



Glasgow Life

Child Protection Policy

***'In Glasgow Life we will ensure that all children
and young people feel safe and protected at all times.
We will support their rights, wishes and feelings and encourage an
atmosphere of mutual respect.'***

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1. INTRODUCTION

Following the Children (Scotland) Act 1995 and the Children and Young People (Scotland) Act 2014 all Local Authorities are required to protect children and anyone acting on their behalf, such as Glasgow Life, is expected to have policies and procedures in place to promote, support and safeguard the wellbeing of all children. Local Authorities must investigate any concerns or allegations of abuse regarding children using their services. Policies should outline the responsibilities of all staff in relation to Child Protection and the organisations must ensure that staff are sufficiently trained and resourced to carry out these responsibilities.

This Policy sets out the guidelines and procedures to be followed in relation to Child Protection issues by all Glasgow Life staff and in the management of its facilities. This will ensure that every child involved in Glasgow Life activities is safe, comfortable and able to participate in a relaxed, protective environment.

All staff should be made aware of this Policy and it should be read in conjunction with the company's Code of Conduct, Social Media Policy and any other relevant documents. This Policy provides staff with the operational procedures to be followed in the event of child abuse being discovered or suspected.

The following points underpin this Policy:

- **Everyone under the age of 18 will be considered a child.**
- **The child's welfare is the paramount concern.**
- **All children have the right to protection from abuse.**
- **All children should feel safe and secure while using Glasgow Life facilities and/or when in the care of its staff.**
- **All suspicions and allegations of abuse will be taken seriously, reacted to appropriately and actioned without delay.**
- **Staff working with children have an understanding of the issues surrounding Child Protection and are aware of good practice in relation to working with young people.**
- **IF IN DOUBT – SPEAK UP!**

Throughout this document reference will be made to 'staff'. This also applies to sessional workers, coaches, others contracted to provide services on behalf of Glasgow Life and volunteers.

2. YOUNG PEOPLE'S RIGHTS

This Policy is in line with the core principles of the national guidance and is underpinned by GIRFEC; the UN Convention on the Rights of the Child and the Children's Charter.

Getting It Right For Every Child (GIRFEC):

- puts children's needs first
- ensures that children are listened to and understand decisions that affect them
- ensures that they get the appropriate co-ordinated support needed to promote, support and safeguard their wellbeing, health and development.

These principles, enshrined in legislation and practice in Child Protection, are derived from Articles of the UN Convention on the Rights of the Child, ratified by the UK Government and endorsed by the Scottish Government.

The Children's Charter was drawn up following consultation with children and young people as part of the Scottish Government's Child Protection reform programme. The Charter sets out a list of demands children should feel entitled to make:

- get to know us
- speak with us
- listen to us
- take us seriously
- involve us
- respect our privacy
- be responsible to us
- think about our lives as a whole
- think carefully about how you use information about us
- put us in touch with the right people
- use your power to help
- make things happen when they should
- help us be safe.

Staff have a duty to ensure these rights are upheld.

3. GOOD PRACTICE FOR GLASGOW LIFE STAFF

This section provides staff with guidelines and good practice which should be followed when working with children. Staff should be properly recruited and managed and appropriate training should be given. In addition to tackling abuse it is good practice to ensure that children feel safe and comfortable while engaging in activities. To this end this Policy also includes direction regarding issues such as bullying, name-calling and horseplay either between children or between adults and children. The more secure and safe children feel within Glasgow Life facilities or whilst participating in its programmes, the more likely they, and adults, are to realise that any form of child abuse is unacceptable.

This approach is based on the following underpinning principles:

- Staff should be properly recruited; managed and appropriate training should be made available.
- The development of all programmes should encourage and foster the empowerment of children.
- All activities which involve children should recognise the needs of the child and be child-centred.
- Staff should ensure an environment in which children can enjoy their participation.
- All adults have a responsibility to be aware of Child Protection as an issue.
- Staff should be mindful of the fact that children with disabilities may be more vulnerable.

Positive adult-child interactions are characterised by an open and encouraging atmosphere which recognises young people's voluntary engagement in activities and shows an awareness of the child's autonomy. This is set in an atmosphere which promotes the protection and rights of children, displays an awareness of the development stages of childhood and fosters the promotion and encouragement of individual progress.

Those working with children should:

- always be accessible to others when working with children
- avoid situations where they and a child are completely unobserved
- ensure that male and female staff jointly supervise mixed activities, where possible
- wear ID and, where issued, uniform at all times.

Those working with children should never:

- engage in activities which could be considered physical or sexually provocative, even in horseplay
- allow or engage in any form of inappropriate touching
- allow inappropriate language to remain unchallenged, including remarks between children
- make sexually suggestive comments to a child or in the presence of a child
- allow allegations by a child to go unreported, unrecorded or not acted upon
- do things of a personal nature that a child can do for themselves.

