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Child Protection Policy

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| **Policy Name** | | Child Protection Policy | |
| **Policy Ref** | | HM & Corporate | |
| **Review Date** | | October 2023 | |
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| **Committee** | | Service Delivery Sub Committee | |
| **Author** | | Linlay Anderson | |
| **Internal Policy** |  | **To be published** | X |

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| Charter Outcomes | Number(s) |
| The Customer/landlord relationship | 1. Equalities 2. Communication |

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| --- | --- |
| Written By | Linlay Anderson |
| Department | Housing Management |

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| Approval Date by Committee |  |

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| **Notes:**  Policy drawn up with reference to -  Scottish Government ‘National Guidance for Child Protection in Scotland’ (2010)  National Guidance for Child Protection in Scotland 2021 – Updated 2023  The Human Rights Act 1998  The Data Protection (Scotland) Act 2018  The Mental Health (Care and Treatment) (Scotland) Act 2015  The Protection of Vulnerable Groups (Scotland) Act 2007  The Sexual Offences (Scotland) Act 2009  The Equality Act 2010 Getting it right for every child (GIRFEC) (2022) |

**Angus Housing Association**

**Child Protection Policy**

**1.** **Policy Statement**   
The aim of this policy is to make all Angus Housing Association staff aware of their responsibilities for child protection under the Scottish Government ‘National Guidance for Child Protection in Scotland’ (2021) Updated 2023, which provides a national framework within which all agencies, organisations and services work together to safeguard and promote the welfare of children. It recognises that children and their families come into contact with a range of services at different points for different reasons and with different and changing needs – **all** services, agencies and organisations now have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement.

Protecting children means recognising when to be concerned about their safety and understanding when and how to share these concerns. Angus Housing Association fully supports the Scottish Government National Guidance and makes the following information available for all staff to raise awareness of their duty to report concerns and how to do so.

The Scottish Government has published a range of information on child protection. For further information please visit - www.gov.scot/policies/child-protection

**2. Principles**

All staff are responsible for the implementation of the policy and when applicable in association with appropriate managers and agencies.

All staff have a duty to recognise and respond to Child Protection concerns.

Professional knowledge regarding known adult behaviours can be crucial when considering children at risk. For example: the impact of parental substance misuse may form a major part of the risk assessment regarding a child.

Staff must be familiar with the possible indicators of abuse/ neglect and the appropriate procedure to refer this to the Social Work Dept. Child Protection Team – ***please see your local reporting protocol links on the appendix attached to this document.***

Whilst adult client confidentiality guidelines should be adhered to, concerns regarding Child Protection will always override the confidentiality requirement in order to protect children and young people. No guarantees of confidentiality should be given to a tenant, customer, service user or professional in Child Protection cases

Child Protection concerns may come from a number of sources. For example:

* *events witnessed by workers during home visits;*
* *information from service users or other professionals;*
* *things children tell them directly.*

In all of these circumstances, staff must try to establish as much information regarding the child as possible. Staff must keep accurate records at all times, preferably written in the child’s own words. Times and dates must also be recorded. If it is believed that a child is at risk, staff must take action to ensure it is referred to the Social Work Departments Child Protection Team. After 5.00 pm or at weekends the Out of Hours Social Work Team must be contacted.

The Social Work Department’s Child Protection Team can be contacted for advice and guidance at any time if staff are not clear if their information constitutes a Child Protection concern. The Child Protection Team staff will advise workers regarding the likely actions required as a result of the referral. They will also provide advice on any future actions required by the worker. The Child Protection Team can also be contacted for information and advice if a member of staff is required to attend a Child Protection Case Conference.

**3. Procedures**

The following Procedure supplements this Policy and can be found attached to this Policy.

