Induced Illness Syndrome (FIIS) and Factitious or Induced Illness Syndrome by a Parent or Carer (previously known as Munchausen's Syndrome or Munchausen's Syndrome by Proxy).

Fabricated or induced illness in children is not a common form of child abuse, but practitioners should nevertheless be able to understand its significance. Although it can affect children of any age, fabricated and induced illness is most commonly identified in younger children. Where concerns do exist about the fabrication or induction of illness in a child, practitioners must work together, considering all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illnesses. A careful medical evaluation is always required to consider a range of possible diagnoses and a range of practitioners and disciplines will be required to assess and evaluate the child's needs and family history.

There are three main ways in which a parent/carer can fabricate or induce illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms, including fabricating the child's past medical history;
- fabrication of signs and symptoms and falsification of hospital charts, records and specimens of bodily fluids.
- This may also include falsification of letters and documents; and induction of illness by a variety of means.

### Non-Engaging Families

Evidence shows that some adults will deliberately evade practitioner interventions aimed at protecting a child. In many cases of child abuse and neglect, this is a clear and deliberate strategy adopted by one or more of the adults with responsibility for the care of a child. It is also the case that the nature of child protection work can result in parents/carers behaving in a negative and hostile way towards practitioners.

The terms “non-engagement” and “non-compliance” are used to describe a range of deliberate behaviour and attitudes, such as:

- failure to enable necessary contact (for example missing appointments) or refusing to allow access to the child or to the home;
- active non-compliance with the actions set out in the Child’s Plan (or Child Protection Plan contained therein);
- disguised non-compliance, where the parent/carer appears to co-operate without actually carrying out actions or enabling them to be effective; and
- threats of violence or other intimidation towards practitioners.

### Female Genital Mutilation

Female genital mutilation is a culture-specific abusive practice affecting some communities. It should always trigger child protection concerns. The legal definition of female genital mutilation is “to excise, infibulate or otherwise mutilate the whole or any part of the labia majora, labia minora, prepuce of the clitoris, clitoris or vagina”. It includes all procedures which involve the total or partial removal of the external female genital organs for non-medical reasons. There are four types of female genital mutilation ranging from a symbolic jab to the vagina to the partial or total removal of the external female genitalia. The Prohibition of Female Genital Mutilation (Scotland) Act 2005 makes it illegal to perform or arrange to have female genital mutilation carried out in Scotland or abroad. A sentence of 14 years imprisonment can be imposed. There are also several options that should be considered to protect children and prevent female genital mutilation occurring including Child Protection Orders.

### Radicalisation

Where a child is drawn towards extremist thinking/terrorism this is likely to be developed through an abusive relationship with someone promoting terrorism. We have a duty, as part of the Government’s PREVENT strategy, to report any concerns to our local PREVENT team so that they can support vulnerable children.

### Honour-based Violence and Forced Marriage

Honour based violence is a spectrum of criminal conduct with threats and abuse at one end and honour killing at the other. Such violence can occur when perpetrators believe that a relative/community member, who may be a child, has shamed the family and/or community by breaking their honour code.

A forced marriage is defined as a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual and emotional pressure. A clear distinction is drawn between forced marriage and arranged marriage (where the final decision lies with the potential spouses).

### Ritual Abuse

Ritual abuse can be defined as organised sexual, physical, psychological abuse, which can be systematic and sustained over a long period of time. It involves the use of rituals, which may or may not be underpinned by a belief system, and often involves more than one abuser.

### Abuse by Organised Networks of Multiple Abusers

Several high profile cases and investigations within residential schools and care homes have highlighted the complexities involved in investigating alleged organised abuse and supporting children. Complex cases in which a number of children are abused by the same perpetrator or multiple perpetrators may involve the following:

- Networks based on family or community links
- Abduction
- Institutional setting
- Commercial sexual exploitation

### Child Trafficking

Child trafficking typically exposes children (up to the age of 18) to continuous and severe risk of significant harm. It involves the recruitment, transportation, transfer, harbouring and/or receipt of a child for purposes of exploitation. This definition holds whether or not there has been any coercion or deception, as children are not considered capable of informed consent to such activity. It applies to activity within a country as well as between countries.

### Disability

Disabled children are vulnerable to the same types of abuse as their able bodied peers. Nevertheless, children with behavioural disorders, learning disabilities and/or sensory impairments are particularly at risk. Neglect is the most frequently reported form of abuse, followed by emotional abuse. Where a child with a disability causes a concern, or a staff member passes on a concern, the government advice in this area will be referred to.