Incident Reporting Log

From time to time incidents will occur which may upset a child. An adult's actions or language may be misinterpreted or may be a cause for concern. These incidents must be reported as soon as possible to the most senior member of staff available and noted. Parents or carers should also be informed of the incident as soon as possible. An incident

log is included as Appendix D with this document. This process is one that safeguards and protects staff. The completion of an incident form should be viewed as a Quality Assurance and Child Protection issue and as such, reporting should be encouraged and supported by Managers.

Child Protection Training

Each new member of staff will receive Child Protection training, without which they will not be permitted to work unsupervised with children.

Sessional workers, coaches and volunteers must receive training prior to taking up each new appointment or annually, whichever is appropriate to their work schedule. Staff should undertake training on a three-year cycle.

Child Protection training will be tailored to the service in which staff work and their participation in that training will be logged with the Learning and Development Section. Managers are responsible for ensuring that staff and volunteer training is kept up to date and to brief all staff on updated information as and when required.

The Lead Child Protection Officer will ensure that training materials, policies and procedures are up to date and that managers are informed of all available training opportunities.

Staff responsibilities

It is everyone's responsibility to work within the Company's Child Protection Policy and to ensure you do everything you can (in your role) to safeguard children and young people. Concerns about a child or young person should always be reported either to a line manager or as a referral. Where necessary, concerns should be recorded as soon as possible.

Managers should ensure staff:

- understand their role and responsibility in relation to Child Protection
- are familiar with Glasgow Life Child Protection Policy
- know who the Child Protection Lead for the company is
- receive a Child Protection briefing
- receive relevant training
- notify the Lead Child Protection Lead Officer of action.

Where possible, staff should avoid:

- spending time with a child or small group of children away from others
- taking sessions alone
- taking children on a journey alone in their car.

Staff should not:

- use any form of physical force on a child
- exercise undue influence over a child in order to obtain personal benefit or reward
- engage in rough physical games
- make sexually suggestive comments about, or to, a child in the context of physical activity
- take physical measurements or engage in testing without the presence of another adult.

Policy Review

This Policy will be subject to a review annually, following a reported incident and/or changes in legislation, whichever comes first.

4. PROCESS FOR THE EMPLOYMENT OF SESSIONAL COACHES/WORKERS, PLAY WORKERS, SELF-EMPLOYED STAFF AND VOLUNTEERS

Anyone may have the potential to abuse children in some way and it is important that all reasonable steps are taken to ensure that unsuitable people are prevented from working with children. Those who wish to harm children frequently seek out opportunities to work with children therefore vetting procedures and interviewing must be more than just a process to be gone through but seen as a vital step in protecting children from harm.

Managers are required to ensure that all work is assessed with regard to the requirement for membership of the Protecting Vulnerable Groups Scheme and to ensure that, where appropriate, checks are completed. 'Regulated Work' as defined by the Protecting Vulnerable Groups Scheme will require membership of the PVG.

These procedures will be applied consistently whether staff are paid, unpaid, in part-time or full-time employment, permanent or self-employed.

Glasgow Life will maintain membership of the PVG with a named lead signatory and appropriate counter signatories.

Disclosure Scotland & Protecting Vulnerable Groups Scheme (PVG Scheme)

Disclosure Scotland is a service provided by the Scottish Government to manage and operate the Disclosure Service in Scotland. It is designed to help employers make safer recruitment and appointment decisions in relation to paid and unpaid positions.

Glasgow Life uses Disclosure Scotland checks to ensure a robust recruitment process is followed and that it discharges its legal responsibility to ensure the suitability of those who are recruited to work with children and/or protected adults through safer recruitment practices.

Glasgow Life has been confirmed by Disclosure Scotland as a Registered Body which enables the authority to countersign applications for Basic, Standard and Enhanced Disclosures and Protection of Vulnerable Groups Scheme Records and Updates. The Head of Corporate Services is the Lead Signatory for Glasgow Life and senior managers within each service area have been registered as counter signatories.

Glasgow Life maintains a separate policy document for Disclosure Scotland providing information and the processes to be followed by recruiting managers and counter signatories for disclosure relevant to the post. This applies equally to all permanent, temporary and bank employees as well as volunteers. The policy can be accessed [here](#).

It is a legal requirement that all staff within Glasgow Life who will complete 'regulated work' must be members of the PVG Scheme. Regulated work consists of the type of work in which a post holder is responsible for the welfare and wellbeing of a child or protected adult, or where there is a level of trust between the worker and the child or protected adult.

Glasgow Life will maintain membership of the PVG scheme and will retain a number of signatories from the Senior Management Team. The current named lead signatory is Graeme Elder, Head of Corporate Services, 0141 287 5095, Graeme.elder@glasgowlife.org.uk

5. WHAT IS CHILD ABUSE?

The Scottish Government's national guidance for Child Protection in Scotland 2014 defines abuse and neglect as follows:

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. Assessments will need to consider whether abuse has occurred or is likely to occur.