**4. Child Sexual Exploitation (CSE)**

The sexual exploitation of children and young people is often hidden. In practice, it might involve children and young people being coerced, manipulated, forced or deceived into performing and/or, others performing on them, sexual activities in exchange for receiving some forms of material goods, or other things such as food, accommodation, drugs, alcohol, cigarettes, gifts, affection. Sexual exploitation can occur through the use of technology and without the children’s immediate recognition. Victims rarely disclose abuse, not recognising they have been exploited and may believe they are in an adult relationship with their abuser, due to the sophisticated grooming processes and power imbalance involved. Where a staff member has concerns over the welfare of a Child Sexual Exploitation they should follow the child protection procedures.

**5. Missing Children**

The links between children and young adults going missing and sexual exploitation, homelessness and abuse are widely recognised. Children and young people who go missing are at particular risk with 1 in 6, who sleep rough or with a stranger, experiencing sexual exploitation or serious violence while missing.

The Association will assist the Police and relevant Local Authority wherever possible in the search for children or young adults reported as missing. This will include utilising office space and offering the support of staff in the search if required.

**6. Complaint and Allegations Against Staff**

Where a referral to social work relates to the actions of a member of the Association’s staff the relevant Line Manager will liaise closely with the appropriate Local Authority Social Work Department.

Any complaints or allegations against staff will be investigate in line with the Association’s Disciplinary Policy.

**4. Equal Opportunities**

In developing and implementing policies covering all aspects of our work, Angus Housing Association will ensure that our strong principles and commitment to equality of opportunity are evident. In line with the Housing (Scotland) Act 2001 the Association operates in a manner which encourages equal opportunities and observes the equal opportunity requirements described in Section 106 of the Act. The Association also takes account of all applicable legislation, including the Equality Act 2010 and relevant Codes of Practice issued by the Equality and Human Rights Commission -

Our Policy recognises the protected characteristics as defined by the Equalities Act

*Age  Disability*

*Gender reassignment  Marriage and civil partnership*

*Pregnancy and maternity  Race*

*Religion or belief  Gender*

*Sexual orientation*

In line with this commitment to equal opportunities, this policy and any summary or information leaflet can be made available free of charge in a variety of formats including large print, translated into another language or on audio tape.

**5.** **Confidentiality**

There is a clear requirement across agencies to co-operate in relation to the

protection of children seen o be at risk of harm. The Association will ensure

appropriate mechanisms are in place for staff to report any concerns to Social Work

Services and/or the Police, as may be appropriate in the circumstances. The

Association will also ensure that appropriate mechanisms are in place in relation to

any ongoing involvement and assistance by us, in consultation with the relevant

statutory agencies, towards effective risk management and continuing support to the service user.

To ensure appropriate protective measures can be put in place, it is recognised

that confidential information will need to be shared with other workers,

managers and other agencies on a “need to know” basis.

The Association staff have a duty to report concerns about an adult thought to be at

risk of harm (as defined in the ASP Act). Failure to do so may result in disciplinary

action.

**6. Training**

We will ensure that all staff, as a minimum, have training to raise awareness in Child Protection In addition**,** a half-day awareness-raising workshop will be held for all members of staff who are in contact with the public, with priority given to staff members required to undertake home visits.

**7.** **Named Person**

The Association acknowledges that having a specific member of staff as a named

person/post in respect of child protection is good practice. However, in the first

instance staff should raise any concerns to their relevant line manager who will be

responsible for ensuring concerns are reported to the appropriate Local Authority.

Staff and line managers are responsible for advising the Named Person of all concerns raised.

The Association recognises that providing a named person ensures

that all allegations of abuse are reported to a central point to allow a

consistent response and to maintain an overview of reports from staff.

The named person/post will monitor issues and detect trends as these occur.

**Our named person/post is**:

|  |  |
| --- | --- |
| Position/Contact Details | Name |
| Position | Director of Housing Services |
| Contact Details | 07794266873 |
| Second Named Person |  |
| Position | CEO |
| Contact Details | 0345 177 2244 |

**ANGUS HOUSING ASSOCIATION**

**CHILD PROTECTION PROCEDURES**

**1. Introduction**

Angus Housing Association understands child protection is a means of protecting a child or children form abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a likelihood or risk of significant harm from abuse or neglect. Where there are concerns about harm, abuse or neglect, these must be shared with the relevant agencies so that they can decide together whether harm is, or likely to be, significant.

