

## **Child Protection Policy**

At Dunlop Early Childhood Centre (ECC) we intend to create an environment in which children both attending and visiting the ECC are safe. “Procedures and guidance cannot in themselves protect children; a competent, skilled and confident workforce, together with a vigilant public, can” (Scottish Government, 2023). Child protection is a complex system requiring the interaction of services, the public, children, and families.

For the system to work effectively, it is essential that everyone understands the contribution they can make and how those contributions work together to provide the best outcomes for children. Everyone working with children needs to appreciate the important role they can play by remaining vigilant and providing robust support for child protection.

The purpose of this policy is to clearly set out the responsibility of all staff in the matter of child protection and to describe the procedures in dealing with concerns.

### **Who is Responsible?**

1. There should be a named Child Protection coordinator within every centre. This responsibility would normally sit within the remit of the Head Teacher/Head of Centre. This information should be visible for parents/carers, staff and visitors.
2. The role of ALL educational staff in circumstances where there are grounds for concern that a child has been abused or neglected, is to observe, report, record and cooperate with Social Services and other relevant agencies such as Police Scotland, the Scottish Children’s Reporter Administration and appropriate Health personnel.
3. The responsibility for investigating child abuse lies with Children and Families Social Work Service. It is not the responsibility of staff to investigate suspected or alleged abuse, evaluate the grounds or seek proof.
4. It is the overall responsibility of the Senior Management Team (SMT) to ensure that staff and volunteers have knowledge of and access to East Ayrshire Council’s Child Protection Guidelines at all times (Standard Circular 57 (SC 57)).
5. The SMT are responsible for ensuring all staff are aware of their roles in relation to reporting and recording significant information about children in-line with SC 57 and the national practice guidance.

## How will this policy be implemented?

6. Safer recruitment procedures will be followed at all times, in line with EAC policies. Staff will not be appointed until their PVG Scheme record has been received from Disclosure Scotland (information is held centrally, with individual numbers recorded within staff files). The Protection of Vulnerable Groups (Scotland) Act 2007 ensures that those who either have regular contact with vulnerable groups through the workplace, or who are otherwise in regulated work, do not have a history of inappropriate behaviour. It excludes people who are known to be unsuitable, on the basis of past behaviour, from working with children and detects those who become unsuitable while in the workplace. Disclosure Scotland keeps a list of individuals who are considered to be unsuitable to work with children, the PVG Children's List.
7. SC 57 is discussed in all settings as part of the August in-service day. SC 57 is revised regularly and takes into consideration the National Guidance for Child Protection in Scotland 2021 and the Scottish Government's 'Getting it Right for Every Child (GIRFEC) approach'. This guidance clearly outlines the procedures staff must follow when reporting and recording safeguarding concerns.
8. The SMT must ensure staff engage in regular training to keep abreast of current societal issues, enabling them to recognise child protection issues (see further information section). The Head of Centre / Depute Manager must keep documentary evidence of training attended/accessed by all staff.
9. Adults who have not been vetted through Disclosure Scotland and through careful selection procedures will not take children, other than their own, unaccompanied to the toilet, or be left in sole charge of any children.
10. All staff in the ECC who undertake regulated work with children need to be registered with the SSSC/GTCS or in the process of registering with the Scottish Social Service Council (SSSC) and are responsible for keeping their registration and professional learning up to date.
11. All staff who are registered with the SSSC must adhere to the SSSC standards and SSSC codes of conduct.
12. Staff are aware of the requirement to notify the Head of Centre / Head Teacher about any occurrence which may affect their PVG Scheme record or SSSC registration.
13. The SMT must be aware of their obligation to refer to Disclosure Scotland/Care Inspectorate, GTCS, SSSC, any individual in regulated work

with children who harms a child or puts a child at risk of harm AND is dismissed or moved away from access to children as a result. This includes staff that would have been dismissed if they had not resigned, retired, been made redundant or left at the end of a temporary contract.