Abuse can be physical, sexual or emotional. It may be acute or involve a long-term pattern of physical neglect, and often children are abused in more than one way. These categories of abuse are detailed below with examples of how abuse may manifest itself. The intention of this Policy is to produce a safe and comfortable environment for young people. Therefore, all other forms of harm to children must be dealt with including bullying and name-calling.

In most, but certainly not all cases, the abuse is perpetrated by an adult, usually by someone known to and trusted by the victim. It should be remembered that children can abuse other children. Staff must remain alert to these issues and also ensure that bullying and name-calling are always challenged.

Child abuse can occur in any situation in which children are involved. Training in Child Protection procedures and sharing of best practice will lead to staff being properly equipped to provide safe and enjoyable experiences for children. These Child Protection procedures must be followed at all times to ensure the safety of children and staff.

Categories of abuse

All staff should be familiar with the ways in which abuse manifests itself. The lists below are by no means exhaustive but are designed to give employees and people involved with the organisation some guidance on how to recognise child abuse. Any information has to be seen in the context of the child or young person's whole situation and circumstances.

Different types of abuse may overlap or co-exist. The following definitions are all taken from National Guidance for Child Protection in Scotland 2014.

Physical abuse

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

Signs of possible physical abuse:

- unexplained injuries or burns, particularly if they are recurrent
- improbable excuses given to explain injuries
- refusal to discuss injuries
- untreated injuries or delay in reporting them
- excessive physical punishment
- arms and legs kept covered even in hot weather
- fear of returning home
- aggression towards others
- running away
- administration of toxic substances.

Sexual abuse

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes 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.

In practice, the sexual exploitation of children and young people under 18 might involve young people being coerced, manipulated, forced or deceived into performing, and/or others performing on them, sexual activities in exchange for receiving some form of material goods or other entity (for example, food, accommodation, drugs, alcohol, cigarettes, gifts, affection). Sexual exploitation can occur through the use of technology and without the child's immediate recognition. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.

Below are some indicators of sexual abuse. This list is not exhaustive, nor are all the behaviours exclusive to this type of abuse:

- self harm;
- excessive sexual awareness or knowledge of sexual matters inappropriate for the child's age;
- acting in a sexually explicit manner
- sudden changes in behaviour or school performance or school avoidance;
- displays of affection in a sexual way inappropriate to age;
- tendency to cry easily; to cling or need constant reassurance
- regression to younger behaviour, such as thumb-sucking, playing with discarded toys, acting like a baby;
- distrust of a familiar adult, or anxiety about being left with a someone
- unexplained gifts or money;
- secretive behaviour;
- eating disorders;
- fear of undressing for gym;
- phobias or panic attacks.

Emotional abuse

Emotional abuse is persistent emotional neglect or ill-treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve the imposition of age – or developmentally – inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill-treatment of a child; it can also occur independently of other forms of abuse.

Signs of possible emotional abuse:

- low self-esteem
- continual self-deprecation
- sudden speech disorder/refusal to speak
- fear of carers
- severe hostility/aggression towards other children
- significant decline in concentration span
- self-harm.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from, 'non-organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time

Signs of possible physical neglect:

- constant hunger or inappropriate/erratic eating patterns
- poor personal hygiene
- constant tiredness
- lack of adequate clothing
- failure to seek appropriate/necessary medical attention
- unhygienic home conditions
- children left without supervision
- lack of care or supervision during activities.

6. RECOGNISING ABUSE

It must be borne in mind that dealing with child abuse is complex. It is not easy to recognise situations where abuse may occur, or where it has already taken place. Staff are not expected to be experts in this area. However, any concerns with respect to the welfare of a child should be notified immediately to the most senior member of staff available.

It is not the responsibility of staff to decide that child abuse has occurred, but it is their responsibility to follow through on any concerns that they have, or are raised with them.

As outlined above, signs of abuse can be physical, behavioural or developmental. Below is a list which details some indicators of abuse. It should be remembered that these indicators can occur in other, non-abusive, situations and that the list is not exhaustive.

Physical Indicators

- Unexplained bruising in soft tissue areas
- Repeated injury
- Black eye(s)
- Injuries to mouth

- Torn or bloodstained clothing
- Burns and scalds
- Bites

- Fractures

- Marks from implements

Behavioural Indicators

- unexplained changes in behaviour – becoming withdrawn or aggressive
- regressive behaviour
- difficulty in making friends
- distrustful of adults or excessive attachment to adults
- sudden drop in performance
- change in attendance pattern
- inappropriate sexual awareness, behaviour or language
- inconsistent stories/excuses relating to injuries
- unusual reluctance to remove clothing where activities require it
- reluctance to go home

As noted in the good practice section, Child Protection is more than recognising and combating child abuse. Children should be able to participate in activities free from concerns for their personal safety and in comfort. To this end, staff are required to consider all issues which would make young people uncomfortable and take steps to combat bullying, name-calling or any other form of harassment which would limit young people's involvement and participation in Glasgow Life programmes.

7. BULLYING

What is bullying?