**2. In the event of any concerns**

If a member of Angus Housing Association’s staff has received information or observed something of concern they must notify their linea manager immediatelywith an accurate account of the information received or observed - there must not be a significant delay but there may be knowledge of an existing Child/ Young Person’s Protection Plan in place with a named Social Worker, or other professional, with whom this information should be shared with immediately.

Referrals should be made to the local Child Protection Team as soon as possible after the information or event is received or observed. This should always be within 1 working day. If out of normal working hours then the Social Work Access team must be notified.

Contact with Social Work should be made in the first instance with the named Social Worker if possible. If they are unavailable then staff should attempt to speak to their senior. If this is unsuccessful then staff should contact the Duty Team. If out with working hours then staff should contact the Social Work Out of Hours Service. Any referral made to the Social Work Department must be confirmed in writing, within 24 hours.

Although information, either about or received from service users is confidential, this should be disclosed for the purposes of protecting children. Child Protection requires that all agencies share information promptly and effectively when necessary. All recording of information must be clear and concise, with recording of information taking place on the same working day as the concerns raised. Recording must detail source(s) of information and time(s) the information was received by staff. Staff should be aware that their documentation can be used as part of a legal process.

Information should be recorded using ***Appendix 1*** *‘Record of Concern’* in addition to any existing local recording systems.

The recording must include:

**1.** Date, time, details

**2.** Observation of any injury, bruising, behaviour of child/children or parents

**3.** Actions taken by project staff or management team

***Staff should not begin to investigate incident/allegation or ask questions other than those above. This is to avoid possible contamination of any investigation.***

***The Staff Member and/or Line Manager must advise the Named Person of concerns raised and action taken.***

**3. Suspicions or concerns involving a member of staff**

If a child or a young person makes comment that they are being abused by a member of staff, or the behaviour of a member of staff is thought to be or observed as, abusive, then the Manager must be informed immediately. If the concerns involve Management, staff should report this immediately to an external line manager i.e. Area Manager or Director. The same procedure would then be followed as detailed previously.

**4. Suspicions or concerns involving a young person or service user as the abuser**

The same procedures apply as detailed previously.

**SUMMARY FLOWCHART**

**1. Child makes an allegation/ discloses information or there are concerns about a child**

**2. Staff record allegations or disclosure in child’s own words and/ or records own concerns**

**3. Staff member discusses promptly with Line Manager or most available Senior Manager**

**4. Manager & staff member Contact Social Work Child Protection Team for advice**

**5. Decision taken**

**5.2 Advised to continue to monitor and report**

**5.3 Advised of formal child protection investigation**

*NB.*

*Step 3 may be missed if Managers are not contactable and delays would put the child at serious risk*

**5.1 Advised of no further action**

**5.3.1 Ensure you are kept updated by the Child Protection Team**

**5. Recognition and signs of abuse**

A child who has suffered some form of abuse or neglect may display physical signs of abuse. However, detection of abuse may go far beyond physical signs. Many children can signal abuse through their behaviour. Staff need to be aware of many possible indicators of abuse which may result from direct or indirect actions such as actual physical/ sexual abuse, parental ability to cope due to mental/ physical health and well-being or addiction issues, domestic abuse and sustained bullying or harassment.