### Children and young people experiencing mental health problems or affected by parental mental health problems

The emotional wellbeing of children and young people is just as important as their physical health. Most children grow up mentally healthy, but certain risk factors make some more likely to experience problems than others. Evidence also suggests that more children and young people have problems with their mental health today than 30 years ago. Traumatic events in themselves will not usually lead to mental health problems, but they may trigger problems in those children and young people whose mental health is not robust.

It is not inevitable that living with a parent/carer with mental health issues will have a detrimental impact on a child's development and many adults who experience mental health problems can parent effectively. However, there is evidence to suggest that many families in this situation are more vulnerable.

Schools play a key role in developing the resilience of young people when coping with challenging life experiences. Where children are suffering from mental health issues, school staff are in a strong position to identify a child needing help, and to support them. All members of the School community have a responsibility for promoting the mental wellbeing of young people. **Every member of staff should be aware that the way they interact with others will add or detract from the pool of nurture in a school.**

The staff of the school play a key role in creating an environment that encourages the following for all members of the school community:

- A sense of belonging
- Independence and the ability to be effective learners/contributors
- A feeling that the efforts made and their input in to school life has value
- Happiness, safety, equality and respect

The key ways that this is achieved is through:

- Positive relationships
- Sound practice covering all key aspects of health and wellbeing
- Effective contributions to all the aspects of school life that promote health and wellbeing

**The final part of this section identifies some other circumstances where evidence suggests that children have poorer health and wellbeing outcomes:**

- Young Carers
- Looked after children
- Children who place themselves at risk
- Children who are missing

### **Staff Guidance on Interaction with Pupils**

The climate of suspicion that has developed with regard to child abuse poses a real dilemma for caring adults. In order to protect children from abuse, and staff from suspicions of abuse, the natural inclination to comfort and reassure children through physical contact needs a considered assessment of the situation. This does not mean that physical contact is never permissible. It does mean that adults touching children must operate within understood limits, and that contact outwith those limits must be a considered response which can be justified if necessary.

Concerns about child abuse may arise in the following circumstances:

- a member of staff has concerns arising from observation of the child's behaviour or appearance, or comments the child has made;
- a child tells a member of staff that he/she has been abused or feels unsafe;
- a third party expresses concerns to a member of staff; this could be another pupil, a parent or carer or member of the public;
- an anonymous allegation is received;
- historical abuse.

### **A Member of Staff Suspects Abuse or a Child Tells of Abuse**

The suspicions of a staff member may be aroused by the presence of indicators of abuse or by a feeling, based on knowledge of the child, that all is not well, or by a mixture of factors.

It may be appropriate for a member of staff to make an enquiry of a child about how an obvious injury was sustained, or why the child appears upset or distressed, using open-ended, non-leading questions. For example, what happened? where did it happen? when did it happen? who did it? If the child does not respond, the matter should not be pursued further and advice sought.

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

The role of school staff is to **recognise, respond, report and record**:

- **Recognise** when the child's behaviour and demeanour is a cause for concern and respond.
- **Report** their concerns as quickly as possible and in the same working day to the Child Protection Co-ordinator.
- **Record** in detail what they have seen and heard, and when they did so. Signs of physical injury should be described in detail. Any comment by the child concerned, or by an adult who might be the abuser, about how the injury occurred should be recorded, preferably quoting words actually used, as soon as possible after the comment has been made, and sign and report on the day.

Staff should:

1. **Listen** sympathetically and with care.
2. **Reassure** the child that he/she is not to blame.
3. Not show **disbelief**.
4. Not give a guarantee of **confidentiality**.
5. Take the allegation **seriously**.
6. Affirm the child's **feelings** as expressed. (Don't tell the child how he/she should feel.)
7. Avoid being **judgmental** about the information given by the child.
8. **Refer** to the Child Protection Coordinator in accordance with School guidelines.

If the child draws back from speaking to the staff member, the child should be informed of the possibility of making a private and confidential telephone call to ChildLine on 0800 1111. ChildLine's approach is to listen to the child, discuss options and encourage the child to seek help from a trusted adult. A member of staff who is concerned about a child in these circumstances should inform the Child Protection Co-ordinator that the child appears to have some concerns.

### **Confidentiality**

Because of the responsibilities they have to children in their care, staff should never give an absolute guarantee of confidentiality to an adult of a child. The member of staff should not be dismissive and should seek to retain the child's trust by explaining that whilst every effort will be made to respect a desire for confidentiality, if there are serious concerns about the child's well-being and protection, it will be necessary for that information to be passed on to the appropriate authorities. It can be encouraging to reassure those seeking advice that the staff member will not breach the confidence without letting that person know that they intend doing so. This applies to children as well as adults.