Bullying is behaviours such as teasing, taunting, threatening, hitting or extortion by one or more children against another. It is an act or series of acts designed to aggravate and intimidate. It is the responsibility of staff to deal immediately with bullying whenever it takes place.

Many children are reluctant to tell adults that they are being bullied, more particularly older children. The risk of bullying and harassment by adults and children should be anticipated by taking active steps to prevent it occurring. Bullying is not to be tolerated under any circumstances.

Examples of bullying include:

- physical aggression
- verbal bullying
- intimidation
- damage to property
- isolation
- repeated gestures or expressions of a threatening or intimidatory nature
- comments intended to degrade the child
- initiation rituals
- cyber bullying.

Combating bullying and abuse

Bullying and abuse can be reduced by the following measures:

- raising awareness of bullying and abuse as unacceptable forms of behaviour
- creating an ethos which encourages children, staff and parents/guardians to report bullying and abuse and to use these procedures to address these issues
- ensuring the supervision of children during all activities
- ensuring a supportive environment for victims of bullying and abuse
- securing the support of parents/guardians to counter bullying and abuse
- removing persistent bullies from activities.

Bullying will not be tolerated within Glasgow Life activities or facilities.

8. PROCEDURE FOR REPORTING SUSPECTED CHILD ABUSE

The decision to respond to allegations of, or suspicions about, abuse can be a very difficult one. There is a responsibility to protect the child in order that appropriate agencies can then make enquiries. Staff should not be afraid to refer concerns, particularly as others may have previously raised similar concerns. All referrals will be considered thoroughly by the statutory agencies prior to action being taken.

As noted previously, it is not the responsibility of Staff to investigate concerns, simply to report those concerns to the agencies charged with responsibility to conduct investigations.

Social Work Staff are available to discuss concerns prior to submitting a report and staff should avail themselves of the support offered by Social Work to discuss their concerns in advance of making a formal report. A list of Social Work telephone numbers is provided in Section 9 of this document.

Should a situation arise where an immediate place of safety is required, such as a child fearing to return home because of the risk of further abuse, or if staff suspect that further abuse would occur, it may be appropriate to contact the police. See Section 9 for contact numbers.

Referrals to Social Work should be completed using the yellow Shared Referral Form. (See Appendix A for guidance and Appendix B for the form). Referrals to Police Scotland should be followed up with the completion of the Child Protection Incident Log. Any other actions relating to a child protection concern or incident should be recorded on the Child Protection Incident Log. This is an internal document only, which should then be forwarded to the Lead Child Protection officer at childprotection@glasgowlife.org.uk

What to do in the event of disclosure

If a child discloses or suggests that they have been abused, or information is obtained which gives concern that a child is being abused, the staff member receiving this information should:

- stay calm and not rush into any inappropriate action
- reassure the child that they are not to blame and that they have done the right thing by telling
- listen to what the child has to say and show them that you take them seriously
- keep questions to an absolute minimum – the child should be allowed to speak freely without any undue interruption or questioning, but a clear account should be ensured
- reassure the child but do not make a promise of confidentiality (confidentiality might not be possible, given that a report may have to be prepared)
- make a full written record of what was said, heard and/or seen as soon as possible
- record full details of the allegation
- if a referral form is not immediately available these details should be written on plain paper and transferred to a form later, retaining the original record.

Reporting to Senior Staff

- Any information regarding abuse of a child by a member of the public, staff or a volunteer should be reported to the most senior person on site.
- For sessional/coaching staff working in a non-Glasgow Life venue, eg school facility/hall/non-supervised outdoor facility, the first point of contact is the immediate line manager.

- The most senior person on site should discuss the issue with Social Work immediately or contact Police Scotland, if appropriate.
- If the most senior person on site is the subject of the report or suspicion, the report must be made to the Lead Child Protection Officer (Andrea McMillan) on 07833 047337 or by email to childprotection@glasgowlife.org.uk .
- If the most senior member of staff is unavailable then direct contact must be made with the local Social Work office (of where the child lives) through Social Care Direct or the Glasgow and Partners Emergency Social Work Services, if out with normal business hours (see Section 9 for contact numbers).
- Discussion should be with only one senior member of staff and not with any other colleagues/friends.

Reporting to Lead Child Protection Officer

- The lead child protection officer will normally acknowledge receipt of all Child Protection Incident Logs and Referral forms within two working days of receipt, and may request further information from time to time.
- The Lead Child Protection Officer can be contacted for advice and guidance, HOWEVER, staff should not delay raising a concern with the relevant agencies and should follow the procedures as outlined above.
- Copies of Child Protection Incident Logs, Shared Referral forms and any other noted actions relating to child protection concerns should be emailed to childprotection@glasgowlife.org.uk

Referral Form

As soon as possible after an incident a comprehensive report of everything that was said, heard and/or seen should be recorded on the Child Protection Incident Log (See Appendix D).

Where it is decided that a referral to Social Works Services is appropriate, the Shared Referral Form (Appendix B) should be completed.