**Staff should be aware that the following signs should not be used as a checklist as this could be detrimental to children and their carers. These signs should be used to aid professional judgement and be incorporated into an assessment by the relevant professional.**

The following indicators should alert staff to the possibility that children are in need of protection or require Social Work investigation:

**5.1 Ranges of abuse**

**5.1.2 Physical Injury**

**BRUISES – these may include:**

* General bruising
* Bruising around the mouth (particularly in babies)
* Grasp marks on limbs or chest of a small child
* Finger marks N.B you may see 3 or 4 small bruises on one side of the face and one on the other
* Symmetrical bruising (particularly around the ears)
* Outline bruising (hand prints or belt marks)
* Linear bruising (generally on the buttocks or back)
* Soft tissue bruising with no obvious explanation
* Small red marks in or around eyes, neck indicating shaking or constriction

Most falls or accidents result in one bruise on part of the body. Bruising in accidents is usually on the front of the body, as children generally fall forwards. They may also have marks on their hands if they have tried to break their fall.

The following areas are uncommon for accidental bruising: back, back of legs, buttocks, behind the ear, stomach, chest, under the arm, genital and rectal areas.

**BURNS AND SCALDS**

It can be difficult to assess accidental and non-accidental burns. However, burns or scalds with clear outlines can be suspicious, along with burns of uniform depth over a large area.

Adults should check the temperature of a bath prior to a child going into it. A child is not likely to sit in a bath voluntarily if it is too hot. A child will struggle to get out of a bath that is too hot, which would result in splash marks then being evident. Small round burns may be cigarette burns.

**BITES**

These can leave clear impressions of teeth

**FRACTURES**

Fractures should be suspected if there is pain, swelling or discoloration over a bone. The most common non-accidental fractures are to the long bones. It is very unusual for a child under 1 year of age to sustain a fracture accidentally.

Fractures cause pain, and it would be difficult for an adult to be unaware that a child has been hurt.

**SHAKEN BABY SYNDROME**

This refers to the accumulation of non-accidental injuries experienced by babies and young children as a consequence of violent shaking. Violent shakingcan result in death.

**POISONING**

This often occurs in Munchausen's Syndrome by Proxy (Fictitious Illness Syndrome). Medical advice should be sought for parent and child.

**5.1.2 Physical Neglect**

* Lack of appropriate food
* Inappropriate or erratic feeding
* Loss of hair
* Lack of adequate clothing/inappropriate clothing
* Concerns over adequate hygiene levels within the home environment

Deficit in protection or exposure to dangers including moral dangers, or lack of

supervision appropriate to the age of a child failure to access appropriate medical attention failure or delay in accessing medical advice/treatment, which is obviously needed failure to achieve development milestones. Exposing a child/children to excessive levels of passive smoking

**5.1.3 Non-organic Failure to Thrive**

Factors which may affect a child failing to thrive, include inappropriate relationships between carer/s and the child e.g. continual withholding of food as punishment, the sufficiencyorsuitability of food for the child's age. Diarrhoea, Lethargy, skin condition/pallor

**5.1.4 Sexual Abuse**

The following indicators should alert staff to the possibility of a child having experienced sexual abuse. Children may display one or more of the following behaviours: -

**General Signs**

* Evidence of self harm
* Unexplained changes in behaviour
* School performance
* Being apt to crying easily
* Tendency to need constant reassurance
* Inappropriate displays of affection of a sexual manner towards adults/other children
* Regression to younger behaviour
* Displaying anxiousness around adults (i.e. familiar adults, relatives, child minders)
* Changes in behaviour
* A child receiving gifts/money
* Excessive sexual awareness or knowledge inappropriate for the childs age
* Disclosure to staff

**5.1.5 Emotional Abuse**

Should staff have concerns regarding possible emotional abuseof a child/children they should consider the following: -

**Parents Behaviour**

* Denigration
* Rejection
* Denial of play or socialisation appropriate to a child’s age
* Lack of stimulation
* Prevention of child developing relationships
* Noticeable differences in treatment to other siblings is particularly significant
* Requests for the child to be removed from the home
* Parent indicating difficulties in their abilities to cope with a child where there are already child care concerns
* Evidence of domestic violence – exposure, child’s involvement in incident(s)

**Child's Behaviour**

* Watchfulness,
* apparent fear of carers,
* difficulties with communication/refusal to speak,
* displaying aggression towards other children and or displaying hostility towards other children.