Confidentiality for pupils will be discussed within the context of the School's Personal and Social Development programme and pupils will be shown a copy of the School's Confidentiality Statement for Pupils (see Appendix 3).

### **Climate and Whistleblowing**

In working with children and young people, it is possible for staff, through ill-considered actions, to lay themselves open to allegations of abuse. Their best protection is to encourage a climate of openness within the classroom and school community, where pupils feel confident to point out aspects of behaviour they do not like.

If another member of staff is seen to behave inappropriately with a child, do not ignore it but share it with the Child Protection Co-ordinator. If the concern is about the Child Protection Co-ordinator then it should be reported to the Head and if it is about the Head it should be reported to the Chair of the Board of Governors.

### **Checklist for All Staff** (See Appendix 2)

#### **Responsibilities of the Child Protection Coordinator**

- ensuring that all staff are aware of the School's well-being and child protection procedures and any amendments to them;
- staff induction - supplying new members of staff with a written copy of the procedures, and Code of Conduct and emphasising to them the importance of these;
- responsible for Child Protection Training Plan (updated annually) and learning and development, including organising staff briefings and training on child protection. This includes:
  - annually updating and refreshing staff on procedures;
  - briefing new staff and ensuring they receive the Policy, Guidelines Card, Staff Code of Conduct. Ensuring they also receive 'specific contact workforce' training in their first year;
  - ensuring all staff receive 'specific contact workforce' training every 2 or 3 years from an external consultant;
  - providing staff with online safety training;
  - ensuring CPC, the Deputy CPC, the Named Person, the Head of School and anyone acting as a Lead Professional do 'intensive contact workforce' training and Glasgow Multi-agency CPC training every 2 to 3 years;

- ensuring their professional knowledge and skills are as up to date as possible in a changing landscape. The line manager of the Child Protection Co-ordinator together with the CPC should assess the professional learning requirements of their CPCs to determine if more frequent, annual training is necessary;
- overseeing the planning of any curricular provision designed to give children the knowledge and skills to keep themselves safe from all forms of abuse including online safety;
- understanding the specific needs of children in need, those with special educational needs and young carers;
- be able to keep detailed, accurate, secure written records of concerns and referrals;
- liaising with the Named Person to ensure that any holistic assessments of wellbeing that raise child protection concerns are passed on, that information is shared appropriately, and that there is effective co-ordination of Child Protection Case Conferences, Child's Plans and the work of Lead Professionals for relevant pupils;
- liaising with the Rector (Head of School), and other agencies, eg police, social work (Children and Family Services), Health, the Children's Reporter and other government and local authority departments on general issues relating to child protection using established reporting mechanisms. Referring issues to the Children's Reporter if a Compulsory Measure of Supervision is required. Referring cases of suspected abuse to the statutory agencies;
- listening and responding to general concerns raised by staff, pupils and parents or carers in relation to child protection, for instance, by informing parents or carers of the School's policy on confidentiality;
- making sure child protection procedures are well publicised and understood by staff, partners, pupils and parents;
- informing the Rector of all possible cases of child abuse and of general child protection issues within the School;
- liaising with the designated Governor and Governing Safeguarding Committee as required to help them provide oversight of protection and wellbeing of pupils;
- ensuring, together with the Rector, that any decisions made by a child protection conference which involve school staff are carried out;
- liaising with HR staff to ensure robust recruitment procedures with respect to child protection.
- co-ordinating action within the School and on overnight trips away from School in relation to specific children about whom concerns have been raised;
- liaising with Deputy Rector/Head Teacher responsible for PSE to ensure that children are equipped with knowledge, understanding and skills to keep themselves safe;
- liaising with School Nurse to help them promote wellbeing and to ensure they are aware of child protection issues where they are in a position to help meet the child's health needs;
- delegating responsibilities to the most appropriate person when the CPC may not be the most appropriate person to support a particular child after an allegation has been made;
- having knowledge of how local authorities conduct a Child Protection Case Conference and Review Conference and be able to attend and contribute to these effectively;
- manage the recording, storage, retention and deletion of records in line with legislation and current guidance (recording rationale for keeping records beyond five years);
- reviewing the school's procedures and policy annually;
- ensuring that robust self-evaluation mechanisms are in place to audit, quality assure and review the impact of child protection procedures at regular intervals.

## **APPENDIX I**

### **Signs of Possible Child Abuse**

It is important to remember that lists such as the one below are neither definitive nor exhaustive. The information has to be used in the context of the child's whole situation and in combination with a range of other information related to the child and his/her circumstances.

These are general indicators that the child may be troubled though not necessarily about abuse. The child may have some of these problems or none at all. It is the combination, frequency and duration of signs that will alert you to a problem. Try to notice all changes in usual behaviour.