The Guidance Notes (Appendix A) and Referral Form (Appendix B) are attached to this document. Copies of the current Policy and forms are available from:

<http://glintranet/supportservices/learning/child-protection/Pages/Child-Protection-Company-Reporting.aspx>

What happens next?

- The most senior person on site will refer the allegation to the Social Work team in the area where the child lives (see Section 9 – contact numbers).
- A copy of the referral form should be sent to Social Work.
- Social Work may involve the Police. This will result in a Social Work inquiry and a separate Police inquiry to investigate any allegations. All possible assistance will be given to Social Work and Police Officers investigating the allegations.
- The parents/carers will be contacted as soon as possible **following advice from Social Work and or the Police.**

Line Managers do not have the right to veto or further investigate allegations prior to referring.

Within five days of receiving a referral form, Social Work Services should return the final page of the referral form acknowledging receipt and indicating outcomes (Appendix C)

Out of Hours Reporting

Across the range of services provided by Glasgow Life, there are a number of times when individual members of staff or small groups are working out with the normal hours. Staff working in this way need to be aware of their role regarding Child Protection and the reporting procedure in the case where action is required.

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Where it is not possible to speak with a line manager, staff should not delay making a referral to the Police or Social Work as appropriate. The line manager and the Child Protection Officer should be contacted at the earliest opportunity.

Staff should use the attached Child Protection Incident Log (Appendix D) to note the details of the incident and action taken. This should be forwarded to the line manager and the Child Protection Officer – childprotection@glasgowlife.org.uk, by the morning of the first working day following the incident.

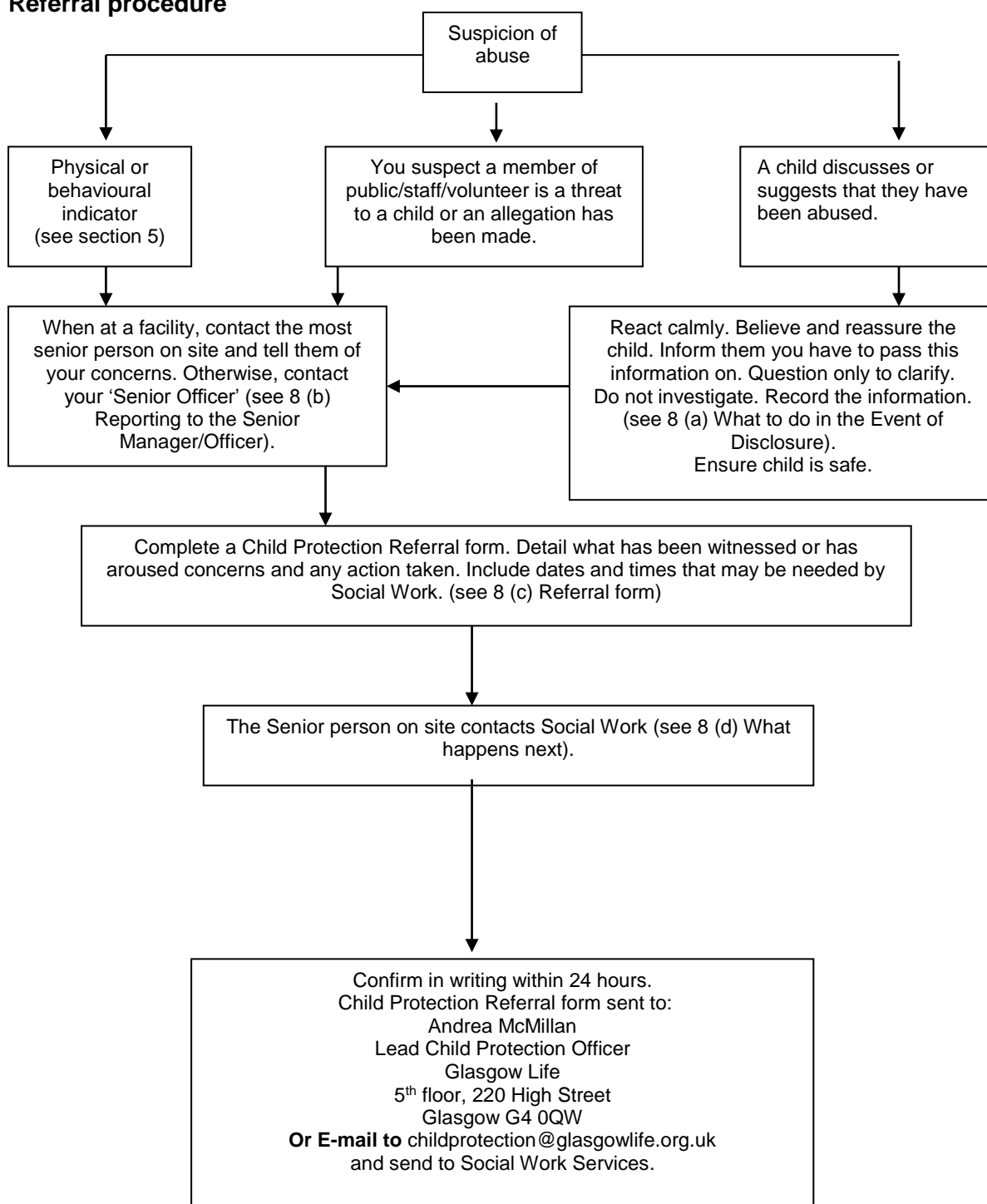
There may be incidents of such a serious nature that it is appropriate to contact a member of the Glasgow Life directorate. In this case, the Lead Child Protection Officer should be contacted on 07833 047337. The Officer will then refer to the Company's Emergency Contact List to inform relevant senior managers.