**Staff should be aware that the signs discussed should not be used as a checklist as this could be detrimental to children and their carers. These signs should be used to aid professional judgement and be incorporated into an assessment by the relevant professional.**

**Please note:**

**This policy should be read in conjunction with other appropriate internal policies and local reporting guidelines.**

**Appendix 1**



**Adult Support and Protection/Child Protection – Record of Concern**

This template is to be used in conjunction with the above Angus Housing Association Policies and Procedures to record any concerns/observations/disclosures. This form is a template to capture all relevant information and will be used to ensure that all Angus Housing Association staff are recording and reporting concerns appropriately as per local protocols identified in the Policies and Procedures.

If you have other recording systems to capture this information they must still be completed.

***Once completed this form must be sent to Director of Housing Services. This must be done within 24 hours of the incident.***

|  |  |
| --- | --- |
| Staff Name: | Date: |
| Job Title: | Place of Work: |
| Have you informed your line manager? *Delete as required* Yes No | |
| Details of incident: (include time, location, people present, information received, name of subject of concern – if known. Please include information re any injuries or behaviours which were observed) | |
| Any further information relating to your concerns (e.g. historical events/knowledge, what was it that made you concerned? – if it isn’t already evident above): | |
| Action taken (e.g. who was it reported to, how and when and any subsequent actions. *Remember to check your Local Authority protocols to ensure you meeting the requirements of them.*): | |
| Staff Signature: Date: | |
| Date passed to Director of Housing Aer | |

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**Local Child Protection Protocols**

**Dundee City**

If you believe a child is in immediate danger, please contact Tayside Police emergency service on 999. For other concerns about a child/(ren) please use the following numbers:

Child Protection Concerns - Tel: 01382 307999 (24 hr)

All other enquiries - Tel: 01382 307940

Operating Hours - Weekdays 8.45am to 5.00pm

**For further information please visit –**

[www.dundeeprotectschildren.co.uk](http://www.dundeeprotectschildren.co.uk)

**Angus Council**

If you believe a child is at immediate risk of harm contact the police on 999.

If you are worried about a child, and think they may be a victim of neglect or abuse, you can report it online.

**For further information please visit –**

[www.angus.gov.uk/social\_care\_and\_health/protect\_someone\_from\_harm/child\_protection\_in\_angus/report\_a\_child](http://www.angus.gov.uk/social_care_and_health/protect_someone_from_harm/child_protection_in_angus/report_a_child)

You can also call:

* ACCESSLine [03452 777 778](tel:03452%20777%20778)

**Other Agencies**

If you are worried about a child, and think they may be a victim of neglect or abuse, you can report it online.

* NSPCC - [0808 800 5000](tel:08088005000)
* Childline - Childline is a free, private service to help anyone under 19  with any issue they’re going through. Call [0800 1111](tel:08001111) or visit their [website](https://www.childline.org.uk/).

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**The Legal Framework**

**National Guidance in Scotland Child Protection in Scotland 2021 – updated 2023**

This guidance describes the responsibilities and expectations for all involved in protecting children and will support the care and protection of children

**The Human Rights Act 1998**

The Human Rights Act requires all organisations to act compatibly with the act. The relevant elements related to abuse are:

• The right to freedom from inhuman or degrading treatment, which could be relevant to conditions in a residential care facility

• The right to a fair hearing

• The right to the protection of property

**The Data Protection (Scotland) Act 2018**

Service providers hold information about service users, which would normally be regarded as confidential. Angus Housing Association has a Privacy Policy in place along with safeguards about sharing information. However, concern about the abuse of vulnerable adults 8 provides sufficient grounds to share information on a ‘need to know’ basis and/or if it is in the public interest. Unnecessary delays in sharing information should be avoided.

