



Safeguarding and Protecting Children and Young People

Standard Circular 57

Abstract

This document provides guidance for employees working in Educational Establishments and Services in relation to Child Protection Policy and Procedures.

Renfrewshire Children's Services

Safeguarding and Protecting Children and Young People
Standard Circular 57
Review Tracker

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1. The Context for Child Protection

- 1.1. The purpose of standard circular 57, in line with the National Guidance for Child Protection in Scotland (2021), is to direct all Education staff working within Children's Services to work in partnership with other agencies and alongside families, children and young people.

Under the Children (Scotland) Act 1995, 'looked after children' are defined as those in the care of their local authority – sometimes referred to as a 'corporate parent'.

There are many reasons children may become looked after, including:

- they face abuse or neglect at home.
- they have disabilities that require special care.
- they are unaccompanied minors seeking asylum, or who have been illegally trafficked into the UK.
- they have been involved in the youth justice system.

We aim to ensure that all looked after children receive the support they need, whether they are:

- in [residential care](#)
- looked after by [kinship carers](#)
- looked after by [foster carers](#)
- [looked after at home](#)
- [adopted](#), from either Scotland or abroad.
- [leaving care](#)

As this document has a legal bearing, we will use the term “looked after” as defined by law to describe our care experienced children and young people

- 1.2. Child protection is the process involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm. This includes both familial and non-familial harm, also known as contextual safeguarding, and gives consideration to the relevance of wider relationships and the location of harm.

- 1.3. The National Guidance for Child Protection in Scotland (2021) states that:

“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.”

1.4. It is everyone's responsibility to:

- protect children and young people from harm and abuse.
- ensure that all children and young people have a safe, caring and stimulating learning environment.
- promote the wellbeing of all children and young people.
- respond appropriately when a concern is identified.

1.5. All staff working in education establishments, including early learning and childcare (ELCC) settings, have a key role in the support and protection of children and young people. Day-to-day professional experience and relationships with children are fundamental protective factors. All staff must be aware of, and must follow, Renfrewshire's local inter-agency child protection procedures.

1.6. Every school and ELCC centre should have a child protection co-ordinator taking lead responsibility for child protection in the school or establishment. This may be the head or manager in the establishment. If not, the child protection coordinator will work in liaison with the head of establishment, to whom he/she will report. The child protection lead should also engage with appropriate training and development to be able to respond effectively to child protection concerns, to support staff and to share learning.

1.7. Health & Wellbeing Across Learning: Responsibilities of All within Curriculum for Excellence, alongside the GIRFEC wellbeing indicators, summarises how practitioners, pupils, parents and communities must work together in protecting and promoting children's rights, wellbeing and safety. This includes helping children develop in their ability to keep themselves and others safe; and helping them learn how to get help and support if they need it.

1.8. When concerns about risk of harm arise, staff working within education services and establishments are well placed to notice and respond to:

- additional needs or factors that may impact on a child's ability to voice concern.
- physical and emotional changes in a child that could indicate abuse or neglect.
- family, school, cultural and community contexts that indicate concerns about a child or children.
- escalating support needs of a child and their family.
- risks and stresses for some children in transitional stages as they move into a new school or on to adult life and services.

1.9. Children often see education staff as trusted sources of help and support in confidence. However, when there are concerns about harm, or potential harm, to a child or young person emerging from their presentation or from what they have said or done, then the nominated child protection officer will be consulted without delay. All steps and actions will be recorded.

1.10. While all staff in ELCC services and schools have responsibilities in relation to child protection, the lead professional within the GIRFEC approach has a focal role in the recognition of concerns and the co-ordination of help and response from the service, as appropriate. Children's Services (Education) services will share information and contribute to investigation and assessment, according to inter-agency child protection

protocols, and as far as may be proportionate, in the way that is relevant and lawful. A child may be referred to the Principal Reporter if there is cause to believe they may need a Compulsory Supervision Order (CSO).

- 1.11. Children Services (Education) staff are an essential part of inter-agency planning and support with children and their parents, whether this is within child protection processes or as part of the co-ordinated planning within a GIRFEC approach.
- 1.12. Specific forms of concern require appropriate levels of awareness, knowledge and skills within an establishment. These include recognition of neglect, mental health problems, parental alcohol and drug use, under-age sexual activity, child sexual abuse and exploitation, honour-based abuse, forced marriage, female genital mutilation and bullying. Education establishments and early learning and childcare settings have a responsibility, in co-operation with the Child Protection Committee, to ensure that there are appropriate and regularly reviewed procedures and guidance in place.
- 1.13. The Children (Scotland) Act 1995 gives local authorities a duty to protect and promote the wellbeing of children and young people in need in their area. This includes giving families appropriate support to help ensure their children are getting the best start in life.
- 1.14. Children's Services (Education) have a legal duty to contribute to the safeguarding, protection and welfare of all children and young people. To fulfil this duty, the service works in close partnership with parents, carers and partner agencies. These are primarily Social Work and Health services, the Police and the Scottish Children's Reporter's Administration (SCRA).
- 1.15. In fulfilling their role and responsibilities in child protection, education staff must be aware of the legal context of child protection. It can involve prosecution in the criminal courts in pursuit of the public interest. Children and young people at risk are the concern of the child protection system. This may involve SCRA and the Children's Hearing system acting to protect children and young people in the absence of criminal prosecutions or convictions.
- 1.16. Child protection involves:
 - immediate action, if necessary, to prevent significant harm to a child.
 - inter-agency investigation about the occurrence or probability of abuse or neglect, or of a criminal offence against a child.
 - investigation extending to other children affected by the same apparent risks as the child who is the subject of a referral.
 - assessment and action to address the interaction of behaviour, relationships and conditions that may, in combination, cause or accelerate risks.
 - focus within assessment, planning and action upon listening to each child's voice and recognising their experience, needs and feelings.
 - collaboration between agencies and persistent efforts to work in partnership with parents in planning and action to prevent harm or reduce risk of harm.
- 1.17. All local authorities are responsible for maintaining a central register, known as the Child Protection Register, of all children and young people, including unborn children,

who are the subject of an inter-agency Child Protection Plan. It has no legal status but provides an administrative system for alerting practitioners that there is sufficient professional concern about a child or young person to warrant an inter-agency Child Protection Plan. Children can only be placed on the Child Protection Register at a Child Protection Planning Meeting (CPPM). Education Staff will be asked to attend CPPMs and provide a verbal and written report.

- 1.18 If children are on the child protection register there will be core groups, the first one will be within 15 days of the initial CPPM and thereafter up to every 8 weeks. Children's Services (Education) staff will be invited to attend the core groups which review the child protection plan.
- 1.19 Children's Services (Education) has a key role to systematically monitor the effectiveness of practice, policy, and adherence to standard circular 57 in every school, establishment and service. The review process of Renfrewshire education establishments assures compliance with standard Circular 57 by ensuring that care and welfare standards are adhered to.
- 1.20 Through the inspection process, Education Scotland and the Care Inspectorate have a responsibility to assure the quality of care and education of all children and young people. HM Inspectorate of Education (HMIe) provided the quality framework for monitoring and evaluation of child protection, 'How well do we protect children and meet their needs? (2009)'. This framework also identifies good practice and areas for development which inform improvement plans and the training programme provided by Children's Services. The Education Scotland publications 'How Good is Our School? 4' and 'How Good is our Early Learning Child Care?' quality indicator 2.1 Safeguarding and Child Protection has a focus on 3 key themes:
 - arrangements for safeguarding including child protection.
 - arrangements to ensure wellbeing.
 - national guidance and legislation.
- 1.21 Children's Services and Renfrewshire Child Protection Committee (RCPC) monitor and evaluate the provision made to support and protect children and young people. This is done through ongoing self-evaluation including case file audits.
- 1.22 All establishments and services within Education as part of Children's Services must ensure, as a minimum, that they can provide evidence in the following areas listed here.
 - Standard circular 57 has been brought to the attention of all staff at the annual update, including having a signed attendance list.
 - All establishments have a safeguarding policy which summarises key information and is issued to all staff members.
 - Nominated child protection leaders are known to all staff in the school and have been trained to the appropriate level.
 - Summaries of the procedures are prominently displayed as set out in Appendices 1 and 2.
 - All staff have received level 1 child protection training.
- 1.23 Heads of service and their senior managers have a specific responsibility to ensure that all heads and managers and nominated leaders of child protection are trained in

the contents of standard circular 57 and related current developments.

- 1.24 It is essential that all employees comply with this circular where directed.