14. Children must be supervised at all times by a responsible adult, including when taking part in external activities, e.g. walks, visits and other outings. A risk assessment and Evolve must always be undertaken, and appropriate ratios agreed and adhered to. Appropriate consents must also be sought.
15. Staff must not be left alone for long periods with individual children or with small groups. Staff who need to take a child aside for any reason will alert another member of staff.
16. Adult: child ratios must be adhered to at all times.
17. Children must not be left alone with visitors to the ECC at any time. Any visitors will be asked to provide proof of identity and sign in and out using the visitor's book. Staff will also supervise children when visiting specialists are on the premises. Regular visitors may require a PVG Scheme check if their work falls within the regulated category.
18. Children must only be collected from the ECC by adults who are authorised by parents or carers to do so. This should be provided in writing, wherever possible. If in the opinion of the staff on duty the parent/carer is incapable of looking after the child safely through being under the influence of drugs or alcohol, delaying tactics should be employed and a member of the SMT informed immediately, who will then instruct on the next steps to follow in order to maintain a calm and safe environment.
19. The priority of the SMT will be to keep the parent/carer out with the secure ECC areas (areas where children are present). The SMT may need to safely manage the parent's transition from the playroom back through the main secure doors if the parent/carer has already been given access. The child will not be allowed to leave the centre until a "safe" adult has arrived to collect them and identity confirmed. All the children including the child to be collected will stay within the secured area at all times. If the child to be collected becomes agitated or distressed they must be reassured and comforted by staff. The parent/carer would not be permitted to come into contact with the child as this would cause unnecessary distress to the child and parent/carer. Other agencies should then be contacted where required.
20. ECC staff turning up for duty under the influence of drugs or alcohol will be instructed to go home. Appropriate HR procedures should then be followed, and notifications submitted where required.

21. There are **NO CIRCUMSTANCES** in which children will be punished by smacking, slapping, or shaking. Neither will humiliating or frightening methods of punishments be used for example, ridicule or exclusion. The whistleblowing policy must be adhered to by all staff.
22. Children must be respected, listened to, and encouraged to develop a sense of autonomy and independence through adults supporting them in making choices and in labelling their own feelings, and positive ways to express them. The new Respectful Relationships policy must be fully implemented by all ECC staff.
23. Children should be encouraged to be confident in dealing with personal hygiene needs. "Toileting accidents" will be dealt with in a sensitive manner.
24. The layout of the playroom(s) and deployment of staff must permit appropriate supervision of all children. Staff must also keep children safe by being aware of how, and why, children could potentially leave a childcare setting or group when out without a responsible adult. Staff should discuss the risks regularly, ensuring appropriate control measures are implemented and maintained at all times. The SIMOA poster issued by the Care Inspectorate should also be displayed to remind/prompt staff.
25. **Dunlop ECC is registered with the Care Inspectorate and will undergo regular scrutiny and assurance activity. The service must notify the Care Inspectorate of the following (in line with the notification guidance):**
- Accidents, incidents, or injuries involving children using the service – within 24 hours.
  - Outbreak of infectious disease – within 24 hours.
  - Death of a service user – within 24 hours.
  - Protection concerns - within 24 hours.
  - Equipment breakdown having significant effect on the service (more 24hrs) – within 24 hours.
  - Allegation of misconduct by provider or any persons employed in care services – within 24 hours.
  - Criminal convictions resulting in unfitness of manager – within 24 hours.
  - Unfitness of a manager – within 24 hours.
  - Absence of manager for more than 28 days – 14 days prior or within a week.
  - Change of manager (use 'amend manager or service details form on the portal' – As soon as a new manager has been appointed.
  - Planned refurbishment or alteration or extension of premises – 3 months before work begins.
  - Change of registration details – within 24 hours through the digital portal.
  - Adverse event involving a schedule 2,3,4,5 controlled drug – within 24 hours.