There can be an overlap between all the different forms of child abuse and all or several can co-exist.

### **Physical Abuse**

Signs of possible physical abuse:

- Unexplained injuries or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries, or delay in reporting them
- Excessive physical punishment
- Arms and legs kept covered in hot weather
- Fear of returning home
- Aggression towards others
- Running away

When considering the possibility of non-accidental injury it is important to remember that the injuries may have occurred for other reasons, e.g. genuine accidents or medical disorders.

### **Neglect**

Signs of possible physical neglect:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Frequent lateness and/or unexplained non-attendance at School
- Untreated medical problems
- Low self-esteem
- Poor peer relationships
- Stealing

Signs of possible non-organic failure to thrive:

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

## **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

## **Sexual Abuse**

Not all children are able to tell parents or carers that they have been assaulted. Changes in behaviour may be a signal that something has happened.

It is important to remember that in sexual assault there may well be no physical or behavioural signs.

Signs of possible sexual abuse:

### **(i) Behavioural**

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

## **(ii) Physical/Medical**

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

## **NSPCC – Recognising Signs of Abuse in Children**

### **General Signs of Abuse**

- Changes in personality
- Outbursts of anger
- Changes in eating habits
- Showing inexplicable fear of particular places or making excuses to avoid particular people
- Self-harming
- Not receiving adequate medical attention after injuries
- Showing violence to animals, toys, peers or adults
- Regular flinching in response to sudden but harmless actions
- Lacking in confidence or often wary/anxious
- Children with knowledge of “adult issues” (e.g. alcohol, drugs,sex)
- Regressing to the behaviour of younger children.

### **Primary School**

- Talks about being left home alone or with strangers
- Lacks social skills and has few if any friends
- Shows lack of attachment to parent.
- Becomes secretive and reluctant to share information.
- Acting out excessive violence with other children.

### **Throughout Schooling**

- Reluctant to go home after activities/school
- Unable to bring friends home or reluctant for professionals to visit the family home
- Poor school attendance and punctuality, or late being picked up
- Parents show little interest in child’s performance and behaviour
- Parents are dismissive and non-responsive to professional concerns
- Is reluctant to get changed for PE or other activities
- Wets or soils the bed
- Acting out excessive violence with other friends

## **APPENDIX 2**

### **CHECKLIST FOR ALL STAFF**

#### **In All Cases**

- IF**
- \* you suspect a child may have been abused
  - \* a child discloses abuse
  - \* a third party expresses concerns to you

**you should RECOGNISE, RESPOND, REPORT AND RECORD what you have been told on the same working day.**

**R**espond without showing signs of disquiet, anxiety or shock.

**E**nquire casually about how an injury was sustained or why a child appears upset.

**C**onfidentiality should not be promised to children or to adults.

**O**bserve carefully the behaviour or demeanour of the child or the person expressing concern.

**R**eport to the Child Protection Co-ordinator on the same day and **record** in detail what you have seen and heard.

**D**o not interrogate or enter into detailed investigations; rather encourage the child to say what he or she wants to establish the basic facts. Reassure the child that he/she is not to blame. Do not show disbelief. Affirm the child's feelings as expressed (don't tell them how they should feel). Avoid being judgemental about the information given.

And then **REPORT** to the CPC on the same day as the concerns arise.

**Remember** – Record and report on the same working day (complete, sign and date a Child Protection Concern Form). If this is being done electronically it should not be saved but should be printed, signed and dated. It should not be e-mailed by anyone in the school. The record should include what they have seen and heard, and when they did so. Signs of physical injury should be described in detail. Any comment by the child concerned, or by an adult who might be the abuser, about how the injury occurred should be recorded, preferably quoting words actually used, as soon as possible after the comment has been made.

When responding to the child:

1. Take the allegation seriously; support the child – **do not investigate**.
2. Listen sympathetically and with care.
3. Where the information is unclear, only ask enough questions to gain basic information. Consider asking “tell me what happened” but avoid probing questions (what, when, where) that become investigative.
4. Try to have the GIRFEC 5 Key Questions in mind:
  - a. What is getting in the way of this child or young person's well-being?
  - b. Do I have all the information I need to help this child or young person?
  - c. What can I do now to help this child or young person?
  - d. What can the High School of Glasgow do to help this child or young person?
  - e. What additional help, if any, may be needed from others?

Remember:

Do not prompt or suggest.

Do not ask how the child felt.

If you are in doubt – take advice.

**Keep** contemporaneous notes and make a **record** of them on the same working day (signing and dating them).

And then **REPORT** to Mr G Robertson at the Senior School or Miss Fuller at the Junior School, on the same day as the concerns arise (completing the Child Protection Concern Form).