Information sharing

- 1.25 Information sharing is an essential part of child protection. To achieve the best outcomes for a child, staff must understand when and how it is appropriate to share information.
- 1.26 The GIRFEC approach and policy outlines the staged intervention framework within which staff must always operate to ensure the wellbeing of children and young people. At each stage of the framework, practitioners are instructed to ask themselves the 5 GIRFEC questions.
- What is getting in the way of this child/young person's wellbeing?
 - Do I have all the information I need to help this child/young person?
 - What can I do now to help this child/young person?
 - What can my agency do to help this child/young person?
 - What additional help, if any, may be needed from others?
- 1.27 To answer all these questions comprehensively, there will be a need to share information with other practitioners working between, and/or across, a wide range of other services and/or agencies.
- 1.28 In all cases, the first and most important factor to consider is safety. Any sharing of information should be relevant, necessary, legitimate, appropriate and proportionate and go no further than the minimum necessary to achieve the public interest objective of protecting a child or young person's wellbeing.
- 1.29 Managing Information on Children and Young People (ELS, 2010) provides guidance and information for all establishments and staff working in Children's Services (Education) on all aspects of managing files and sharing information contained in records and files. This includes the managing and safekeeping of files, accessing and sharing information contained in the files, maintaining chronologies and the use of technology.
- 1.30 Implementing this guidance will ensure establishments and Children's Services (Education) staff are compliant with the quality indicator 5.2 'Information sharing and recording' in the self-evaluation document 'How well do we protect children and meet their needs?'.
- 1.31 It is vital that communication is clear (face to face/ telephone and written). RCPC developed guidance on written communication. When engaging with another agency the agreed action or change must be clearly described, noted, dated and the relevant members of staff named.

Where written communication is required, the professional making the request must state clearly what they are asking the other agency/professional to do and why. In response, the professional receiving the request must state clearly what action will be taken and the timeframe for this. The professional responsible for undertaking any action must provide feedback to the professional making the request in relation to the outcome.

- 1.32 All establishments with access to SEEMIS **must** use the pastoral notes function within SEEMIS to record ongoing pastoral involvement with children and young people. This ensures that one contemporaneous record is kept of ongoing issues in relation to a child or young person which can be accessed by relevant staff involved with the child or young person.

Confidentiality

- 1.33 All children and young people are entitled to have matters treated in confidence. Where there is no risk to wellbeing establishments must respect that request. However, when the assessment shows that the child or young person's wellbeing is at risk there can be no guarantee of confidentiality and 'secrets cannot be kept'.
- 1.34 Best practice is that consent should be obtained at the earliest opportunity. Parents, carers, children and young people will be given an explanation about the concerns and information about the duties and responsibilities of agencies towards children or young people at risk of harm.
- 1.35 It is accepted that where there is a risk to a child or young person's wellbeing, which may lead to harm, then it is acceptable to share confidential information in the best interest of the child or young person and/or in the public interest.
- 1.36 The circumstances making the sharing of confidential information lawful are:
- where the individual to whom the information relates has consented;
 - where disclosure is in the public interest/function; or
 - where there is a legal duty to do so. e.g., there is statutory authority to share information with the Reporter to allow a decision to be made as to whether a compulsory supervision order (CSO) might be necessary.

2. Role and Responsibilities of Children's Services

- 2.1 The Scottish Government believes that the welfare and safety of children and young people in Scotland are paramount. They have a right to be cared for and protected from harm, and to grow up in a safe environment in which their rights and needs are met.
- 2.2 Section 2A of the National Guidance for Child Protection (2021) sets out the collective and single agency responsibilities in relation to child protection and, in Section 2B, highlights expectations and responsibilities for staff working in a multi-agency context.
- 2.3 The role of Children's Services staff working in educational contexts is to be alert to the need to act in the best interests of children and young people and in co-operation with other key agencies to keep our children and young people safe and well.
- 2.4 In delivering the council policy, the responsibilities of the authority, establishments, services and individual staff extend to:
- training;
 - prevention;

- reporting a concern;
- inter-agency co-operation; and
- support.

Staff may be involved in monitoring a child and young person's wellbeing and behaviour and have a responsibility to gather and record relevant information.

- 2.5 Education staff play a significant role in the protection of children from abuse through the vigilance of staff, and by implementing robust procedures. Children's Services empowers children through its education process, to give them confidence and the capabilities to achieve their potential and to stay safe.
- 2.6. Curriculum for Excellence places great emphasis on children and young people's health and wellbeing, from staying safe to managing risks such as alcohol and drugs.

Through the development of health promotion in schools, there is a strong emphasis on meeting the health needs of children and young people. Good health has significant positive effects on personal, social and educational achievement. The ethos of health promotion in schools encourages decision-making skills and a sense of responsibility.

- 2.7 The Education (Additional Support for Learning) (Scotland) Act 2004 introduced the concept of additional support needs. This refers to any child or young person who, for whatever reason, requires additional support with their learning. Additional support needs can arise from any factor which causes a barrier to learning in any context.
- 2.8 The Education (Additional Support for Learning) (Scotland) Act 2009 strengthens some duties introduced in the 2004 Act and clarifies others. Under this Act, all children and young people who are looked after by a local authority are assumed to have additional support needs.
- 2.9. Revised Standard Circular 8, Exclusion of Pupils from Schools (ELS 2013) provides guidance on the circumstances whereby a child or young person can be excluded from the school environment. Where a child or young person is vulnerable or care experienced, then guidance must be sought from headquarters staff before an exclusion takes place, to ensure that the wellbeing of the child or young person is not compromised by the exclusion. All schools should adopt a positive and inclusive ethos and should seek to minimise the need to exclude. All schools have the responsibility to identify and support those at risk of exclusion.

Staff Responsibilities

- 2.10 GIRFEC highlights the importance of maximising the skilled workforce within universal services to address concerns at the earliest possible time.
- 2.11 It is the responsibility of all staff to report a concern directly to the head of establishment or service manager and then complete an appendix 3 Record of Concern Alert for Staff. This responsibility extends to all staff working within an establishment including janitorial staff, catering staff, support staff and visiting specialists.

2.12 All staff must be confident and competent to:

- contribute to a positive ethos which seeks to minimise the risk of harm.
- ensure the wellbeing of all children and young people.
- focus on prevention and early intervention strategies.
- respond professionally and effectively to any concern, in particular where there is imminent risk to a child or young person.
- share relevant information within Children's Services itself.
- co-operate on an inter-agency basis to share information which contributes to a child or young person's wellbeing and make certain that they are familiar with the Renfrewshire Council policy, standard circular 57, 'Safeguarding and Protecting Children and Young People'.
- know and understand their own role and responsibilities.

2.13 All establishments should operate within a framework of best practice that takes account of:

- the importance of inclusion, equality, fairness and openness.
- the principle that the child or young person's welfare is paramount.
- the active involvement of the child or young person and parents and carers when arrangements or decisions related to care and support are being considered.
- the views of pupils and parents when the rights of children and young people are to be protected.
- effective pastoral care systems which are responsive to early signs of need.
- the central role of the staged intervention framework when there is a concern about a child or young person.
- the importance of multi-agency assessment to establish the level and range of need within a family, and whether there are any immediate risks to the children or young people.
- a systematic referral system from staff direct to head of establishment or manager, supported by consistent record keeping and monitoring.
- the leadership and pro-active role of the head of establishment or manager in ensuring well organised case management of those children and young people who require a higher level of response from Children's Services, Social Work and Health.
- the pro-active role of the child protection coordinator and continuing professional development (CPD) coordinator along with the child protection training team to ensure that appropriate and up to date CPD opportunities are undertaken by all staff within establishments and services.

2.14 Effective management of information is very important. Staff working in Children's Services (Education) contexts will ensure meticulous record keeping of all child wellbeing and protection concerns using Pastoral Notes on SEEMIS. Recording must also include a robust electronic chronology of events and contacts which help professionals to understand key events in a child's life. This electronic chronology must be reviewed and analysed regularly for effective planning to improve the outcomes for a child. All information related to protecting the child or young person should be filed in a confidential case file and stored securely.

2.15 Heads of establishments and managers will ensure that all relevant parties, including parents and carers are involved and kept fully informed of all associated

developments, which relate to the child or young person. The head or manager communicates with other establishments and services within Education Children's Services.

- 2.16 All submissions of appendix 4 are logged at headquarters to enable an overview to be taken of concerns across all establishments.

