



Policy document	
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1. Background

This policy is based on the principles which underpin the United Nations Convention on the Rights of the Child 1989, the Children's Charter, the Framework for Standards, Getting it Right For Every Child (GIRFEC), the National Guidance for Child Protection in Scotland and the Carers' Charter.

United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC is an international agreement which officially recognises the human rights of all children and young people under 18. The principles of the UNCRC include:

- The right of all children to enjoy all the rights contained in the convention irrespective of the child or their parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status (Article 2).
- The right of all children who are capable of forming their own views to express those views freely in all matters affecting the child, with the views of the child being given due weight in accordance with the age and maturity of the child (Article 12).
- The right of all children to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child" (Article 19).
- The right of the children affected by physical or learning disabilities to enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community (Article 23).
- The right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts (Article 31).

These principles are derived from the Articles of the United Nations Convention on the Rights of the Child. They are ratified by the UK Government and endorsed by the Scottish Government.

The Children's Charter and the Framework for Standards

The Children's Charter¹ reflects children and young people's own views regarding what they need or the standard of care they expect when they have problems or are in difficulty and need to be protected.

The Framework for Standards² provides guidance to put into practice the commitments made to children in the Charter. It sets out what each child in Scotland can expect from professionals and agencies to ensure that they are adequately protected and their needs are met. It also sets out what parents or other adults who may report abuse and neglect can expect.

¹ Children's Charter, Scottish Executive, 2003

² Protecting Children and Young People, Scottish Executive 2003

Getting it Right for Every Child (GIRFEC)

The Scottish Government recognises that “all children and young people (including unborn babies) have a right to be cared for and protected from harm and abuse and to grow up in a safe environment in which their rights are respected and their needs met. Children and young people should get the help they need, when they need it and their safety is paramount”³.

GIRFEC⁴ is an approach which promotes action to improve the wellbeing of all children and young people in eight areas: children and young people must be healthy, achieving, nurtured, active, respected, responsible, included and safe.

Further, the Children and Young People (Scotland) Act 2014 (see Appendix A - Section A 2:17) places duties on service providers to reinforce the GIRFEC approach to ensure that the planning, design and delivery of services to children and young people are organised around the child or young person so that all their needs will be identified and addressed.

Young Carers Strategy for Scotland

The Young Carers Strategy for Scotland 2010-2015, extended to 2017 (Getting it Right for Young Carers) provides a framework for action to support local service delivery and ensure that young carers are relieved of inappropriate caring roles and supported to be children and young people first and foremost. The implementation of the Young Carers Strategy and the Children and Young People (Scotland) Act 2014 strengthens the need to identify and support young carers and achieve better outcomes.

The Carers (Scotland) Act 2016 extends and enhances the rights of carers. Provisions in the Act will ensure more consistent support for carers, including young carers so that they can continue to care in better health and to have a life alongside caring.

National Guidance for Child Protection in Scotland 2014

The National Guidance for Child Protection in Scotland, introduced in 2010 and updated in 2014, provides a national framework within which agencies and practitioners at local level - individually and jointly - can understand and agree processes for working together to promote, support and safeguard the wellbeing of all children. The Guidance refers to anticipated new ways of working and procedures to assist the implementation of the Children and Young People (Scotland) Act 2014.

Improving outcomes for children and young people is a fundamental objective for all services and organisations. The Guidance outlines common standards for child protection services in Scotland and sets out expectations for strategic planning of services to protect children and young people, highlighting key responsibilities for services and organisations, both individual and shared. It also serves as a resource for practitioners on specific areas of practice and key issues in child protection.

A number of ‘new and strengthened’ publications have been introduced by the Scottish Government to support the Guidance. These include the *National Risk Framework for Assessment of Children and Young People*, the *National Framework for Child Protection Learning and Development*, the *National Parenting Strategy*, the revised *Pink Book* and guidance for those working with children affected by parental substance misuse, *Getting Our Priorities Right*.