Out with normal office hours on weekdays, over weekends and Public Holidays, the Out Of Hours system will be in place. Any member of staff making a Child Protection report to Social Work or the Police will follow the report by calling their line manager and, if appropriate, the Child Protection Officer.

Having allocated any follow-up work required from the report, the Lead Child Protection Officer will attach the reporting form to the file copy of the Referral Form.

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Referral procedure



9. CONTACT NUMBERS

The first point of contact for all staff is their most senior member of staff in the facility they are working in, or the immediate line manager. However, you will receive information or advice from a number of agencies, including Social Work and the Police.

Make sure they are safe - If immediate help is required phone 999

During office hours, contact Social Care Direct by phone (0141 287 0555), textphone 18001 0141 276 4710 or email [Social Care Direct](#).

Out with office hours contact Glasgow and Partners Emergency Social Work Services on Phone 0300 343 1505.

Police

Police Scotland was formally established on 1 April 2013 and is responsible for policing across the length and breadth of Scotland. Greater Glasgow is divided into 11 Area Commands, 9 of which comprise Glasgow city.

In an emergency you should always dial **999** to get an immediate response. This should be considered where a child is in immediate danger.

All other referrals to the Police should be made through the non-emergency number **101**.

The Public Protection Unit, lead on Child Protection matters and your call will either be directed to this unit or the local police office.

10. FURTHER INFORMATION

Glasgow Life Child Protection Contact

- Andrea McMillan, Lead Child Protection Officer, 0141 287 5529

Glasgow Child Protection Committee

- Anne Marie Manning, Lead Child Protection Officer, 0141 420 5665
<https://www.glasgowchildprotection.org.uk/>

Glasgow City Council

<https://www.glasgow.gov.uk/index.aspx?articleid=17236>

- Safeguarding in Sport is a partnership between CHILDREN 1ST and **sportscotland**. Further information is available at <http://www.children1st.org.uk/services/87/safeguarding-in-sport>
- **sportscotland**, for publications on working with and coaching children and Child Protection for sports coaches, 0141 534 6500 <http://www.sportscotland.org.uk/>
- Scottish Government – National Guidance
<http://www.scotland.gov.uk/Publications/2010/12/09134441/0>

- West of Scotland Child Protection Procedures – the contents of this site are compliant with the National Guidance for Child Protection in Scotland (2010) and also contain an intelligent search facility. This means that you can search for any issue but the engine will only look at accredited sites. This reduces the irrelevant content that you may find on popular search engines and makes your research much easier. <http://www.online-procedures.sc.nhs.uk/westofscotland>
- ‘Protecting Children – A Guide for Sports People’ and ‘Code of Ethics and Conduct for Sports Coaches’ are available from sports coach UK , 01132 311310, <http://www.sportscoachuk.org/>
- Creative Scotland - Creating Safety Publication. Creating Safety provides guidance on Child Protection for individuals and organisations involved in delivering artistic, cultural and creative projects for children and young people in Scotland. <http://www.creativescotland.com/resources/our-publications/creating-safety>
- Contact your own sport’s National Governing Body which may have recommended guidelines.
- Childline Scotland – 0800 1111
- NSPCC Child Protection Helpline – 0808 800 500
- Parentline Scotland – 0808 800 2222
- Children 1st – 0131 446 2300

APPENDIX A

CHILD PROTECTION REFERRAL GUIDANCE NOTES

Shared Referral Form to Social Work Services

Introduction

The following form, with minor alterations, is used by all Council Departments and other agencies (Health, Police, Voluntary Organisations, Glasgow Life and others) which operate under Glasgow Child Protection Committee.

The form will form part of the integrated assessment process for each child who has been harmed or at risk of harm.

Section 1: Reason for a Shared Referral Form

This form has been produced by Glasgow Child Protection Committee to encourage a consistency in practice across agencies when dealing with concerns about a child's welfare, including Child Protection concerns. Often, understanding about a child's circumstances does not become fully apparent until information is shared between agencies and the purpose of introducing this referral system is to ensure that concerns about children are passed to Social Work at the earliest opportunity. It may be that the information passed is not sufficient to require a response from Social Work. However, this information will be retained on record and can be used if further concerns are identified in the future, thus building a fuller picture of the child's circumstances.