Partnership Working

- 2.17 Services in Renfrewshire work together to support children, young people and their families. They work in partnership to focus on providing services to meet needs. Services that include Social Work, Police, Health Services and the Scottish Children's Reporter's Administration (SCRA) work together with Children's Services (Education) to share information, plan and take collaborative action that is in the best interests of children and young people.
- 2.18 It is the head of establishment or manager's responsibility to ensure that any organisation or service engaged directly by the establishment and external to Children's Services (Education) is fully briefed on Standard Circular 57 and has clear child protection procedures and training. This includes safe recruitment practices to ensure the safety and wellbeing of the children and young people with whom they are working.
- 2.19 Children's Services (Education) staff will ensure that all authority engaged providers, including partnership nurseries, further education colleges, voluntary organisations and private providers will be given standard circular 57. The key principles and points of practice of standard circular 57 bring a consistent approach to a shared responsibility when working with children and young people.
- 2.20 The ultimate responsibility for any child or young person on the establishment roll or specialist provision roll lies with the head of establishment or manager. Where a concern is raised regarding standard circular 57, he or she must be certain that there is clear and effective communication between the service or establishment and partner providers.
- 2.21 Working in partnership with parents and carers is best practice and is essential. It is important to share relevant information proportionately and appropriately. It is also crucial that staff listen to, and respect, the views of the child or young person and clearly explain the need to share relevant information.
- 2.22 Where concerns relate to ongoing concerns about wellbeing such as physical neglect, the head of establishment or manager will already be collaborating with parents and carers and will be working within GIRFEC. Parents will be informed and asked for consent to share information when the multi-agency child's planning process begins. It is not essential to have consent to share information if there is a wellbeing concern about a child which may constitute a risk of harm.

Continuing Professional Development (CPD), Professional Learning and Training

- 2.23 It is the responsibility of all staff to ensure that they are familiar with standard circular 57 and associated continuing professional development (CPD), professional learning and training materials and activities.

- 2.24 Within Children's Services (Education), there is a catalogue of established training opportunities to ensure there is sufficient training available to all relevant staff.
- 2.25 Every establishment has a child protection coordinator and at least two other leaders of child protection. Staff have an important role in working with child protection trainers and CPD coordinators to provide easy access to appropriate documents, information and literature for all staff, including students, temporary and supply staff.
- 2.26 The electronic in-service CPD catalogue will contain all relevant single agency and multi-agency training opportunities. This should be readily available to all staff.
- 2.27 The Child Protection: Part 1 course is mandatory for all Children's Services (Education) staff. Child protection trainers will work with heads of establishments and managers to provide Part 1 course training in child protection for all appropriate permanent and temporary staff. Temporary staff should be supported through individual training opportunities and up-to-date printed information. An introductory course is available in PowerPoint format with accompanying notes. This is designed for staff waiting to take part in a Part 1 course, as well as temporary staff. Training opportunities will all be planned and monitored through the CPD catalogue.
- 2.28 Newly qualified teachers, new staff and long-term cover staff, either teaching or staff other than teachers, should be given specific support in child protection issues.
- 2.29 There will be dedicated training sessions each year on child protection procedures and related matters for all heads, managers, child protection co-ordinators and trainers.
- 2.30 The local authority will provide an annual update presentation to all heads of establishments, and this must be delivered to all staff. All heads, deputies, principal teachers of pupil support must attend the leadership of child protection course every three years as well as any other identified leaders of child protection.

3. Identifying and Responding to Concerns about Children and Young People

- 3.1 The vision of Renfrewshire Child Protection Committee is “That all children are safe and protected from harm”.
- 3.2 Through the multi-agency, common approach of GIRFEC, all children and young people should have their development needs met within an environment which promotes the rights of children and young people to:
- get the help they need when they need it.
 - be listened to and respected.
 - be able to discuss issues in private when they want to.
 - be confident in the adults who work with them.
- 3.3 When there is a concern, a member of staff must alert the head or manager immediately. Any of the following may have taken place:
- a specific incident;
 - a disclosure made by a child or young person, parent or carer;
 - information from a third party;
 - adult behaviour or circumstances that may place the child or young person at risk of harm; or
 - child or young person’s behaviour or circumstances that may place the child or young person at risk of harm.

It is essential that all staff are knowledgeable about definitions and signs of child abuse. Awareness of these is included in the mandatory Child Protection: Part 1 training, as well as in the annual update for all staff.

- 3.4. Members of staff who raise a concern must follow the procedures detailed and listed in appendix 1. All members of staff must have access to appendices 1, 2 and 3 and the establishment guidelines for child protection and safeguarding.
- 3.5. A concern may be expressed about anything that affects, or has the possibility of affecting, the wellbeing, happiness or potential of the child or young person. It may relate to a single event or observation, a series of events, or an attribute of the child or young person or someone associated with them.

After alerting the head of establishment or manager, the member of staff will be required to complete appendix 3 Record of Concern Alert for Staff. Information recorded must be factual, accurate, clear and concise.

- 3.6. It is the responsibility of the head of establishment or manager to assess the immediate risk to the child or young person and in making the decision to refer a child or young person to social work, follow the procedures exactly. These are listed in appendix 2.
- 3.7. In all cases, the head of establishment or manager must contact the duty social worker directly with a concern, and then send a completed electronic referral form (appendix 4) by e-mail to social work. If a referral is made out with normal office hours, the form must be completed as soon as possible and sent to the social work by secure email, if possible. Appendix 4 should also be sent to the Education

Manager (ASN and Inclusion) who has strategic responsibility for Child Protection and also sent to the appropriate school nursing or health service.

- 3.8. Copies of the referral form must be held in the child's confidential case file as well as an account of all telephone calls, interviews and discussions, building an electronic chronology (appendix 6) and noting developments and outcomes.
- 3.9. After a referral, Social Work will carry out initial enquiries. If after this they think it might be a child protection issue, they will request an inter-agency referral discussion (IRD) with Police and Health to which Education are invited and must contribute to. An IRD is the joint decision-making process which allows information to be gathered and shared to inform decision making as to whether a child is in need of protection. (see appendix 8 IRD flow chart).
- 3.10. Education will be asked to be part of the IRD and will be notified of the date and time. IRDs will be held by teleconference. The following information will be provided by Education staff verbally and in writing:
 - name/date of birth;
 - attendance;
 - presentation;
 - attainment: working levels/progress;
 - involvement in staged intervention;
 - any additional support needs/support in place; and
 - concerns/any notable incidents.
- 3.11. On receiving a referral, Social Work are required to respond in writing to the referrer reporting the outcome of the referral within 5 working days. On receiving this, to provide the Education Manager with the relevant information to monitor the action taken to protect the child, the head of establishment or manager must complete and forward a Notification of Outcome of Referral to Social Work Services form (appendix 7) to the Education Manager (ASN and Inclusion) who has strategic responsibility for safeguarding and child protection, as soon as the acknowledgement is received.
- 3.12. When a child or young person is the victim of an assault and has been physically harmed, emergency services should be contacted immediately.
- 3.13. When staff first report a concern, it is important they are supported and reassured that they were right to share their concern. If a child or young person shares a concern about themselves or another child or young person, it is very important that they are supported and reassured in the same way. The head or manager will then take the appropriate actions.

Risk Assessment

- 3.14. Understanding risk is very important in child protection. As part of the GIRFEC practice model for risk assessment and management, practitioners must consider how to respond to situations where risk may be a feature of the concerns; they must take into account safety factors and consider the impact of risk on other aspects of child development.

- 3.15. In Children's Services (Education), the role of staff is to gather all the available information and carry out appropriate risk assessments to determine the initial concern and put in place the relevant supportive action. This is part of the GIRFEC model in terms of the staged intervention approach which would determine whether a concern is serious enough to warrant taking immediate action. At all times, Children's Services (Education) staff should use the five GIRFEC questions, along with their professional judgement, to help them determine the appropriate course of action.
- 3.16. It is not the responsibility of Education Children's Services staff to investigate a concern; however, it may be appropriate to clarify understanding of a situation by asking for further information without asking leading questions. It is important that when you make a referral that you have as much information relating to the referral as possible. It is important to be very clear about your concerns.

4. Child Protection in Specific Circumstances

- 4.1. The National Guidance for Child Protection in Scotland (2021), Part 4 covers specific areas of concern; and also factors that may intersect with these concerns and so may require specific attention and support. The GIRFEC approach encourages consideration of the child's experience and perspective, within and beyond the family. The Promise encourages a focus on support for those relationships that are key to emotional safety and resilience. "When children talk about wanting to be safe, they talk about having relationships that are real, loving and consistent."

4.2. Radicalisation: The Prevent Agenda

The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. Radicalisation defines the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist activity.