³ National Guidance for Child Protection in Scotland, 2014

⁴ Getting it Right for Every Child, Scottish Government, 2012

Young Carers Strategy for Scotland 2010-15, extended to 2017

The Young Carers Strategy for Scotland (Getting it Right for Young Carers) provides a framework for action to support local service delivery and ensure that young carers are relieved of inappropriate caring roles and supported to be children first and foremost. The implementation of the Young Carers Strategy and the Children and Young People (Scotland) Act 2014 strengthens the need to identify and support young carers and achieve better outcomes.

Further, the Carers (Scotland) Act 2016 extends and enhances the rights of carers. Provisions in the Act ensure more consistent support for carers, including young carers, so that they can continue to care in better health and have a life alongside caring. The overriding principle behind the Act is that young carers should have similar childhood experiences to their peers in non-caring roles. The Act should also assist in ensuring that young carers are not being expected to carry out caring tasks that are inappropriate to their age and development.

Carers' Charter 2018

The Carers' Charter⁵ sets out the rights of carers in or under the Carers (Scotland) Act 2016. Local authorities are required to provide information and advice services for carers including the carers' rights set out in the Carers' Charter. Local authorities, or in many cases the Integration authorities are responsible for offering all young carers a Young Carers Statement which will identify the young carers individual needs and personal outcomes which will then be assessed in line with agreed local eligibility criteria to ensure the right level of support is delivered at the right time. The Act will ensure that young carers are recognised in their own right and are treated as equal partners.

2. Scope

This Child Protection Policy applies to children and young people under the age of 18, and under the age of 26 (within the provisions of the Children and Young People (Scotland) Act 2014) for those who are and have been looked after.

Whilst a child can be defined differently in different legal contexts, the National Guidance for Child Protection 2014 is designed to include children and young people up to the age of 18. Carers Forum Stirling Area's policy adheres to this Guidance but is also required to acknowledge and act on further legal measures that can be applied to some children and young people between the ages of 16 and 25 years of age.

Carers Forum Stirling Area supports young carers up to the age of 18 and young adult carers aged between 16 and 25. Generally the individual's circumstances and age dictates what legal measures can be applied. For example, some children and young people may meet the criteria where the Adult Support and Protection (Scotland) Act 2007 can be applied. In cases where this occurs reference should be made to the Guidance regarding definitions for different contexts; local protocols and to the organisation's Adult Support and Protection Policy which is available to view separately.

The Carers (Scotland) Act 2016 defines young carers as being under 18 years old, or are 18 but still a pupil at school. Provisions in the Act will ensure more consistent support for young carers including the continuation of the Young Carer's Statement, improving the transition from young carer to adult carer until the young carer is provided with an adult carer support

⁵ Carers' Charter, Scottish Government 2018

plan, for example when they reach 18 and have left school. Carers Forum Stirling Area recognises that the move from child to adult services presents significant risks. The organisation works closely with other agencies within the local framework, via the single planning approach, to manage any transition effectively and to ensure ongoing support and protection.

3. Why protecting children is important

There are many reasons why organisations need to address, plan and implement the protection of children and young people. It:

- Will help to ensure the organisation fulfils legal and moral obligations for the care and protection of children.
- Sends a positive message to both children and parents about the value you place on children and their participation in your service.
- Sends a positive message to staff and volunteers that you will support and guide them when they work with children and you will put safeguards in place to minimise risk to all.
- Sets the standards and expectations for everyone working in the service and provides a benchmark against which practice can be measured and challenged.
- Reduces the risk of successful legal action against the organisation by ensuring that all legal duties have been fulfilled and that all reasonable steps have been taken to safeguard and promote the health, welfare and development of children.

4. Carers Forum Stirling Area - Child Protection Policy Statement

4.1 Commitment

Carers Forum Stirling Area is fully committed to:

- (a)** ensuring the welfare of children and young people is paramount;
- (b)** creating and maintaining the safest environment possible for children and young people participating in activities organised by the Centre;
- (c)** taking all reasonable steps to promote safe practice and to protect children and young people from harm, abuse and exploitation;
- (d)** promoting good practice and challenging practice that is harmful to children and young people; and
- (e)** promoting the development of an ethos which embraces difference and diversity, and respects the rights of children and young people.