- Missed Medication (using the incident, accident or protection concern notification) - within 24 hours.
26. Changes in children's behaviour or appearance must be monitored, recorded, and acted upon by the Child Protection Co-ordinator or, in their absence, by another member of the SMT. Suspicions will be referred immediately to the Social Work Department to discuss the circumstances and agree the immediate action to be taken. ECC staff are then required to cooperate with any subsequent enquiries or support plans. All such suspicions will be kept confidential, shared only with those who need to know. Any member of staff may contact the Social Work Department directly if they have a concern about a child which they believe is not being progressed.
27. In collecting, holding, and processing personal data the ECC will comply with current Data Protection rules and guidelines.
28. This child protection policy should be displayed on the ECC's main notice board.
29. All ECC staff and management must have a working knowledge of this policy. This policy is reviewed annually by the early years improvement team.
30. The SMT must ensure that the Education Scotland [Child Protection and Safeguarding Self-evaluation](#) is updated annually.
31. The SMT must ensure that all other relevant policies/procedures are adhered to in relation to keeping children safe for example the medication policy or health and safety audits/checklists.

### **Record Keeping**

32. Whenever worrying changes are observed in a child's behaviour, physical condition or appearance they must be recorded. Chronologies should be maintained for all children on Seemis and on Ayrshare for children with multiagency involvement.
33. All safeguarding concerns must be recorded and reported to the child protection co-ordinator immediately. The staff member recording must document exactly what has been said or seen, with no judgement.

### 34. **Do's and Don't's when dealing with a Child Protection Concern**

If a child tells you someone may have abused them

#### **DO**

Stay Calm / Listen to the Child  
 Keep questions to a minimum / Reassure Child  
 Record what the child has said in their own words  
 Make a Referral

#### **DON'T**

Ask too many questions / Make false promises  
 Express shock or anger  
 Delay passing on of information  
 Carry out an investigation into an allegation this is NOT your role

### **Supporting Families**

35. The ECC will take every step in its power to build up trusting and supportive relationships between families, staff and volunteers.
36. Where abuse at home is suspected, the ECC will continue to welcome the child and family while investigations proceed.
37. With the vision that the care and safety of the child must always be paramount, the ECC will do all in its power to support and work with the child's family.

### **Training**

38. The SMT must discuss the contents of standard circular 57 and this policy with all members of staff at least annually.
39. All new staff who start mid-session MUST also undertake Child Protection and Safeguarding training including SC57 from managers and proof of this must be retained.
40. The SMT must ensure that all staff have received awareness raising in relation to Information Sharing protocols [The Child's Pathway and Practitioner Guidance](#),
41. The SMT must ensure that all staff are aware of and apply contents of Standard Circular 11 in relation to children's progress records, personal plans and ASN records.

## **Further Important Information**

Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home; within a family or peer network; in care placements; institutions or community settings; and in the online and digital environment. Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use.

## **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. There may be some variation in family, community or cultural attitudes to parenting, for example, in relation to reasonable discipline. Cultural sensitivity must not deflect practitioners from a focus on a child's essential needs for care and protection from harm, or a focus on the need of a family for support to reduce stress and associated risk.

## **Emotional Abuse**

Emotional abuse is persistent emotional ill treatment that has severe and persistent adverse effects on a child's emotional development. 'Persistent' means there is a continuous or intermittent pattern which has caused, or is likely to cause, significant harm. Emotional abuse is present to some extent in all types of ill treatment of a child, but it can also occur independently of other forms of abuse.

**It may involve:** • conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person • exploitation or corruption of a child, or imposition of demands inappropriate for their age or stage of development • repeated silencing, ridiculing or intimidation • demands that so exceed a child's capability that they may be harmful • extreme overprotection, such that a child is harmed by prevention of learning, exploration and social development • seeing or hearing the abuse of another.