The Counter Terrorism and Security Act 2015 (section 26) places a duty on local authorities in Scotland to have due regard to the need to prevent people from being drawn into terrorism. It also places an obligation on local authorities to ensure that a panel of persons is in place for its area to assess the extent to which identified individuals are vulnerable to being drawn into terrorism and, where appropriate, arrange for support to be provided. Revised HM Government Guidance (2021) is available for Scotland (Prevent Multi-Agency Panel Duty Guidance: Protecting people vulnerable to being drawn into terrorism (publishing.service.gov.uk)). When assessing referrals to such panels, local authorities and their partners should consider how best to align such assessments with child protection legislation and guidance.

Radicalisation can occur quickly, or over a long period. Sometimes there are clear warning signs; in other cases, the changes are less obvious. Children and young people who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. This can make them more vulnerable and susceptible to extreme views and online influences which may offer a sense of belonging and identity. Signs of this might include:

- isolating themselves from family and friends.
- talking as if from a scripted speech.
- unwillingness or inability to discuss their views.
- a sudden disrespectful attitude towards others.
- increased levels of anger.
- increased secretiveness, especially around internet use.

4.3. Domestic abuse

Domestic abuse is any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct, and which takes place within the context of a relationship. The relationship may be between partners (married, cohabiting, in a civil partnership or otherwise), or ex-partners. The abuse may be committed in the home or elsewhere, including online. Domestic abuse includes degrading, threatening and humiliating behaviour predominantly by men and predominantly towards women although could occur in a single sex relationship. It is typically a gendered crime and is underpinned by attitudes and inequalities between

men and women that continue to be prevalent in society. It may be committed in the home or elsewhere; and may include online activity. There is significant evidence of links between domestic abuse and emotional, physical and sexual abuse of children, and young people themselves can experience domestic abuse as 'coercive control' of the whole family environment. Children or young people living with domestic abuse are at risk of significant harm, because of witnessing the abuse and being abused themselves. Domestic abuse can undermine stability and damage a child or young person's physical and emotional health.

Renfrewshire use the Safe and Together model when responding to domestic abuse. This is based on partnering with domestic abuse survivors and intervening with domestic abuse perpetrators in order to ensure the safety and wellbeing of children. <https://safeandtogetherinstitute.com/the-sti-model/model-overview/>

4.4. Parental alcohol and drug use

Children affected by parental alcohol and drug use may experience neglect, feelings of fear, blame, abandonment, anger and shame. Children who may not be recognised as Young Carers may have to care for children, or for adults. Secrecy and denial are recurrent features within families affected by alcohol and drug use. Divisions occur within families where there is pressure to contain knowledge of substance use. Children's potential to experience and develop trusting, secure relationships are compromised. Many parents feel marginalised outside the home, and inside the home they do not know how to acknowledge or discuss their substance issues with their children. Stigma accompanying parental alcohol and drug use affects children, locks in secrecy and remains a barrier to connection with universal services, treatment and support.

4.5. Disabled children

Disabled children are children first and foremost. Each child has unique potential. Their needs must be considered in the context of a holistic assessment of the child and the intersecting strengths and risks in their world. Children with communication impairments, behavioural disorders, learning disabilities and sensory impairments may be additionally vulnerable to abuse and neglect. Staff working with disabled children should be aware of their communication needs and training and advice should be sought where necessary.

4.6. When services find it hard to engage

The terms 'resistance' and 'disguised compliance' usually meaning disguised non-compliance or non-effective compliance and are terms sometimes used when services find it hard to engage with families. Such terms imply that the location of responsibility for this block lies with children and families. 'Non-engagement' covers a spectrum of failures that are all a product of interaction. The tone of engagement and painful previous experience of services may both play a part. This component of protection and support is sometimes absent. Non-engagement on the part of service users may take the form of aggression, manipulation, concealment, superficiality, blaming and 'splitting' professionals, inaction or selective action. Children who experience frequent changes of address within such a pattern may be at increased risk.

Effective child protection is a constant search for 'meeting points'. This is likely to depend on appreciation of the feelings and context of avoidant or oppositional communications. These might include fear, distrust, exhaustion, shock, isolation,

intoxication, anxiety, depression, stigma, denial, blame, shame, deflection, trauma, attachment history, incapacity or confusion. Some will have had traumatic experience of having been coerced and controlled. Others may already have had a child removed. Some families will deliberately evade practitioner support aimed at protecting a child. In some cases, parents can behave in a negative and hostile way. In these cases, agencies should work together to ensure that they are clear about how to approach the family, and records should include details of contact, or lack of contact.

4.7. Children and young people experiencing mental health problems

Children can experience a range of mental health problems, from depression and anxiety through to psychosis. While most will recover, many are left with unresolved difficulties or undiagnosed illnesses that can follow them into adult life. Parents and carers may be bewildered or frightened by their child's behaviour or concerned that they are the cause of such behaviour. Child protection may be a component of the service response to children and young people experiencing mental health problems.

A small number of children with mental health problems may pose risks to themselves and others. For some, their vulnerability, suggestibility and risk levels may be heightened because of their mental ill health. For others, a need to control, coupled with lack of insight into or regard for the feelings and needs of others, may lead to them preying on the vulnerabilities of other children. Co-ordinated inter-agency work, and close collaboration with parents or carers is essential to mitigate risks for these children and for others.

4.8. Children and young people who have displayed harmful sexual behaviour

Harmful sexual behaviour (HSB) is defined as "sexual behaviour(s) expressed by children and young people under the age of 18 years that are developmentally inappropriate, may be harmful towards self or others and/or may be abusive towards another child or young person or adult" (Hackett, 2014).

Children's sexual behaviour may be described on a continuum ranging from normal to uncommon behaviours, including serious sexual violence. Assessment of harmful behaviour is indicated if the behaviour meets any, or all, of the following criteria.

- It occurs at a frequency greater than would be developmentally expected.
- It interferes with the child's development.
- It occurs in a context of coercion, intimidation or force.
- It is associated with emotional distress.
- It occurs between children of divergent ages or abilities.
- It repeatedly recurs in secrecy after intervention by caregivers (Chaffin et al., 2002).

In all cases where a child or young person presents problem sexual behaviour, consideration should be given to whether action should be taken under child protection procedures, either to protect the victim or because there is concern about why the child/young person is behaving in this way.

4.9. **Female genital mutilation (FGM)**

FGM has been illegal in Scotland since 1985. The Prohibition of Female Genital Mutilation (Scotland) Act 2005 made it a criminal offence to have FGM carried out either in Scotland or outside the United Kingdom. The Female Genital Mutilation (Protection and Guidance) (Scotland) Act 2020 makes provision for FGM Protection orders and for Statutory Guidance of FGM. These provisions will strengthen the existing legislation for the protection of women and girls from FGM.

FGM or the risk of FGM may first come to the attention of education staff. A child/young person can be considered at risk if they come from an FGM-practising community or if a close female relative is a survivor of FGM regardless of whether the community of origin traditionally practises FGM. A strong indicator could be the planning of an extended family holiday.

FGM is a form of child abuse and if you suspect it, you should contact social work.

4.10. **Forced marriage and honour based abuse**

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. A forced marriage is different from an 'arranged marriage'. An arranged marriage is one in which the families of both spouses are primarily responsible for choosing a marriage partner for their child or relative, but the final decision as to whether to accept the arrangement lies with the potential spouses: both spouses give their full and free consent. The tradition of arranged marriage has operated successfully within many communities for generations.

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'. Such abuse can occur, for example, when perpetrators perceive that a relative has shamed or may potentially shame the family and/or community by breaking their honour code. This abuse can take many forms, including threatening behaviour, emotional blackmail, assault, rape, abduction, forced marriage, confinement and 'honour killing'.

Those who might identify as LGBT and disabled children may be at increased risk of forced marriage. For LGBT people this is seen as a way of ensuring that their LGBT identity is not made public. Forced marriages are also seen as a way of ensuring that someone who needs care has a spouse who can provide this care. Furthermore, immigration can be an aggravating factor towards forced marriage: by arranging a marriage of a UK citizen with someone from overseas, the overseas spouse is guaranteed an easier entry into the UK. An estimated 80% of forced marriage victims are girls and women. HBA support work is mainly conducted by women's organisations. However, boys, especially those who might identify as gay, bi-sexual or transgender, are also affected by forced marriage, domestic abuse, coercive control and other forms of HBA. Practitioners should be aware that forced marriage is not restricted to any particular ethnic or religious community.

4.11. Fabricated or induced illness

Fabricated or induced illness refers to a process in which a parent or caregiver induces illness or a sick role in a child by exaggeration, deliberate non-treatment, fabrication or falsification of signs of illness. The process can include maladministration of medication or other substances causing symptoms of illness, and interference with equipment, observation charts or other documents relevant to the child's health. The caregiver may, or may not, genuinely believe the child to be ill.