4.2 Principles

Carers Forum Stirling Area's Child Protection Policy and procedures are based on the following underpinning principles:

- (a) Children and young people have a right to participate in the Centre's activities free from discrimination, violence, abuse, neglect, maltreatment and exploitation.
- (b) All children and young people should be encouraged to fulfil their potential and inequalities should be challenged.
- (c) Everybody has a responsibility to support the care and protection of children and young people.
- (d) All children and young people should be listened to and have their views considered according to their age, maturity and understanding.
- (e) All children and young people, and the adults who work with them, have a right to be treated with respect and dignity irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.
- (f) All adults who work with children and young people have a right to fair and just treatment whenever a concern is raised about them including their conduct towards others.
- (g) Parents have a right to expect that organisations to which they entrust their children and young people provide appropriate care and protection for them.

4.3 Approach

Carers Forum Stirling Area will safeguard children's rights and welfare by:

- (a) **Recognising** that all children and young people have the right to freedom from abuse, to be treated with respect and that the welfare of children and young people is paramount;
- (b) **Embracing** the GIRFEC (Getting it Right for Every Child) approach and organising services to address all the needs of children and young people, including those which impact on their health, wellbeing and education.
- (c) **Ensuring** that all our staff and volunteers are carefully selected, with appropriate Disclosure checks undertaken, and that they accept a responsibility in helping to prevent the abuse of children and young people in their care;
- (d) **Responding** quickly and appropriately to all suspicions or allegations of abuse by providing parents or guardians and children/young people with the appropriate opportunity to voice any concerns they might have and reporting to the relevant authorities;
- (e) **Ensuring** that access to confidential information is restricted to the person responsible for children and young people or the appropriate authorities;
- (f) **Reviewing** regularly the effectiveness of Carers Forum Stirling Area's Child Protection Policy and Procedures;

- (g) **Providing** a point of contact for child safety matters and liaising between parents or guardians, staff, volunteers and Disclosure Scotland. This point of contact is known as the Centre **Child Protection Officer** and will be the Manager of the Centre unless formally delegated to a named individual.

Police, Social Work departments and Carers Forum Stirling Area will be Carers Forum Stirling Area's point of contact responsible for children and young people. It is always the responsibility of the Child Protection agencies (i.e. the Police and/or Social Work) to investigate any concerns or allegations that a child or young person may be at risk of abuse and/or neglect.

This Child Protection Policy applies to all staff, volunteers and parents or guardians associated with Carers Forum Stirling Area.

5. Getting it Right for Young Carers

- 5.1 The Integrated Forth Valley Carers Strategy 2012 to 2015, currently under review, has been developed to improve the lives of unpaid carers and young carers throughout their local communities. In relation to young carers, the GIRFEC (Getting It Right For Every Child) approach lies at the heart of this local strategy.
- 5.2.1 Carers Forum Stirling Area works closely with other agencies to promote and implement the principles of GIRFEC and the wellbeing indicators of achievement flowing from this of Safe, Healthy, Achieving, Nurtured, Active, Responsible, Respected and Included Young Carers. This approach underpins how Carers Forum Stirling Area works with children and young people and how the organisation safeguards them and protects their welfare.
- 5.2.2 Carers Forum Stirling Area practises the GIRFEC principles. It applies the single planning approach (the Child/Young Person's Plan/Young Carers Statement) and implements the Child's Plan Paperwork. The organisation will continue to implement any procedures presented by the Children and Young People (Scotland) Act 2014 and the Carers (Scotland) Act 2016.

6. Roles and responsibilities

6.1 Roles and responsibilities in child protection

6.1.1 Carers Forum Stirling Area

Carers Forum Stirling Area will:

- Ensure there are policies, procedures, systems, structures, resources and personnel in place to promote the welfare and protection of children using our service.
- Actively work with parents or guardians and other agencies through joint planning, training and monitoring of their arrangements for the protection of children.
- Ensure there are quality assurance mechanisms in place to monitor, review and evaluate arrangements for the protection of children in line with national guidance.

6.1.2 Child Protection Officer – Role and Responsibilities

The Child Protection Officer for Carers Forum Stirling Area is the Head of Operations. (In the absence of the Head of Operations, the Chief Executive Officer will deputise for the Child Protection Officer).

