

## **26. CHILD PROTECTION POLICY**

### **26.1 Introduction**

- (a) Cerebral Palsy Scotland takes seriously its responsibility to protect and safeguard the welfare of children and young people who attend the centre.
- (b) Any member of staff who is aware or suspects a child protection issue should inform their line manager immediately.
- (c) Cerebral Palsy Scotland recognises that many children and young people are the victims of neglect and physical, sexual and emotional abuse and that disabled children are particularly vulnerable. Accordingly, all Cerebral Palsy Scotland employees must familiarise themselves with this policy. This policy sets out agreed guidelines for:
  - Responding to allegations of abuse or neglect, including those made against members of staff, volunteers or trustees.
  - Appointment of staff, volunteers and trustees.
  - Supervision of activities and practice issues.
- (d) Cerebral Palsy Scotland recognises the need to build constructive links with other childcare agencies. Accordingly, these guidelines have been prepared in line with local authority regulations.
- (e) This policy is formulated to help all staff, volunteers and trustees to respond appropriately when abuse is disclosed or discovered.

### **26.2 Responding to allegations of abuse or neglect, including those made against members of staff, volunteers or trustees**

- (a) All staff should ensure that they are familiar with the guidelines provided in the:
  - Scottish Government Child Protection Guidelines: <https://beta.gov.scot/policies/child-protection/>
  - The Charity's Disclosures Policy

There is a wide range of other documents related to the subject, all of which are kept in the CEO's office, together with the above.

### **26.3 Appointment of Staff, Volunteers and Trustees**

All staff, volunteers and trustees joining the centre will provide suitable references, which must be taken up by Cerebral Palsy Scotland managers. All staff will be subject to Disclosure Scotland checks and staff involved in regulated work will be required to become members of Disclosure Scotland's PVG scheme for children and adults.

## **26.4 Training**

All employees will attend training sessions in relation to child protection. Trustees and volunteers will also be encouraged to join these sessions.

## **26.5 Supervision of activities and practice issues**

- (a) In addition, the local policies described below must be adhered to:
- No child shall be left unattended in the centre or grounds at any time.
  - Children attending individual therapy sessions should always be accompanied by a parent/carer who will be in attendance at all times whilst the child is being seen at the centre.
  - If the child is attending for individual therapy, parents/carers should be made aware that they remain responsible for their children (patients and siblings) whilst they are in the centre or grounds.
  - Children attending group therapy activities must always have written prior consent of their parent/carer for their child's attendance at the group and their participation in sessions.
  - If the child is attending group therapy without their parents/carers then the child's nominated key therapist is responsible for the safety and wellbeing of the child for the duration of their attendance.

## **26.6 Consent**

- (a) Examination or treatment without valid consent may be held in law to be assault. For consent to be valid, it must be:
- Informed, i.e. the person consenting must be aware of the nature of what is being consented to, and the consequences of consenting, and possible alternatives.
  - Voluntary, i.e. without fear, threats or coercion.

## **26.7 Children's Consent**

- (a) Children over the age of 16 can both consent to and refuse medical treatment.
- (b) Children under the age of 16 years can consent to a medical examination, provided that they fully understand the nature of what is to be done, its consequences and alternatives. However, the decision as to competence of the child to make such decisions may have to be justified by the individual therapist if challenged.
- (c) For children considered incapable of consent, formal consent must be obtained from the parent or person to whom parental responsibilities have been assigned.

## **26.8 Failure to Obtain Consent**

- (a) If consent cannot be obtained, the following possibilities exist:
  - Examination/treatment without consent if this can be justified by necessity, e.g. in cases of emergency or severe injury.
  - Consultation with the social services department to determine whether action is required to transfer parental responsibilities to the local authority or to a court.

## **26.9 Privacy**

- (a) The child's right to privacy and protection should be respected at all times. The cultural, religious and linguistic background of the child should always be borne in mind and, if necessary, efforts made to get help from suitable people, e.g. an interpreter, in order to ensure the child is protected at all times.
- (b) Confidential information about the health of the child should only be shared on a need to know basis amongst employees. If you are in any doubt, you must speak to the CEO prior to disclosing any such information. For further information, refer to 'Working together under the Children Act 1989'.

## **26.10 Confidentiality**

- (a) Please see the confidentiality policy.
- (b) With regard to child protection issues, confidentiality is qualified and not absolute. The needs of the child should always be paramount.

## **CEREBRAL PALSY SCOTLAND CHILD PROTECTION FLOWCHART**

**The following steps are suggested when any form of child abuse, neglect, ill treatment or deprivation is suspected:**

### **STEP 1**

#### **Recognition of possible abuse based on:**

- Suspicious and unusual marks on child's body
  - Suspicious adult behaviour
- Signs & Symptoms in child behaviour
  - History
  - Reports received
- Other possible signs



### **STEP 2**

#### **Consult in absolute confidence & immediately with:**

- and/or CEO at Cerebral Palsy Scotland
- Colleagues at Cerebral Palsy Scotland (if appropriate)
- Complete a Wellbeing Concern Form (copies at reception and on the shared drive)



### **STEP 3**

#### **Immediate referral to one or more Statutory Authorities:**

- Nearest Social Work Centre
- Police (Family Protection Unit)

Referral by Senior Therapist OR CEO at Cerebral Palsy Scotland.

If neither of them is available at the time or referral may be delayed for some reason, the person suspecting abuse should refer.

(Information that may be required when referring & contact details of authorities given below)

*NOTE: A Wellbeing Concern form on process followed and details of referral agents that were contacted should be submitted immediately to Head of Therapy and/or CEO and securely filed.*

**STEP 4**  
**Ensure safe plan for child/youth**

- Person who referred should follow up on action taken by authorities
  - Repeat referral to different agency if no action has been taken
  - Report outcome to Senior Therapist and/or CEO
- Document dissatisfaction of referral outcome and submit for filing

**IMPORTANT CONTACT DETAILS**

1. Social Work Services	[0141 287 8700]
2. Police – Family Protection Unit	[0141 532 3000]
3. Out of Hours Social Work	[0800 811 505]
4. Reporter to Children’s Hearing	[0141 567 7900]
5. Parent Line	[0808 800 2222]
6. Child Line	[0800 1111]

**INFORMATION THAT MAY BE REQUIRED BY AGENCIES**

- Why are there concerns?
- Do you believe child or adult is in imminent danger?
- Do you think other children/vulnerable people in the family are also in danger?
- Name, designation and name of agency (Cerebral Palsy Scotland) along with contact details of the person making the referral
- The child’s full name, age, date of birth and address
- Any specific identifier known (such as a case or reference number)
- Names/identities/roles of any adults in care of child
- Who it is thought may have harmed the child or may pose a risk, why it is so and when may it have happened
- The name of the person receiving the referral in the relevant agency should always be requested and recorded in the written report.

**NOTE:**

Agencies recommend that a suspicious person should NOT question adults in care of the child because it may not be in the child’s interest to do so. Avoid questioning the child, but if it seems important to pose questions to the child or youth, the following guidelines are given:

<b>To establish abuse: You could ask:</b>		<b>You should Not ask:</b>
<b>What</b>	What happened?	Did he/she?
<b>Where</b>	Where did it happen?	Did he/she come to your bedroom?
<b>Who</b>	Who did it?	Did daddy/mum do it?
<b>When</b>	When did it happen?	Did it happen last night?
<b>How/Why</b>	Don't ask these questions as they require judgement from the child and may induce self-blame	