Fabricated or induced illness is not a common form of child abuse, but staff should be able to understand its significance. In such cases, parents may fabricate signs and symptoms of illness including fabricating the child's past medical history or induction of illness by a variety of means. The majority of cases of fabricated or induced illness in children are confirmed in a hospital setting.

4.12. Sudden unexpected death in infants and children

For a very small number of children, their death may not be because of natural causes. In cases of sudden death, the circumstances and cause of death must be explored sensitively and to the highest standards. Every parent has a right to understand fully the circumstances which led to the sudden unexpected death of their child.

4.13 Equal Protection

The Children (Equal Protection from Assault) (Scotland) Act 2019 ('the 2019 Act') fully came into force on 7 November 2020, removing the common law defence of 'reasonable chastisement'. If a parent or carer physically punishes their child, he or she can be prosecuted for assault. There is a growing body of international evidence showing that physical punishment of children can lead to long-term negative outcomes. If Children's Services staff become aware of an incident of physical chastisement, social work should be contacted.

4.14 Child sexual exploitation (CSE)

Child sexual exploitation (CSE) is a form of child sexual abuse in which a person or persons of any age take advantage of a power imbalance to force or entice a child into engaging in sexual activity, in return for something received by the child and/or those perpetrating or facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not excuse or mitigate the abusive nature of the act. 'Child' in this context means child or young person up to age 18. Boys as well as girls may be victims. Although CSE is not a specific criminal offence in itself, there is a range of criminal and civil options that can be used to disrupt and prosecute this form of abuse.

In a high number of cases, victims of CSE will have particular vulnerabilities which can include:

- a history of abuse or neglect.
- being looked after/accommodated.
- disengagement from education.
- going missing from home or care.
- drug and alcohol misuse.

- social isolation.

Staff should be alert to possible indicators of CSE which may include:

- relationships with controlling adults.
- unexplained amounts of money/clothing or other items.
- isolation from peers/social networks.
- unexplained absences from school.
- entering/leaving vehicles driven by unknown adults.
- peers involved in sexual exploitation.
- concerning use of the internet/mobile phones.

Child sexual exploitation is abuse and should be treated as a child protection concern. If you suspect a young person is at risk of CSE, you should make a referral to social work. If an IRD takes place, they can consider a referral to the Vulnerable Young Persons group.

4.15. **Trafficking**

The legal definition of the offence of human trafficking in Scotland is set out in the Human Trafficking and Exploitation (Scotland) Act 2015 ('the 2015 Act'). A person commits an offence of human trafficking if a 'relevant action' is taken with a view to another person being exploited (section 1). The offence of human trafficking is aggravated by being committed against a child (as defined in the 2015 Act as a person under the age of 18 years old) (section 6).

Relevant action. Section 1(2) of the 2015 Act defines 'relevant action' as any of the following: recruiting another person; transporting or transferring another person; harbouring or receiving another person; exchanging or transferring control over another person; or arranging or facilitating any of those actions. It is irrelevant whether the person consents to any part of the action. Travel between two places is not a requirement for an offence of human trafficking to have taken place.

The 2015 Act (section 3) describes what constitutes 'exploitation' for the purposes of the offence of human trafficking. The following are examples of exploitation:

- prostitution and sexual exploitation;
- criminal exploitation;
- slavery, servitude and forced or compulsory labour;
- securing services and benefits;
- financial exploitation/benefit fraud; or
- removal of organs;
- debt bondage; and
- begging.

Child trafficking and exploitation are abuse, and an immediate child protection response is required. An inter-agency referral discussion (IRD) should be undertaken when there is reason to believe a child may have been trafficked or exploited. The IRD should also consider a referral to the Vulnerable Young Persons Group.

4.16. Child Criminal Exploitation (CCE)

Child Criminal Exploitation (CCE) is a cause of significant harm and should trigger child protection processes and consideration of relevant preventative action. CCE is not defined in law, but practitioners should be alert to the possibility that some children who are victims of trafficking may be exploited by gangs and organised criminal networks. CCE can be associated with 'county lines', which refers to criminal exploitation by gangs which export illegal drugs into one or more areas (within the UK). Gangs may use dedicated mobile phone lines or other form of 'deal line'. Such gangs are known to exploit children and vulnerable adults to move, and store, drugs and money and often use coercion, intimidation, violence (including sexual violence) and weapons. CCE can also occur in the absence of these features.

Child criminal exploitation takes a variety of different forms and affects both male and female children. It can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country, forced to shoplift or pickpocket, or forced to threaten other young people. Any child being forced or coerced to commit crime must be seen as a victim of exploitation.

Child criminal exploitation is often unrecognised, and this can mean children are more likely to be prosecuted for offending behaviour, rather than being recognised as victims of exploitation. Children may fear arrest and prosecution. They may be drawn in to CCE through other children.

Where it is suspected that a child may potentially be criminally exploited the IRD should consider a referral to the Vulnerable Young Persons group.

4.17. Historical reports of abuse

The term 'historical abuse' refers to reports of neglect, emotional, physical and sexual abuse which took place when the victim was under 16 but which are disclosed after a considerable time lapse. Such abuse is sometimes reported in a therapeutic setting such as counselling and any such disclosure must take into account whether there are any children potentially still at risk from the alleged perpetrator. People reporting historical abuse may state that the perpetrator is deceased, suggesting that there are no current child protection concerns. However, they may still want to be advised that they can share information with Police Scotland to make a report to allow them to consider information further.

4.18. Children who are looked after away from home

Child protection concerns also extend to any care environment provided for children and young people. A looked after child may be placed with foster carers, kinship carers or in a residential setting. Many children who have had to leave the care of their parents will often display challenging behaviour and exhibit complex emotions. Any looked after child expressing a concern must be listened to and taken seriously.

4.19. Online and mobile phone safety

New technologies, digital media and the internet are an integral part of the lives of children and young people. With this increased use comes increased risk to children and young people of:

- online bullying.

- exposure to unacceptable material.
- identity theft and abuse of personal information.
- criminal exploitation.
- sexual exploitation.

Children, young people, parents and staff need to understand the risks that the internet and mobile technology present so that they can make safe and informed choices. Training and awareness raising is important to enable children and young people to keep safe online while benefitting from what the internet has to offer. Risks include:

- violent behaviour.
- criminal activity.

Such concerns should be reported as child protection issues and multi-agency responses put in place.

4.20. **Under-age sexual activity**

There are situations that do not require child protection processes, in which a young person may need immediate support in relation to their sexual risks, development and relationships. These may be addressed either on a single-agency or multi-agency basis, depending on needs and circumstances.

Child protection concerns arise when the impact of under-age sexual activity could cause significant harm. A young child (under 13 years of age) cannot consent to any form of sexual activity (within Part 4 of the Sexual Offences (Scotland) Act 2009). The 2009 Act maintains the age of consent at 16 whether a person is straight, lesbian, gay, bisexual and/or transgender. When there is reason to believe an offence against a child has been committed as defined in the 2009 Act, an IRD will be convened.

An IRD must also be convened with older children (over 13 years) who may have been pressured into sexual activities involving force or exploitation, may have had indecent images taken, suggesting abuse or exploitation, or may otherwise be at risk of significant harm relating to sexual activity.

While consent to sexual activity under age 13 is not possible, support for children's learning should reinforce the message that 'consent' refers to a mutual process; that verbally obtained consent is necessary but not sufficient; and that it is always necessary to be sensitive to another person's feelings and fears, which may be communicated in an on-going process, not only in words but also in body language and non-verbal responses. Consent can be withdrawn at any time and consent is required every time sexual activity takes place, even if a person has previously consented.

4.21. **Children missing from education**

School staff should be aware of the role of the Children Missing from Education Co-ordinator and work in line with the Children Missing from Education Service Guidance (2018), which contains resources and Children Missing from Education contacts. The Children Missing from Education (Scotland) Service provides guidance and advice on

good practice concerning cases of children missing from education and checks the national electronic School2School transfer system (S2S) to see if the child has enrolled at another publicly funded school in Scotland. The CME Service facilitates agreements related to Part 4: Specific support needs and concerns (page 184), National Guidance for Child Protection in Scotland (September 2021) between local authorities, national agencies and partners in England, Wales, Northern Ireland and Ireland to allow exchanges of information, and will support local authorities in using these agreements.

The response to children who are missing from education with their families is outlined in Revised Standard Circular 5, Included, Engaged and Involved: Attendance in Educational Establishments.