The Child Protection Officer for Carers Forum Stirling Area will:

- Be supported by Carers Forum Stirling Area and be appropriately trained.
- Implement and promote Carers Forum Stirling Area's Child Protection Policy and Procedures.
- Lead on the effective implementation of policy and procedures.
- Regularly report to the Board of Directors.
- Act as the main contact within Carers Forum Stirling Area for the protection of children.
- Provide information and advice on the protection of children within the boundaries of the remit.
- Support and raise awareness of the protection of children.
- Keep abreast of developments and understand the latest information on data protection, confidentiality and other legal issues that impact on the protection of children.
- Encourage good practice and support of procedures to protect children.
- Establish and maintain contact with local statutory agencies including the Police and Social Work services.
- Maintain confidential records of reported cases, action taken, liaise with the statutory agencies and ensure they have access to all necessary information.
- Organise training for members.
- Regularly monitor and review the Carers Forum Stirling Area's Child Protection Policy and Procedures.
- Ensure there are mechanisms in place for quality assurance
- Undertake refresher training every three years

The Child Protection Officer can be contacted as follows:

Head of Operations
Kintail House
Forthside Way
Stirling FK8 1QZ

Tel: 01786 447003 email: info@stirlingcarers.co.uk

7. What are we protecting children against?

- 7.1** Information in the following sections has been sourced and extracted from the National Guidance for Child Protection in Scotland 2014 to help with the identification of child abuse and also indicators of risk in relation to child protection in specific circumstances. Practitioners are encouraged to make further reference to this Guidance and to the Forth Valley Child Protection Guidance⁶ which provides comprehensive detail and signposting to additional publications.

⁶ Forth Valley Inter-Agency Guidance 2016, Falkirk Child Protection Committee and Clackmannanshire and Stirling Child Protection Committee (Forth Valley Inter-agency, Stirling Council)

7.2 All staff and volunteers have a duty to report child welfare and protection concerns to Carer Forum Stirling Area's Child Protection Officer. Sections 13 and 14 provide further detail and procedures for responding to concerns.

7.3 Child abuse

In Scotland, child abuse is defined as follows:

"Abuse (and neglect) is a form of maltreatment of a child. Somebody may abuse a child by inflicting, or by failing to act to prevent, significant harm to the child. In a child protection context, there are three key different types of abuse that can be identified. Physical abuse is the causing of physical harm to a child or young person. Emotional abuse is persistent emotional neglect or ill treatment of a child causing severe and persistent adverse effects on the child's emotional development. Sexual abuse is any act that involves the child in any activity for the sexual gratification of another whether or not it is claimed that the child either consented or assented."⁷

This definition includes placing children at risk through something a person has done to them or something a person is failing to do for them. For those working in the field of child care and protection, the definition gets broken down further into categories of abuse, namely;

- (a) Emotional abuse
- (b) Physical abuse
- (c) Sexual abuse
- (d) Neglect (including non-organic failure to thrive)

These categories are not mutually exclusive, for example, a child experiencing physical abuse is undoubtedly experiencing emotional abuse as well. The following definitions of the different types of child abuse are taken from "Protecting Children - A Shared Responsibility, Guidance on Inter-agency Co-operation" (Scottish Office, 1998) and the "National Guidance for Child Protection in Scotland 2014" (Scottish Government, 2014).

7.3.1 Identifying child abuse

Although the physical and behavioural signs listed may be symptomatic of abuse, they may not always be an indicator and, conversely, children experiencing abuse may not demonstrate any of these signs.

Child abuse is often difficult to recognise. It is not the responsibility of Carers Forum Stirling Area to decide whether or not a child has been abused. This is the role of trained professionals. We all, however, have a duty to act on any concerns about abuse.

7.3.2 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

⁷ 'National Guidance for Child Protection in Scotland 2014' (Scottish Government, 2014)

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.

Examples of emotional abuse include:

- Persistent failure to show any respect to a child, e.g. continually ignoring a child.
- Constantly humiliating a child by telling them they are useless.
- Continually being aggressive towards a child making them feel frightened.
- Acting in a way which is detrimental to the child's self-esteem.