If the child draws back from speaking to the staff member, the child should be informed of the possibility of making a private and confidential telephone call to Childline on 0800 1111. Childline’s approach is to listen to the child, discuss options and encourage the child to seek help from a trusted adult. A member of staff who is concerned about a child in these circumstances should inform the Child Protection Co-ordinator that the child appears to have some concerns.

In the absence of the CPC, the Rector and the Deputy CPC should be informed.

Due to the nature of historic abuse, child protection records should be retained for 25 rather than 5 years after the pupil has left school.

If a wellbeing concern relates to Child Protection the Child Protection Co-ordinator should be informed immediately and the Named Person subsequently informed. Where a number of small wellbeing concerns lead to a holistic judgement that a pupil is not safe, this should be passed to Child Protection Co-ordinator immediately.

### **APPENDIX 3**

#### **PUPIL CONFIDENTIALITY STATEMENT**

Staff in school want you to feel that you are happy and getting the best of the opportunities that the school provides during the time you are with us. We hope that you feel able seek help if you are concerned or worried about anything. We are here to help and support you. We hope this information will help you understand the responses you can expect from staff and the various options you have for getting the help you need when you need it.

At the heart of the Children and Young People (Scotland) Act 2014 is the wellbeing of all children and young people in Scotland. This is known as Getting It Right For Every Child (GIRFEC) and covers children and young people up to the age of 18. Wellbeing, under this Act, is defined in relation to eight indicators representing the key areas that are essential to enable children and young people to flourish. These are that children and young people should be:

- |              |                   |
|--------------|-------------------|
| • safe;      | • active;         |
| • healthy;   | • respected;      |
| • achieving; | • responsible and |
| • nurtured;  | • included.       |

For the majority of children and young people, these needs will be met by their parents or carers or the routine support provided by the school. For pupils who need extra support every school has a Named Person whose job it is to organise additional help for pupils. Where this happens, your consent and your views will be taken into account. The Named Person should also tell you if they need to share the information, who they are sharing it with and why.

Even when a young person has left school before reaching 18, the local authority where they live must provide a Named Person.

If you find yourself in a situation where:

- you have something important to talk to staff about
- you are worried about things that are happening to you
- you need help or you need to know how to seek help

The staff are there to listen and to help - they will try to do what they can.

The School's response is that anything you say in confidence will be treated in confidence unless there are concerns about your safety or protection. This would need to be shared with others, but staff would tell you first. They should also tell you who they are sharing it with and why.

You may have concerns that you do not want to share with staff or your parents or carers. If you are worried about confidentiality:

- You can tell staff using a hypothetical concern and seek advice e.g. What if you were 15 and such and such was happening to you what should you do? or I know someone who .....
- If you are still unsure about talking to a member of staff, you can phone ChildLine on 0800 1111; the call is free and will not show up on your phone bill. ChildLine will help you work out what to do next.
- You can also use the Childline 'For Me' which is the first app to provide direct counselling to young people through a mobile device and it's free to download.
- Childline also provides 1-2-1 chat with a counsellor. You can send an email or write a letter to Ask Sam about the issues that affect them. 'Sam' responds to a cross section of the letters that young people have sent and young people can search the archive of letters for advice and information.

## **APPENDIX 4**

### **CHILD PROTECTION LEARNING AND DEVELOPMENT 2012** **COMPETENCIES KNOWLEDGE AND SKILLS**

#### **General Contact Workforce**

Staff likely to come into contact with children, young people and other family members but won't be involved in in-depth personal work (e.g. catering staff).

#### ***Core competences***

The core competences relating to child protection for a worker in this workforce group are to:

- Recognise where there may be concerns about a child's wellbeing.
- Know the procedure and take appropriate action.

#### ***Key knowledge and skills***

Key knowledge for a worker in this group is:

- The Getting It Right for Every Child approach and what is meant by "it's everyone's responsibility to protect children".
- The importance of child protection in the wider context of public protection.
- The general nature and signs of abuse and neglect.
- What to do if they are worried about a child or young person.
- When to seek appropriate supervision / support and where to look for this.
- How the service / profession / discipline they represent can contribute to keeping children and young people safe.
- The basic principles of the rights of children and young people.

Key skills for a worker in this group are the ability to:

- Recognise concerns about children and young people and identify possible risks and signs of child abuse and neglect.
- Effectively communicate / report, observe and record concerns.
- Take immediate action and follow the procedures in their agency.

### Specific Contact Workforce

Staff that carry out direct work with children, young people and their families and form in-depth relationships (e.g. teachers).