5. Key Reference Documents

- 5.1. To supplement the procedures and guidance set out in revised Standard Circular 57, there are a number of documents which should be publicised and made easily available for all staff within establishments and services.
- 5.2. The procedures set out in standard circular 57 should always be followed exactly. These documents provide further advice on child development, children's wellbeing and protection and related information. These are to support ongoing practice improvement within establishments and services.
- 5.3. This policy has been drawn up based on overarching legislation and guidance that seeks to protect children, namely but not exclusively:
 - National Guidance for Child Protection in Scotland, Scottish Government, 2021 [Child Protection Guidance 2021\(theapsgroup.scot\)](https://www.theapsgroup.scot/Child-Protection-Guidance-2021)
 - Inter-agency Child Protection Procedures – Fife (2016) https://www.fife.gov.uk/_data/assets/pdf_file/0030/194970/CPC-Inter-Agency-Guidance-Final-Master-27.09.16.pdf
 - Getting it Right for Every Child Policy <https://www.gov.scot/policies/girfec/latest/>
 - General Data Protection Regulation/Data Protection Act 2018 <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>
 - Children's Hearing (Scotland) Act 2011 <https://www.legislation.gov.uk/asp/2011/1/contents>
 - Children and Young People (Scotland) Act 2014 <http://www.legislation.gov.uk/asp/2014/8/contents/enacted>
 - Children (Scotland) Act 1995 <https://www.gov.scot/publications/scotlands-children-children-scotland-act-1995-regulations-guidance-volume-1-support-protection-children-families/documents/>
 - Children Scotland Act (2020) <https://www.legislation.gov.uk/asp/2020/16/body/enacted>
 - Education (Additional Support for Learning) (Scotland) Act 2004 <https://education.gov.scot/improvement/research/education-additional-support-for-learning-scotland-act-2004/>
 - National Framework for Child Protection Learning and Development in Scotland (2012) <http://www.gov.scot/Topics/People/Young-People/protecting/child-protection/national-framework-cp-learning-2012>
 - The Protection of Vulnerable Groups (Scotland) Act 2007 <http://www.gov.scot/Publications/2011/08/04111811/1>
 - Nations Convention on the Rights of the Child <http://www.unicef.org.uk/UNICEFs-Work/Our-mission/UN-Convention/>



Safeguarding and Protecting Children and Young People

Standard Circular 57 Appendices

Abstract

This document provides appendices for employees working in Educational Establishments in relation to Child Protection Policy and Procedures.

Renfrewshire Children's Services

Safeguarding and Protecting Children and Young
Standard Circular 57 Appendices
Review Tracker

Draft Version	Created 21 August 2023

Appendices

1. Grounds for concern: action guidance for any children's services (education) employee for public display in the workplace
2. Grounds for concern: action guidance for head of establishment or manager service employee for public display in the work place
3. Record of concern alert
4. Referral form and guidance notes
5. Standard chronology guidance
6. Standard chronology pro-forma
7. Notification of outcome of referral to Education Manager (ASN and Inclusion)
8. Child Protection Flowchart – Initial Referral Discussion (IRD)
9. Child Protection Checklist for Senior Leadership Team and Education Managers

Appendix 1



Grounds for Concern – Action Guidance for All Staff

As a member of staff, temporary or permanent, if you have a concern about a child or young person you must report it to the head or manager of your establishment or service immediately.

All staff must report any of the following:

- a specific incident;
- a disclosure made by a child or parent or carer;
- information from a third party;
- adult behaviour or circumstances that may place the child at risk of harm; and
- child behaviour or circumstances that may place the child at risk of harm.

ALL STAFF SHOULD FOLLOW THE PROCEDURE BELOW

Step 1:

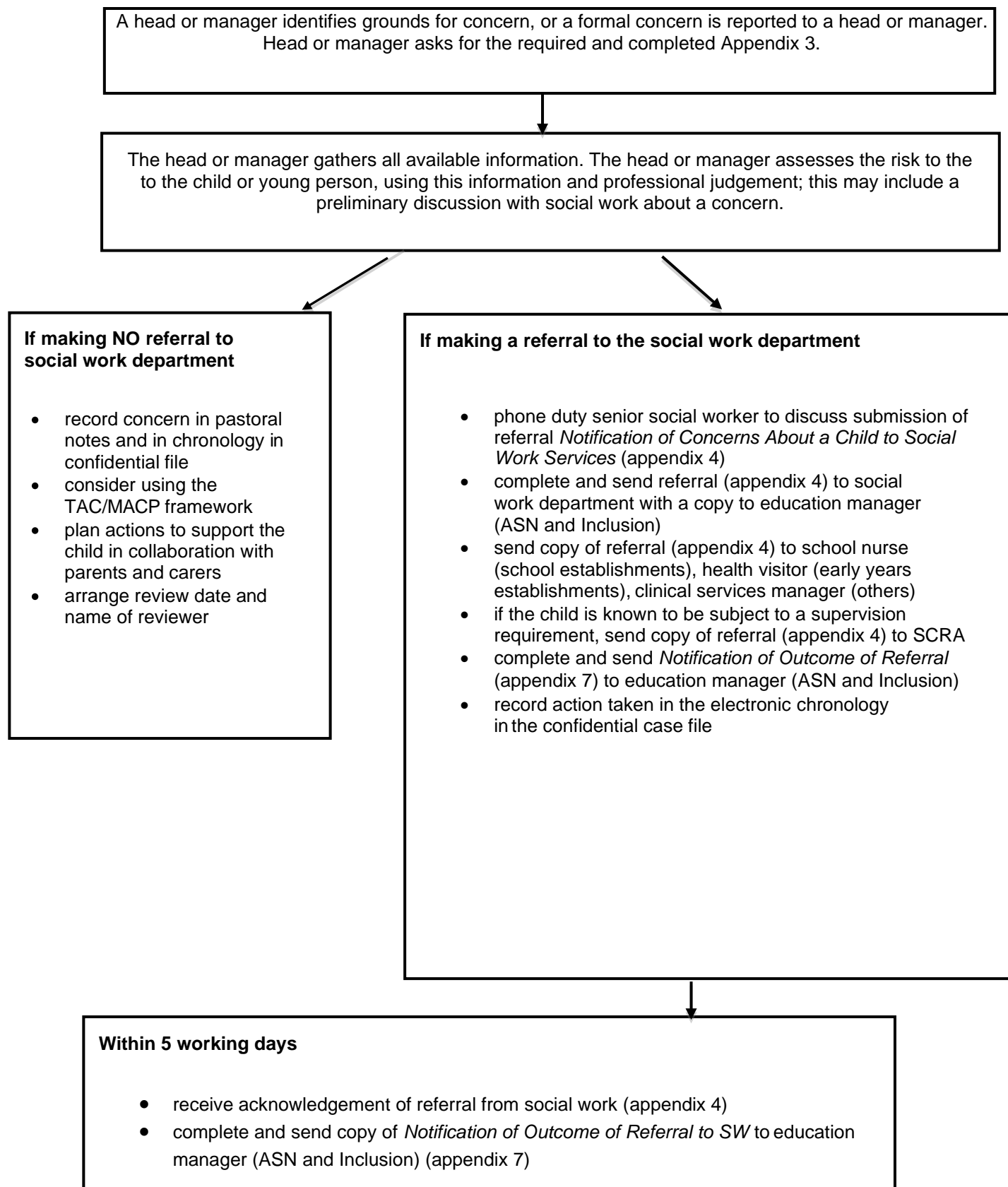
- Alert the head of establishment or manager to your concerns immediately.
- Confirm your report in writing by completing Appendix 3 *Record of Concern Alert for Staff* as soon as possible that same day.
- Give your report to the head of establishment or manager immediately it is completed.

Step 2:

- Follow the guidance of the head of establishment or manager in supporting the child and cooperating with subsequent actions by social work and/or police.

Appendix 2

Grounds for Concern: Action Guidance for the Head or Manager of an Education Establishment or Service



Appendix 3

Record of Concern

Alert: Please use black ink (or type) and CAPITAL letters.

When you have a concern about a child or young person you must report it immediately to the head or manager. Once you have reported the concern to the head or manager you are required to complete this form on the same day.

Day and date		
Head or manager to whom it was reported		
Name of child/young person		
Establishment/service		
Source of Concern (please circle):		
Personal Observation	Yes	No
Reported by child	Yes	No
Reported by another source	Yes	No
Please give details of source		
Phone call	Yes	No
Please give details of call		
Please give details. If a disclosure has been made, record on the back of this form using the child's own words. SIGN AND DATE DIRECTLY UNDER STATEMENT		
Print name		
Date and Time		
Job Title		

Appendix 4

Referral Form

Guidance Notes

This referral form (notification of concerns about a child to social work services) has been agreed and **must be used in all cases** where an establishment or service has a concern about the welfare or immediate risk to a child. The head of establishment or manager is responsible for ensuring that the documentation is accurate and complete.