Signs which may raise concerns about emotional abuse include:

- low self-esteem
- running away
- extremes of passivity or aggression
- significant decline in concentration
- indiscriminate friendliness and neediness
- self-harm or mutilation

7.3.3 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.

Most children sustain accidental cuts and bruises throughout childhood. These are likely to occur in parts of the body like elbows, shins and knees. An important indicator of physical abuse is where the bruises or injuries are unexplained or the explanation does not fit the injury or the injury appears on parts of the body where accidental injuries are unlikely, e.g. on the cheeks or thighs. The age of the child must also be considered. It is possible that some injuries may have occurred for other reasons, e.g. skin disorders, rare bone diseases.

Physical injury may also be caused when a parent feigns the symptoms of or deliberately causes ill health to a child whom they are looking after. This is known as 'Fabricated Fictitious Syndrome by Proxy'. A parent may do this because they need or enjoy the attention they receive through having a sick child.

Physical abuse includes bodily harm caused by:

- hand slap marks, grip marks
- bruising - unusual positions, patterns, black eyes
- burns or scalds
- bite marks
- fractures - numerous, multiple, spiral, varying ages

Signs which may raise concerns about physical abuse include:

- refusal to discuss injuries
- improbable excuses given to explain injuries
- running away
- excessive physical punishment
- avoiding activities due to injuries or possibility of injuries being discovered

- aggression towards others
- fear of parents being approached for an explanation
- untreated injuries
- unexplained injuries, particularly if recurrent

7.3.4 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, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways. Some of the aforementioned activities can occur through the internet.

Boys and girls are sexually abused by males and females, including persons to whom they are and are not related and by other young people. This includes people from all walks of life.

Some children may never be able to tell someone they have been sexually abused. Changes in a child's behaviour may be a sign something has happened. In some cases there may be no physical or behavioural signs to suggest that a child has been sexually abused.

Examples of sexual abuse include:

- exposure to sexually explicit inappropriate language or jokes
- showing a child pornographic material or using a child to produce such material
- inappropriate touching
- sexual intercourse and/or sexual activity with a child under 16

The following signs may raise concerns about sexual abuse:

- lack of trust in adults or over familiarity with adults, fear of a particular adult
- sleep disturbance (nightmares, bed-wetting, fear of sleeping alone)
- girls taking over the mothering role
- reluctance or refusal to participate in physical activity or to change clothes for games
- drug, alcohol or solvent abuse
- sexual promiscuity, over-sexualised behaviour, compulsive masturbation
- unusual interest in the genitals of adults, children or animals
- bruises, scratches, bite marks to thighs or genital areas
- discomfort/difficulty in walking or sitting
- urinary tract problems, vaginal infections or genital damage
- stained underwear, soiling or wetting
- fear of bathrooms, showers, closed doors
- having irrational fears
- psychosomatic factors, e.g. recurrent abdominal or headache pain
- social isolation – being withdrawn or introverted, poor peer relationship
- running away from home
- school problems, e.g. falling standards, truancy
- low self-esteem
- display of sexual knowledge beyond the child's age

- eating disorders
- anxiety, depression, self-harm/mutilation, suicide attempts
- pregnancy
- fear of medical examinations
- genital odour, venereal/sexually transmitted diseases
- itchiness, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- abnormal sexual drawings
- developmental regressing/acting younger than their age
- “grooming” including over the internet

7.3.5 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.

Examples of neglect include:

- poor hygiene
- inappropriate dress
- consistent hunger
- lack of appropriate supervision
- unattended medical needs

Signs which may raise concerns about neglect include:

- constant hunger
- constant tiredness
- untreated medical problems
- poor peer relationships
- poor personal hygiene and/or poor state of clothing
- frequent lateness or unexplained non-attendance (particularly at school)
- low self-esteem
- stealing

7.4 Child Protection in specific circumstances

When making judgements about the risks and needs of a child, there are a range of indicators that should trigger assessment and, where appropriate, action adhering to local child protection procedures. Not all the indicators set out here are common; nor should their presence lead to any immediate assumptions about the levels of risk for

an individual child. Where identified, though, they should act as a prompt for all staff to consider how they may impact on a child.