The purpose of adult protection is to secure or return the vulnerable adult’s autonomy. If the adult has ability to make informed choices and they are not being unduly pressurised or intimated, they may ask you to intervene. Their wishes should be respected but this does not remove your responsibility to report any concerns, and where appropriate, for an investigation to be carried out in any situations where other vulnerable adults may be at risk. To be sure that the vulnerable adult is deciding for himself/herself it may be necessary to create a safe place to consult the person about their wishes

**Adults with Incapacity (Scotland) Act 2000**

This should assist tenants who lack capacity to give informed consent. In such circumstances this Act should be applied, in terms of good practice.

This act uses the following definitions:

*‘Adult’ means a person who has attained the age of 16 years ‘Incapable’ means incapable of:*

• Acting

• making decisions

• communicating decisions

• understanding decisions

• retaining the memory of decisions

A person shall not fall within this definition by reason of lack or deficiency in a faculty of communication if that lack or deficiency can be made good by human or mechanical aid.

The Act has five basic principles:

• There should be no intervention in the affairs of an adult unless such an intervention will benefit the adult

• The principle of minimal intervention

• The vulnerable adults wishes should be taken account of at all times

• There should be consultation with relevant others, including the adult’s carers, any guardian and any other relevant person

• The vulnerable adult should be encouraged to exercise whatever skill she or he has.

Where a vulnerable adult is clearly able to make choices, he/she must be advised of the options available and his/her wishes respected, unless, exceptionally, a statutory responsibility to intervene arises. If intervention is necessary to prevent further risk, actions should be pursued in a way that causes the least disruption for that individual’s way of life.

**The Mental Health (Care and Treatment) (Scotland) Act 2015**

The Mental Health (Care and Treatment) (Scotland) Act 2015 covers a wide range of issues including:

• Compulsory powers – setting out when people can be legally required to go into hospital, or to accept services or treatment that they may not want.

• The Mental Health Tribunal – which will hear cases under the Act.

• Powers of the Mental Welfare Commission.

• It places a range of duties, and gives a range of powers, to organisations involved in mental health law, including mental health service providers, the Mental Welfare Commission, and the new Mental Health Tribunal for Scotland.

• It defines clear procedures for decision making on the compulsory treatment and/or detention of people with a mental disorder. Its sets criteria which have to be met before compulsion can be authorised.

• It amends existing criminal justice legislation to give courts more effective ways of assessing and dealing with a person with mental disorder who comes before them. And it defines procedures for the review of orders made by a court in relation to a person with a mental disorder.

• It provides a range of new rights for people with a mental disorder, such as a right of access to independent advocacy services.

• it provides safeguards on the use of certain medical treatments.

**The Protection of Vulnerable Groups (Scotland) Act 2007**

This Act introduces a new vetting and barring scheme that will replace and improve upon the current disclosure arrangements for people who work with children or ‘protected adults. The adults who use our services would in most cases be ‘protected adults’ under this law.

The Act’s definition of ‘harm’ includes physical and psychological harm, as well as harm to an individual’s property, rights, or interests through unlawful conduct. It covers intent to harm, incitement to harm, encouraging an individual to self-harm, and includes a general provision on conduct that “otherwise causes, or is likely to cause” harm to another person.

**The Sexual Offences (Scotland) Act 2009**

The Act defines a person as incapable where, due to mental disorder, they are unable to understand what a sexual act is, to decide whether to take part in the sexual act or communicate such a decision. Incapacity should therefore not be assumed without ensuring the person has had the opportunity to access appropriate information and education and assistance in understanding this information and its relevance to them. Capacity is however not the only test. When a person has capacity to consent to sexual relations but is at risk and likely to come to serious harm, the Local Authority may have responsibilities under the Adult Support and Protection (Scotland) Act 2007.

**The Equality Act 2010**

The Act legally protects people from discrimination in the workplace and in wider society by making it unlawful to discriminate against anyone because of the following ‘protected characteristics’:

• age

• gender reassignment

• being married or in a civil partnership

• being pregnant or on maternity leave

• disability

• race including colour, nationality, ethnic or national origin

• religion or belief

• sex

• sexual orientation