Following the immediate phone call to the senior duty social worker, the referral form should be submitted, irrespective of the outcome of that discussion, within 3 working days.

Social work services will take the decision on how best to proceed given all the known circumstances and determine whether it is an immediate child protection response or a review of current care and welfare arrangements. Children Services (Education) staff will be involved as appropriate.

In completing the form, the head of establishment or manager should only address the sections which are known to them.

Where social work services proceed with child protection measures as a consequence of the referral, the education manager (ASN and Inclusion) can be contacted for further information as required. The head of establishment or manager is responsible for ensuring that Children's Services (Education) is kept fully updated on developments.

The completed form should be sent to social work and a copy to the school nurse (school establishments) health visitor (early years establishments) clinical services manager (for others).

REFERRAL FORM

Notification of Concerns About a Child/Young Person to Social Work

SC57 CHILD PROTECTION CONTACT LIST- **INSERT ESTABLISHMENT NAME**

Agency	Name	Designation	Address	Telephone no	Secure email
Social Work – duty team			<p>Paisley Locality Abbey House 8 Seedhill Road Paisley PA1 1JT</p> <p>Johnstone Town Hall, 25 Church Street Johnstone PA5 8FA</p> <p>Renfrew Locality, Renfrew Health & Social Work Centre. 10 Ferry Road, Renfrew. PA4 8RU</p>	0300 300 1199 (FIRST RESPONSE TEAM- ALL LOCALITIES)	swbschildcare@renfrewshire.gov.uk (ALL LOCALITIES)
Health- school health service					: ggc.renfrewshireschoolnursing@nhs.scot
Education	Emma Henry	Interim Head of Education	<p>Renfrewshire Council HQ</p> <p>Renfrewshire House Cotton St Paisley PA1 1LE</p>		emma.henry@renfrewshire.gov.uk

1.(a) Referral Details

Name of Referrer (Head/Manager)	Agency	Designation	Postal Address (including postcode)	Email Address	Phone Number	Fax Number

1.(b) Designated Contact Person (If different from 1(a))

Name of Referrer (Head/Manager)	Agency	Designation	Postal Address (including postcode)	Email Address	Phone Number	Fax Number

Notification of Concerns About a Child/Young person to Social Work

2. Referral to Social Work

Date of Referral	Time of Referral	Name of worker spoken to	Designation	Is the parent/carer aware of this referral?	Is the young person aware of this referral?

Area/Hospital Social Work Team	Responsible Local Authority	Phone Number	Is this a re-referral from your service?	If yes, please enter date(s) of previous referral(s)

Notification of Concerns About a Child/Young Person to Social Work

3. Subject of Referral

Child's Name	Other name known by	Date of Birth	Age	Gender	Home Address(es) (inc postcode)	Ethnicity	Religion
1							
2							
3							

Child Affected by Disability

Preferred Language	Interpreter Required (specify)
1	
2	
3	

Description	Communication Assistance Required (specify)

Notification of Concerns About a Child/Young Person to Social Work

4. Family Details

Mother's Name	Date of Birth	Other name known by	Current Address (if different from child)

Father's Name	Date of Birth	Other name known by	Current Address (if different from child)

Family Address (including postcode)	Phone Number	Is child currently resident at this address?	If no, state address (including postcode)

Principal Carer's Details (if different from mother/father)

Name	Date of Birth	Relationship to child	Address (including postcode)	Type of Residence (if not at home)

Notification of Concerns About a Child/Young Person to Social Work

Other Adults in Household

Name	Date of Birth	Relationship to Child

Any Other Significant Adult(s) (if known, please include contact details)

Name	Date of Birth	Address	Phone Number	Relationship to Child

Notification of Concerns About a Child/Young Person to Social Work

Siblings not subject to referral

Child's Name	Other Name Known By	Date of Birth	Age	Gender	If in relation to unborn baby of mother is pregnant – estimated date of birth

5. Summary of Concerns

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Notification of Concerns About a Child/Young Person to Social Work

For All Other Referrals Please Complete the Following

VULNERABILITY FACTORS

Services finding it hard to engage
Child affected by Parent/Carer Learning Difficulty or Learning Disability
Child affected by Parent/Carer Mental Ill-Health
Child experiencing Mental Health Problems
Domestic Abuse
Parental Alcohol Use
Parental Drug Use
Child displaying Harmful Sexual Behaviour
Online Safety

IMPACTS ON / ABUSE OF THE CHILD

Physical Abuse
Emotional Abuse
Sexual Abuse
Criminal Exploitation
Child Trafficking
Neglect
Female Genital Mutilation
Honour-based abuse and Forced Marriage
Child Sexual Exploitation
Internet-enabled Sexual Offending
Underage Sex
Other Concern(s)

Notification of Concerns About a Child/Young Person to Social Work

What information do you need to make a referral?

Concerns about harm to a child from abuse, neglect, exploitation, or violence should be reported without delay to Social Work or to the Police in situations where risk is immediate.

When making a referral please give as much information as you have and give consideration to the checklist below. These are the questions that the receiver of the referral will ask:

Key Considerations Checklist - Referrals
✓ Date, time and method of referral?
✓ Referrer's name, contact details and involvement with the family?
✓ The child's full name, age, date of birth and address? The child's current whereabouts and who they are with? Based on information is the child in imminent danger?
✓ The name, age and address of the child's parents / carers?
✓ Details of any adults who have care of the child - their names, DOB, address etc?
✓ Description of the incident prompting the referral including details of the alleged perpetrator, and where, when and what may have happened?
✓ Details of other children who may also be at risk?
✓ Details of any other person known to have information on the alleged or suspected abuse?
✓ Any other agencies currently involved with the family e.g., Health visitor, Teacher, School Nurse or any other Health professional involved with the family (including the parents/carers)?
✓ Any previous concerns about this child or other children in the household?
✓ Whether the children have any disabilities or special needs?
✓ Any cultural or religious factors which need to be taken into account?
✓ Whether the parents/carers are aware of the concerns and if so their response?

6. Reason for Referral/Request for (please record reason for concern and how this impacts on child. If applicable, please indicate alleged abuse. Indicate what action if any you have taken prior to the referral)

7. Agreed Actions (Actions agreed and by whom during phone referral)

Notification of Concerns About a Child/Young Person to Social Work

8. Agency Involvement

Health	GP's Name	Address	Phone Number	Email Address
Health Visitor/School Nurse	Name of Health Visitor/School Nurse	Address	Phone Number	Email Address
Education (Early Years /School/Service)	Name of Establishment and Contact Person	Address	Phone Number	Email Address
Any Other Agencies (if known)	Name of Agency and Contact Person	Address	Phone Number	Email Address

Signature of Referrer:	Print Name:
Signature of Line Manager (if applicable):	Print Name:
Date :	

Notification of Concerns About a Child/Young Person to Social Work
Acknowledgement of Child Welfare/Protection Referral to Social Work

Social Work use only (Return to Referrer within 5 working days)

Insert Social Work Address

Family Name

SWID No.

Date of Referral:

Request Treated as:

Outcome of Referral/request for:

Any other comments:

Signature/Name:

Date

Appendix 5

Standard Chronology

A chronology is a list of significant events in a child's life. A standard chronology is critical in agreeing the timeline of significant events that have led to a risk assessment that determines referral is needed.

Overleaf is the example of the template on which standard chronologies should be recorded. Actual recording should be completed on the separate standard chronology spreadsheet. This enables, when necessary, multi-agency chronologies to be created.

A multi-agency chronology must comply with information sharing guidance and protocols in the way that it is developed, held, shared and reviewed. It must be accurate, relevant and proportionate to purpose and:

- is a synthesis which draws on single-agency chronologies.
- reflects relevant experiences and impact of events for child and family.
- will include turning points, indications of progress and/or relapse.
- will inform analysis but is not in itself an assessment.
- may evolve in a flexible way to integrate further necessary detail.
- may highlight further assessment, exploration or support that may be needed.
- is a tool which should be used in supervision.

A chronology, whether single or multi-agency:

- is not a comprehensive case record and cannot substitute for such records.
- is not a list of exclusively adverse circumstances.

The format of a chronology should record purpose, authorship and date of completion. It should include the nature and sequence of events; outcomes or impact on child and family; sources of information; and responses to events as necessary for the purpose of this product ([Practice Guide to Chronologies, Care Inspectorate, 2017](#)).