#### **Core competences**

The core competences relating to child protection for a worker in this workforce group are those identified for the general contact workforce, and to:

- Protect and promote the well-being of children and young people.
- Access all relevant aspects of local child protection procedures.
- Contribute to identifying and implementing potential interventions.

#### **Key knowledge and skills**

Key knowledge for a worker in this group is that which has been identified for the general contact workforce, as well as:

- The GIRFEC National Practice Model and well-being indicators.
- The nature and prevalence of abuse and neglect; factors associated with abuse and neglect (e.g. power and oppression; issues of consent) specific forms of abuse and neglect (e.g. child sexual exploitation, female genital mutilation, child trafficking, forced marriage); and the implications of particular issues (e.g. the internet).
- The potential impact of specific issues on child protection:
- Disability (including physical impairments; and learning disabilities).
- Ethnic group (including where English is not the first language).
- Gender (including gender-based violence).
- Religion / faith (including abuse in a religious environment).
- Age (including children and young people over 16; those at the point of transition from children's to adult services; and young parents).
- Misuse of alcohol and drugs by family members (including substance misuse in pregnancy).
- Domestic abuse (including domestic abuse in pregnancy and the impact of domestic abuse on children, young people and the non-abusing parent / carer).
- Parental mental health problems.
- Childhood trauma.
- Bullying.
- Complex needs (including additional support needs).
- Other aspects of personal circumstances (e.g. asylum seeking; being a young carer).
- Experience of particular forms of abuse and neglect (e.g. child sexual exploitation, female genital mutilation, child trafficking, forced marriage etc.).
- Their own / agency's role, responsibilities, procedures, protocols and guidance, and those of other workers / agencies in protecting children and young people, preventing abuse and promoting their welfare.
- Multi-agency child protection procedures, protocols and guidance and any changes to these.
- The role of the Child Protection Committee, Named Person and Lead Professional.
- Relevant legislation and guidance (and changes to this) including, for example, children's rights, confidentiality and information sharing.

Key skills for a worker in this group are those identified for the general contact workforce and the ability to:

- Apply the GIRFEC approach and other relevant legislation and guidance to practice.
- Carry out child-centred work, respond appropriately to disclosure of abuse, seek and identify children and young people's views and promote their rights.
- Engage, communicate, observe and work effectively with children, young people and their families (e.g. as identified in the Common Core) and with children, young people and their families in specific circumstances (e.g. affected by substance misuse, domestic abuse and other factors identified above).

- Recognise and respond to the potential need for advocacy and / or communication support for some children and young people and their families.
- Engage and work effectively with other workers (including providing support and supervision where relevant).
- Distinguish between observation, facts, information gained from others, and opinion.
- Apply key theories underpinning their work with children and young people to support children and young people's development.
- Identify what to do to protect and promote the well-being and safety of children and young people, including those who are suffering, or at risk of suffering, significant harm.
- Carry out all aspects of their role in child protection including: compiling a chronology; keeping records; contributing to an investigation; and providing and communicating appropriate information from their work with a child or young person to inform the child protection process.
- Make appropriate onward referrals, including using specialist agencies.
- Undertake assessment of their own role and practice in relation to child protection.

### Intensive Contact Workforce

Staff that have specific responsibilities for child protection issues as part of their role or linked to their role (e.g. Child Protection Co-ordinator, Deputy Child Protection Co-ordinator, Named Person, Lead Professionals).

### **Core competences**

The core competences relating to child protection for a worker in this workforce group are those identified for the general and specific contact workforces and to:

- Ensure that appropriate emergency action is taken to protect a child or young person.
- Initiate and participate in a child protection enquiry with other relevant workers, including an initial / inter-agency referral discussion.
- Discuss and consider child protection issues with other relevant workers.
- Undertake work with complex cases on a single and multi-agency basis.
- Provide informed advice and support to others about child protection issues.

### **Key knowledge and skills**

Key knowledge for a worker in this group is that which has been identified for the general and specific contact workforces, and:

- The local strategic and operational approach to child protection, procedures, protocols and the overall pattern of provision.
- The roles, functions and skills required from the Named Person / Lead Professional.
- Relevant statutory powers, duties and legal issues (including changes).
- When a child protection plan is needed, the components that make up the plan and the way this will be implemented.
- Other agencies with a role in meeting the needs of a child, young person or other family member where there are child protection issues.
- The importance of relevance, proportionality and 'need to know' in terms of recording and data sharing.