Concerns about a child can present themselves in a number of ways – a particular incident may come to light through disclosure; workers may observe changes in a child's behaviour or demeanour, or information about the child's or family's circumstances may result in concerns about the child's welfare. In some instances, the nature of the concerns are such that there is a concern about immediate or possible future risk to the child and these instances would trigger a response under Glasgow Life's Child Protection procedures. On other occasions the possible risk to the child may not be so apparent and workers may be reluctant to trigger a response under Child Protection procedures or simply unsure as to whether a referral should be made. The purpose of this form is to encourage staff to share information whenever they have a concern about a child's welfare to help determine the best course of action to support the child. If a staff member believes the concerns necessitate a referral under the Child Protection procedures this should be done. ***However, it is not necessary for the concern to be Child Protection before a referral to social work is made.***

When workers are concerned about a child, as well as providing the reasons for their concern, workers should provide a view on how they believe the concern has impacted on the child. For example, if the parents are known, or believed to be drug users, the referral should attempt to outline how this has affected the child e.g. lack of care, poor health or development etc. This will allow agencies to consider what supports or interventions may best support the child.

Section 2: When to use the referral form

When workers are concerned about a child's welfare, telephone contact should be made with Social Work in the first instance to discuss the concern and the possible action that may be taken. The referral form should be completed subsequent to this discussion and passed to Social Work, as well as a copy kept for the child's records.

Section 3: How to complete the referral form

1. **Who should complete the form/make the referral**

The form should be completed by the staff member reporting the issue of concern or their most senior member of staff, whoever is best placed to make an immediate and comprehensive report.

2. **Providing information**

While the form provides for comprehensive details regarding the child to be recorded, a referral should not be delayed to gather information which you do not currently have.

3. **Copies**

Wherever possible the electronic form should be completed and emailed to childprotection@glasgowlife.org.uk and a copy posted to Social Work at the office contacted. If an electronic version is not available the form should be completed and posted/delivered to: Andrea McMillan, Lead Child Protection Officer, Glasgow Life, 5th floor, 220 High St, Glasgow G4 0QW (marked Private and Confidential) **and** to Social Work.

Section 4: What happens next

During the referral phone call, discussion will take place about the nature of the staff member's concerns, the impact on the child and what action, if any, is required. Action points should be agreed and be included in the written copy of the referral form.

On receipt of the referral form, (whether electronic or hard copy), Social Work will complete and return an acknowledgment of the referral to the referring agency, indicating the response made by Social Work.

Referrals about concerns over a child's welfare will not always require a response under Child Protection procedures. Instead, the child and family may be in need of general support, advice and guidance or may require a comprehensive multi-agency assessment to determine their needs.

Possible Options:

- During the referral discussion it may be agreed that no Social Work intervention is required at this time and that the referring agency will continue to offer a service to the child and/or family. In such instances, if additional concerns arise in the future, a further referral should be made to Social Work.
- On receipt of a referral, Social Work may decide that an integrated assessment is required and will discuss this with partner agencies accordingly.
- If Social Work determines that Child Protection measures are necessary, they will initiate Child Protection procedures and agencies will be involved accordingly.

Other options include:

- provide advice or information and take no further action when task is completed
- refer family to another agency or service
- offer a service to the family.



APPENDIX B

Shared Referral Form

1a. REFERRAL DETAILS

Name of Referrer	Agency	Designation	Postal Address (include postcode)	Email	Phone	Fax
	Glasgow Life					

1b. DESIGNATED CONTACT PERSON (IF DIFFERENT FROM 1a)

Name of Referrer	Agency	Designation	Postal Address (include postcode)	Email	Phone	Fax
	Glasgow Life					

2. REFERRAL TO

Date of Referral	Time of Referral (am or pm)	Name of worker spoken to	Designation	Is the parent/carer aware of this referral? Yes/No?	Is the young person aware of this referral? Yes/No?
Social Work Team		Responsible Local Authority	Phone	Is this a re-referral from your service? Yes/No	If yes, please enter date(s) of previous referral(s)

3. SUBJECT OF REFERRAL

Child's Name	Other name known by	DOB dd mm yy	Age	Gender (M/F)	Home Address (include Postcode)	Ethnicity (see list on page 7)	Religion (see list on page 7)
1							
2							
3							

Child Affected by Disability

Preferred Language (see list on page 6)	Interpreter Required (specify)
1	
2	
3	

Description (see list on page 7)	Communication Assistance Required (specify)

4. FAMILY DETAILS

Mother's Name	DOB (If Known)	Other name known by	Current Address (If different from child)

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

4. FAMILY DETAILS (cont'd)

Principal Carer's Details (if different from Mother/Father)

Family Address (include postcode)	Phone (if known)	Is Child Currently Resident at this Address? Yes/No	If No, state Address (include postcode)

Name	DOB (if known)	Relationship to Child	Address (including postcode)	Type of Residence (if not at home)

Other Adults in Household

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

Name	DOB (if known)	Relationship to Child	Name	DOB (if known)	Address	Phone	Relationship to Child