Appendix 6

Renfrewshire
Community Health Partnership

Interagency Chronology of Significant Events

Information contained within this chronology has been collated from the individual chronologies of each agency involved with the child and family.

Child's Name	DOB	Reference
John Smith	16/10/2000	276/4657

Earliest event first

[illegible]



Renfrewshire
Council

Appendix 7

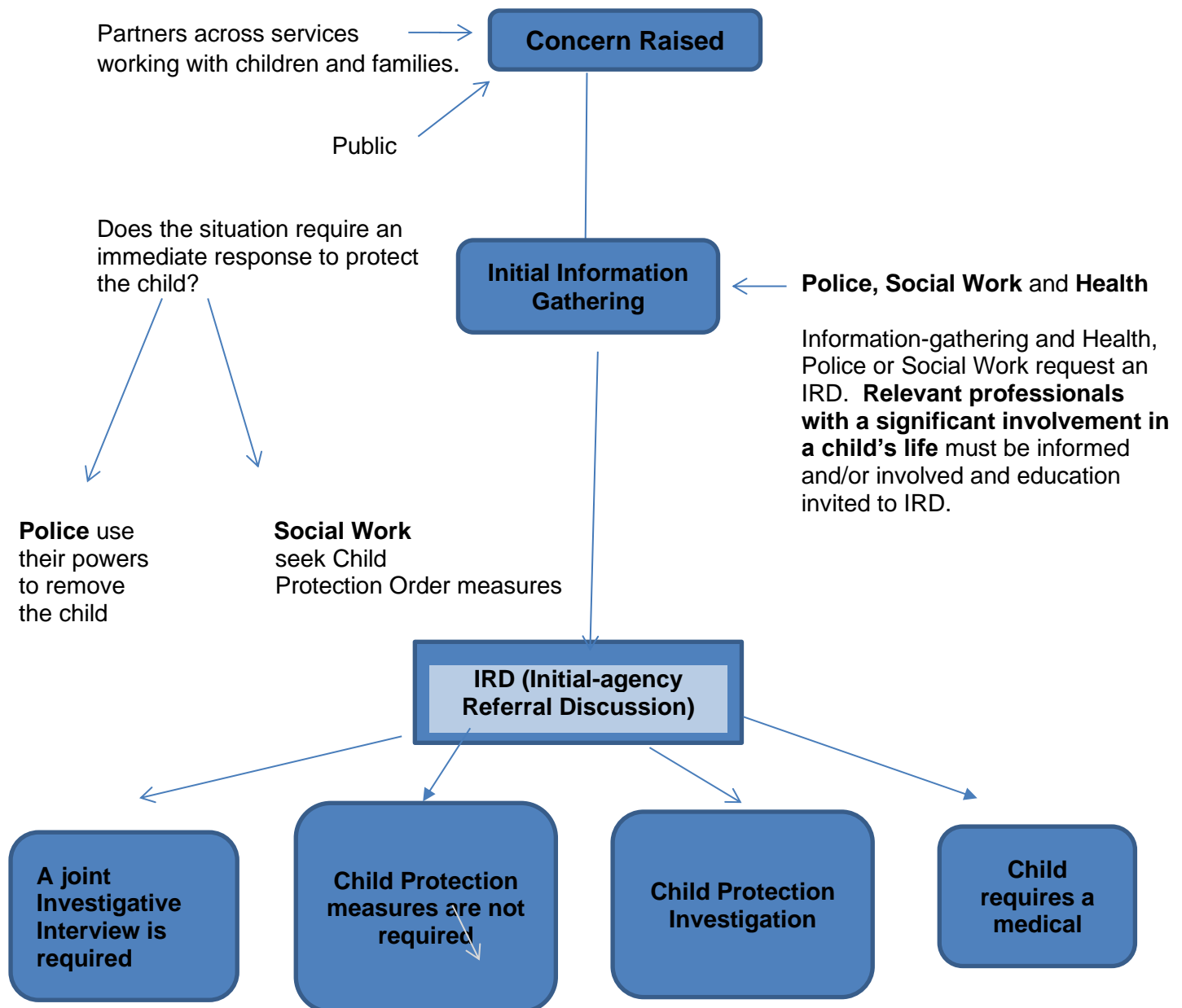
Notification of Outcome of Referral to Social Work to Education Manager (ASN and Inclusion)

Establishment/Centre/Other	
Day and date	
Details of Child or Young Person	
Surname	
First name	
Date of Birth	
Address	
Postcode	
Day and date of Referral to Social Work	
Day and date of Confirmation of Outcome	
Current Establishment/Service Action	
Plan of Action (in brief)	
Include timescale and personnel involved	
Signature	
Day and date	
Job Title	

Please retain this form in the child or young person's confidential case file

Appendix 8

Child Protection Flowchart – Initial Referral Discussion (IRD)



Consideration is also given as to whether a referral is required to SCRA.

Appendix 9 Child Protection Checklist

Establishment name:	Date:	Completed by:
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This can be used by establishment's Senior Leadership Team to audit Child Protection processes and procedures and by Education Managers as part of quality assurance of Safeguarding and Child Protection. This can be used with all staff working with children and young people including all ancillary staff.

1. Foyer sign showing Child Protection Coordinator (CPC) and other school staff with designated responsibility for child protection (CP); is visible, especially to visitors.
2. CP policy in place and on website.
3. CPC details on back of visitor badges. Snapshot shows awareness of CPC and other school staff with designated responsibility for child protection (ask 3 random staff/young people).
4. CPC awareness: ask a few young people about knowledge of who the Child Protection Coordinator is as well as ways school keeps young people safe/what happens in the event of a child protection alert.
5. CPC knowledge of individual children. Plans are being maintained and used to identify support/interventions. Sample 3-5 Stage 3 plans.
6. Sample plans from children and young people who are Care Experienced/Child Protection Register.
7. Sample 3-5 single agency chronologies.
8. Copies of CP Procedures and National Guidance for CP (Scotland,2021) are accessible to staff.
9. Training log is complete and up to date.
10. Staff handout CP Guidance has been updated annually.
11. Review log for administration of medication and speak to the person who administers this, this may include looking at Stage 2 health plans.
12. Review log for First Aid and speak to the First Aider.
13. CPC has knowledge of attendance information, interventions, and support.
14. Review Bullying & Equalities log.
15. Review Compliments/Complaints log and themes.
16. Review all other logs as appropriate e.g.fire/door safety

	Area		Yes	No		Yes	No		Yes	No
	Foyer sign showing CPC visible	Available at front of school.			Available in other places around the school.			General awareness of who the CPC is.		
	CP policy and guidance in place	Has review date.			On the website.			Part of staff induction.		
	CPC awareness	CPC details on visitor badges.			Young people awareness of who CPC are.			Young people aware of C&W process and follow up.		
	Individual needs	Knowledge of CP registered children / young people.			CP registered pupils have a plan in place.					
		Knowledge of care experienced children / young people.			All Care Experienced/historical CE learners should have a plan in place and should be considered for a CSP and have one if appropriate.			Plans and CSPs are high quality and up to date.		
	Procedures and Guidance	Copies in Head teacher/ CPC Office.			Copies accessible elsewhere.					
	CP Training log	Complete and up to date. Annual update register available.			Has other training included.			Annual Updates (includes refresher on Prevent).		
	Staff Handout CP Guidance	Staff Handout CP Guidance utilised for new starts and log kept.			All staff have prompt sheets for dealing with a disclosure. (on CP Guidance)					
	CP Folders	On SharePoint.			Organised correctly.			Chronology available.		
	Electronic chronologies and overview.	On SharePoint.			Organised correctly.			Advice given.		
	PPRs	Stored separately from CP folders.			Organised correctly i.e., in date order.			Do not contain confidential information.		
	Log of administration of medicine	Log available in central point where administered.			Double signature. (2 nd staff member as witness).			Medical cabinet locked-emergency medication easily accessed i.e., access to Epipens.		

	First Aid	Log available.			Consistent information recorded.			Parents / carers informed appropriately.		
	Attendance	Knowledge of attendance rates / non-attenders.			SEEMiS used to scrutinise attendance data.			Appropriate support given to children / young people.		
	Bullying log	Bullying log seen.			All aspects completed.			School is acting on trends/patterns.		
	Compliments log	Compliments log seen.			All aspects completed.			School promoting good practice.		
	Complaints log	Complaints log seen.			All aspects completed.			School acting on issues.		
	All other logs as appropriate	Seen.			Completed.			School acting on issues.		

Outstanding actions for establishment / service regarding area from the above audit.

Area	Comments	By whom	By when

Good practice to share with others

Setting name	
Signed by	
Position:(Headteacher or CPC)	