Key skills for a worker in this group are those identified for the general and specific contact workforces, and the ability to:

- Undertake, manage, plan and support joint and single agency investigative work appropriate to their role (including inquiring into alleged abuse or neglect by workers or carers).
- Analyse and critically appraise: information (including collating a chronology); needs; risks; and roles.
- Select and use appropriate assessment tools and produce a needs-led assessment, including the assessment of risk.
- Recognise and respond to complex needs of particular groups.
- Collect and ensure the representation of the views of the child or young person.
- Identify desired outcomes, including longer term outcomes.
- Help develop, record and ensure the implementation of a child protection plan, linking risks with tasks (including through core group and review case conferences where appropriate).
- Communicate effectively and engage with all parties about child protection plans.
- Collect / collate evidence to monitor and review a child's plan and evaluate interventions.
- Conduct / contribute to significant case reviews / critical incident analysis and contribute to developing and implementing recommendations.
- Supervise and / or support workers / colleagues involved in child protection work.
- Analyse material, carry out critical analysis and be confident to challenge other workers when required.
- Identify and respond to boundary issues / conflicts of interest.
- Evaluate their own and multi-agency interventions.

## **APPENDIX 5**

### **UNDER-AGE SEXUAL ACTIVITY PROTOCOL**

Where you become aware of a pupil involved in under-age sex then please refer to the flowchart on the next page, and use the risk matrix to complete your assessment.

**The over-riding principle is that the confidentiality of children and young people should be respected unless there is a child protection concern.** Nevertheless, you should encourage the young person to share information with their parents or carers where it is safe to do so. This is in recognition of the responsibilities, rights and a duty of parents to direct and guide their children in the exercise of their rights, consistent with the young person's evolving capacities. If you have assessed that the sexual behaviour is consensual teenage sexual activity where there are no concerns of abuse or exploitation, you should:

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

#### **Additional Notes:**

- These protocols reflect the criteria and principles in the National Guidance on Under-age Sexual Activity 2010.
- They should be considered in line with our existing protocols for data protection, information sharing, confidentiality and recording of decision making.
- They link in to our Child Protection procedures, and our protocols for protecting vulnerable individuals, and dealing with sexual exploitation and trafficking.
- Staff should refer to the Child Protection Co-ordinators Responsibilities to see details of our monitoring that will ensure consistent and appropriate application of all our child protection protocols.
- Where appropriate, the Child Protection Co-ordinator will complete the Risk Assessment Screening Framework Form and file it. Where a decision is made not to share information with parents or carers, the Child Protection Co-ordinator will ensure they record the reasons for this.

## Decision Making Flowchart

GATHERING STAGE			<b>Teacher becomes aware of under-age sexual activity and gathers any background knowledge required</b>		
ANALYSIS STAGE			<b>Ask yourself the 5 GIRFEC key questions:</b> What is getting in the way of this child's or young person's well-being? Do I have all the information I need to help this child and young person? What can I now do to help this child and young person? What can my agency do to help this child and young person? What additional help, if any, may be needed from others?		
			<b>Refer to Risk Matrix (below) to make an assessment</b>		
	<b>Automatic sharing of concerns</b> There are certain circumstances in which practitioners should automatically share child protection concerns: • if the child is, or is believed to be, sexually active and is under 13; • if the young person is currently 13 or over but sexual activity took place when they were 12 or under; • if there is evidence or indication that the young person is involved in pornography or prostitution; • if the 'other person' is in a position of trust in relation to the young person; and • if the young person is perceived to be at immediate risk.	<b>The young person is assessed as not at risk of harm.</b> This is where the practitioner has assessed that the sexual behaviour is consensual teenage sexual activity where there are no concerns of abuse or exploitation.	<b>The young person is at not at risk of harm.</b> This is where the practitioner has assessed that the sexual behaviour is not abusive or exploitative, but that there remain concerns about the young person's behaviour e.g. their ability to assess risk, their use of drugs/alcohol, the environment in which they seek sexual contacts etc,	<b>If there are concerns that the young person might be at risk of harm.</b> This is where the practitioner is concerned that the young person's behaviour, or the nature of the sexual behaviour and/or relationship, could indicate that the young person is at risk of harm,	<b>The young person is at risk of harm.</b> This is where the practitioner is aware that the young person has experienced, or is experiencing, harm as a result of their sexual activity or behaviour.
MANAGING RISK AND MAKING INTERVENTIONS	<b>In these circumstances, the practitioner should:</b> • where appropriate, speak with the child and young person prior to passing on the child protection concern – every reasonable effort should be made to seek their agreement; • share the child protection concern in line with their local child protection procedures, detailing those who are involved, the nature of the concerns etc; and • if agreement is not reached, the professional should share the child protection concern and inform the child and young person that this will be the course of action.	<b>In these circumstances the practitioner should:</b> • uphold the confidentiality rights of the young person; and • provide practical assistance and advice as required. Practitioners not qualified to provide this should signpost young people to the appropriate local services (e.g. sexual health services). A single-agency decision-making process is normally appropriate.	<b>In these circumstances the practitioner should:</b> • uphold the confidentiality rights of the young person; and • provide practical assistance and advice as required within their own agency or, with their permission, refer them to the appropriate clinical or support services, including forensic or sexual health services. A single-agency decision-making process is normally appropriate.	<b>In these circumstances the practitioner should:</b> • seek guidance from a line-manager in accordance with their agency's guidelines and decide if further action is required; • inform the young person about the need speak to other practitioners, where required, and seek their consent if possible; • share appropriate information with other practitioners about the young person; • if required, seek advice from other services and agencies to assist in this decision-making; and • share information with the police if there are concerns about the young person's sexual partner.	<b>In these circumstances the practitioner should:</b> • where appropriate, speak with the child and young person prior to passing on the child protection concern – every reasonable effort should be made to seek their agreement; • share the child protection concern in line with their local child protection procedures, detailing those who are involved, the nature of the concerns etc; and • if agreement is not reached, the professional should share the child protection concern and inform the child and young person that this will be the course of action.
RECORDING			<b>In all circumstances, the practitioner should make a record of events and decisions,</b> in line with their own agency procedures. The record should contain all essential detail and the reasons behind their action.		