## **Sexual Abuse**

Child sexual abuse (CSA) is an act that involves a child under 16 years of age in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. For those who may be victims of sexual offences aged 16-17, child protection procedures should be considered. These procedures must be applied when there is concern about the sexual exploitation or trafficking of a child. 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, in watching sexual activities, using sexual language towards a child, or encouraging children to behave in sexually inappropriate ways.

### **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 person under 18 into sexual activity in exchange for something the victim needs or wants, and/or 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. Children who are trafficked across borders or within the UK may be at particular risk of sexual abuse.

### **Criminal Exploitation**

Criminal exploitation refers to the action of an individual or group using an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity in exchange for something the victim needs or wants, or for the financial or other advantage of the perpetrator or facilitator. Violence or the threat of violence may feature. The victim may have been criminally exploited, even if the activity appears consensual.

Child criminal exploitation may involve physical contact and may also occur through the use of technology. It may involve gangs and organised criminal networks. Sale of illegal drugs may be a feature. Children and vulnerable adults may be exploited to move and store drugs and money. Coercion, intimidation, violence (including sexual violence) and weapons may be involved.

### **Child Trafficking**

Child trafficking involves the recruitment, transportation, transfer, harbouring or receipt, exchange or transfer of control of a child under the age of 18 years for the purposes of exploitation. Transfer or movement can be within an area and does not have to be across borders. Examples of and reasons for trafficking can include sexual, criminal and financial exploitation, forced labour, removal of organs, illegal adoption, and forced or illegal marriage.



## **Neglect**

Neglect consists in persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty, and is an indicator of both support and protection needs. 'Persistent' means there is a pattern which may be continuous or intermittent which has caused, or is likely to cause significant harm. However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect indicate the need for support to prevent harm. The GIRFEC SHANARRI indicators set out the essential wellbeing needs. Neglect of any or all of these can impact on healthy development. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); to protect a child from physical and emotional harm or danger; to ensure adequate supervision (including the use of inadequate caregivers); to seek consistent access to appropriate medical care or treatment; to ensure the child receives education; or to respond to a child's essential emotional needs. Faltering growth refers to an inability to reach normal weight and growth or development milestones in the absence of medically discernible physical and genetic reasons. This condition requires further assessment and may be associated with chronic neglect. Malnutrition, lack of nurturing and lack of stimulation can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. For very young children the impact could quickly become life-threatening. Chronic physical and emotional neglect may also have a significant impact on teenagers.

## **Female Genital Mutilation (FGM)**

This extreme form of physical, sexual and emotional assault upon girls and women involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Such procedures are usually conducted on children and are a criminal offence in Scotland. FGM can be fatal and is associated with long-term physical and emotional harm.

## **Forced Marriage**

A forced marriage is 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 abuse. Forced marriage is both a child protection and adult protection matter. Child protection processes will be considered up to the age of 18. Forced marriage may be a risk alongside other forms of so called 'honour-based' abuse (HBA). HBA includes practices used to control behaviour within families, communities, or other social groups, to protect perceived cultural and religious beliefs and/or 'honour'

**Other guidance considered within this policy includes;**

- A quality improvement framework for early learning and childcare settings: Children are supported to achieve: QI Safeguarding and child protection, January 2025.
  - East Ayrshire Council, Standard Circular 57 – Child Protection.
  - National Guidance for Child Protection in Scotland, Scottish Government 2021 – updated 2023.
  - Health & Social Care Standards, 2017
- 1.4, 1.13, 1.14, 1.15, 1.24, 2.12, 3.14, 3.17, 3.18, 3.19, 3.20, 3.21, 3.22, 4.18, 4.24,5.17.

**Contact information for the Care Inspectorate, should anyone want to make a complaint or raise a concern about someone who uses or is working within the service.**

**Web:** [www.careinspectorate.com](http://www.careinspectorate.com)

**Email:** [concerns@careinspectorate.gov.scot](mailto:concerns@careinspectorate.gov.scot) telephone: 0345 600 9527

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