Siblings not subject to referral

Child's Name	Other name known by	DOB dd mm yy	Age	Gender	If in relation to unborn baby or mother is pregnant – Estimated Date of Birth

5. SUMMARY OF CONCERNS

IF Child PROTECTION, PLEASE INDICATE WHICH CATEGORY OF CONCERN APPLIES

Suspicion/risk of (Child Protection)	
Physical Injury	
Emotional Abuse	
Physical Neglect	
Non-Organic Failure to Thrive	
Sexual Abuse	

FOR ALL REFERRALS PLEASE COMPLETE THE FOLLOWING

Suspicion/risk of (factors relating to the child)	
Absconding	
Child Safety	
Education	
Emotional Care/Development	
Health – Illness/Disability	
Outwith Parental Control	
Physical Care/Neglect	
Self harm	
Sexual Exploitation	
Offender Behaviour	
Substance Misuse	
Other (please specify below)	

Suspicion/risk of (factors relating to parents/ carers)	
Alcohol Abuse	
Asylum Seekers/Refugees	
Domestic Abuse	
Drug Abuse	
Housing/Accommodation	
Learning Disability	
Mental Illness	
Parenting	
Physical Illness	
Poverty/Financial	
Other (please specify below)	

6. REASON FOR REFERRAL/REQUEST FOR SERVICES: (please record reason for concern and how this impacts on child. If applicable, please indicate alleged abuser. Indicate what action, if any, you have taken prior to the referral).

7. AGREED ACTIONS (Actions agreed during phone referral)

8. AGENCY INVOLVEMENT

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

Signature of Referrer _____ Please
print name _____

Date _____

Signature of Line Manager _____ Please
(if applicable) _____ print name _____

Copies of this form to be sent to: Social Work Department as per section 2 of this form and to the Glasgow Life Lead Child Protection Officer, Andrea McMillan at 220 High St (marked Private and Confidential), or preferably by email to childprotection@glasgowlife.org.uk.

Pick Lists

<u>ETHNICITY</u>	<u>PREFERRED LANGUAGE</u>	<u>RELIGION</u>	<u>DISABILITY</u>
Bangladeshi	Albanian	Agnostic	Autism
Black Caribbean	Arabic	Bahai	Hearing Impairment
Black African	Bengali	Buddhist	Language/Communication Disorder
Chinese	Cantonese	Christian Catholic	Learning Difficulties
Declined Information	Eastern European	Christian Protestant	Mental Health Problems
Indian	English	Christian Other	No Disabilities but Affected by Disability of Family Member
Pakistani	European	Declined Information	No Disabilities not affected by disability
White Irish	Farsi	Hindu	Physical/Motor Impairment
White Scottish	Gaelic	Jainism	Social, Emotional, Behavioural Difficulties
White Other British	Gujarati	Jehovah's Witness	Visual Impairment
Any Mixed Background	Hindi	Jewish	Other Disability (please specify)
Any Other Asian Background	Kurdish Sorani	Mormon	
Any Other Black Background	Mandarin	Muslim Shia	<u>TYPE OF RESIDENCE</u>
Any Other Ethnic Background	Mirpuri	Muslim Sunni	Children's Unit
Any Other White Background	Persian	Non Believer	Foster Placement
Not Known	Punjabi	Sikh	Friend
	Sign Language	Taoist	Pre-Adoptive Placement
	Swahili	Unknown	Residential School
	Urdu		Respite
	Unknown		Relative
	Other Language		Secure Accommodation



APPENDIX C

Acknowledgement of Notification of concerns about a child to Social Work Services

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

Insert Social Work Services Address

Family Name

SWID No.

Date of Referral

Request Treated as:

Outcome of Referral/request for Services

Any other comments

Practice Team Leader Signature:

Date

CHILD PROTECTION INCIDENT LOG

1. Details			
Date		Time	
Name of reporting person		Service Section	

2. Description of incident

3. Who was the incident reported to?
Police <input type="checkbox"/> Name Contact number
Social Work <input type="checkbox"/> Name Contact number
Other (please specify)
Name Contact number

4. Any other action taken:

5. Follow up date, time and contact number for reporter
Date..... Time..... Contact number.....
Line Manager's name, Section and contact number
Name..... Section..... Contact number.....

Please discuss this completed form with your Line Manager. The completed form to be filed in the facility/centre.

Please send a copy of this form (marked Private and Confidential) to:

Andrea McMillan
Lead Child Protection Officer
Glasgow Life
Mitchell Library
North Street
Glasgow
G3 7DN

Or E-mail to

childprotection@glasgowlife.org.uk

Incident Reporting Log

From time to time incidents will occur which may upset a child, or an adult's actions or language may be misinterpreted. These incidents must be reported as soon as possible to the most senior member of staff available and noted. Parents or carers should also be informed of the incident as soon as possible. This process is one that safeguards and protects staff. The completion of an incident form should be viewed as a quality assurance and Child Protection issue and as such should be encouraged and supported by managers.