### Risk Matrix – Indicators of Potential Risk

If a professional feels that there are concerns around the young person's sexual behaviour, the indicators set out below can help the practitioners decide on the appropriate response and whether information needs to be shared. What follows is a non-exhaustive list of some of the typical factors that may indicate a child protection concern and help practitioners determine risk and need. It is not intended to be used as a checklist but forms the basis of a risk assessment: depending on the specific situation, not all of the areas identified will require exploration.

The child and young person	The relationship
<ul style="list-style-type: none"> <li>• Is the child under the age of 13 or did the sexual activity take place when the young person was under 13?</li> <li>• Did the young person understand the sexual behaviour they were involved in?</li> <li>• Did the young person agree to the sexual behaviour at the time?</li> <li>• Did the young person's own behaviour – e.g. use of alcohol or other substances – place them in a position where their ability to make an informed choice about the sexual activity was compromised?</li> <li>• Was the young person able to give informed consent? (e.g. mental health issues, learning disability or any other condition that would heighten the young person's vulnerability)</li> </ul>	<ul style="list-style-type: none"> <li>• Was there a coercing power or any other relevant imbalance present in the relationship? (e.g. differences in size, age, material wealth and/or psychological, social, intellectual and physical development – in addition, gender, race and levels of sexual knowledge can be used to exert power.) It should not automatically be assumed that power imbalances do not exist for two young people similar in age or of the same sex.</li> <li>• Were manipulation, bribery, threats, aggression and/or coercion, involved? (e.g. was the young person isolated from their peer group or was the young person given alcohol or other substances as a disinhibitor etc.)</li> </ul>
The other person	Other factors
<ul style="list-style-type: none"> <li>• Did the other person use 'grooming' methods to gain the trust and friendship of the young person? (e.g. by indulging or coercing the young person with gifts, treats, money etc; by befriending the young person's family; by developing a relationship with the young person via the internet.)</li> <li>• Did the other person attempt to secure secrecy beyond what would be considered usual in teenage sexual activity?</li> <li>• Was the other person known by the practitioner to be or have been involved in concerning behaviour towards other children and young people?</li> <li>• Was the other person in a position of trust?</li> </ul>	<ul style="list-style-type: none"> <li>• Was the young person, male or female, frequenting places used for prostitution?</li> <li>• Is there evidence of the young person being involved in prostitution or the making of pornography?</li> <li>• Was the young man frequenting places where men have sex with men in circumstances where additional dangers, e.g. physical assault, might arise?</li> <li>• Were there other concerning factors in the young person's life which may increase their vulnerability? (e.g. homelessness.)</li> <li>• Did the young person deny, minimise or accept the concerns held by practitioners?</li> </ul>

## **Resources and Services Available**

### Resources –

- HEALTH RESPECT:  
<http://www.healthyrespect.co.uk>
- YOUTH HEALTH TALK  
[http://www.youthhealthtalk.org/Sexual\\_Health\\_of\\_Young\\_People/](http://www.youthhealthtalk.org/Sexual_Health_of_Young_People/)

### Services –

- Sandyford Drumchapel, Drumchapel Health Centre, 80-90 Kilfauns Drive, Glasgow.  
Telephone: 0141 211 81301119