In the sections below, indicators of potential risk are considered separately but they will often - particularly for children in vulnerable circumstances - occur together. Indicators of risk should therefore be considered not in isolation but in relation to all the relevant aspects of a child and family's circumstances. Where there are a number of risk factors in a child's life, practitioners should pay particular attention to the cumulative impact on the child. Where a range of different services is involved, it is particularly important to maintain the focus on the child's needs.

The sections below provide summaries of key aspects of the different indicators of risk.

7.4.1 Domestic abuse

Domestic abuse describes any behaviour that involves exerting control over a partner or ex-partner's life choices and that undermines their personal autonomy. It is an assault on their human rights. Although most victims are women, men can also suffer domestic abuse, and it can also occur in same-sex relationships.

Children and young people living with domestic abuse are at increased risk of significant harm, both as a result of witnessing the abuse and being abused themselves. Children can also be affected by abuse even when they are not witnessing it or being subjected to abuse themselves. Domestic abuse can profoundly disrupt a child's environment, undermining their stability and damaging their physical, mental and emotional health.

The impact of domestic abuse on a child will vary, depending on factors including the frequency, severity and length of exposure to the abuse and the ability of others in the household (particularly the non-abusive parent/carer) to provide parenting support under such adverse conditions.

7.4.2 Parental alcohol and drug misuse

Substance misuse can involve alcohol and/or drug misuse (including prescription as well as illegal drugs). The risks to and impacts on children of alcohol/drug-misusing parents and carers are known and well-researched. Alcohol and/or drug use during pregnancy can have significant health impacts on the unborn child. Parental alcohol and/or drug misuse can also result in sustained abuse, neglect, maltreatment, behavioural problems, disruption in primary care-giving, social isolation and stigma of children.

Alcohol and/or drug-misusing parents/carers often lack the ability to provide structure or discipline in family life. Poor parenting can impede child development through poor attachment and the long-term effects of maltreatment can be complex. The capability of parents/carers to be consistent, warm and emotionally responsive to their children can be undermined.

Getting our Priorities Right⁸ notes that all services have a part to play in helping to identify children that may be at risk from their parent's problem alcohol and/or drug use and at an early stage.

⁸ Getting Our Priorities Right, Scottish Government, 2012

7.4.3 Disability

Disabled children are not only vulnerable to the same types of abuse as their able-bodied peers, they are also more vulnerable to that abuse. Children with behavioural disorders, learning disabilities and/or sensory impairments are particularly at risk. Neglect is the most frequently reported form of abuse, followed by emotional abuse.

The definition of 'disabled children' includes children and young people with a comprehensive range of physical, emotional, developmental, learning, communication and health care needs. Disabled children are defined as a child in need under section 93(4) of the Children (Scotland) Act 1995.

Research⁹ tells us that children and young people who have a learning or physical disability are more vulnerable to abuse. This is because:

- they are often dependent on a number of people for care and handling, some of which can be of an intimate nature.
- they may be unable to understand the inappropriateness of the actions or communicate to others that something is wrong.
- signs of abuse can be misinterpreted as a symptom of the disability.
- like other children they are fearful of the consequences of disclosing abuse.
- attitudes and assumptions that children with disabilities are not abused.
- they may be unable to resist abuse due to physical impairment.
- of negative attitudes towards children with disabilities.
- possible failures to recognise the impact of abuse on children with disabilities.

Particular care should be taken by all staff and volunteers when working with children affected by disability. Where a child has a disability, the type and, if relevant, the severity of that disability should be recorded, along with the implications for the child's support and communication needs.

Children can also be affected by the disability of those caring for them. Disabled parents/carers/siblings may have additional support needs relating to physical and or sensory impairments, mental illness, learning disabilities, serious or terminal illness, or degenerative conditions. These may impact on the safety and well-being of their children, affecting their education, physical and emotional development.

7.4.4 Children and young people experiencing mental health problems

The emotional well-being of children and young people is just as important as their physical health. Most children grow up mentally healthy, but certain risk factors make some more likely to experience problems than others. Traumatic events in themselves will not usually lead to mental health problems, but they may trigger problems in those children and young people whose mental health is not robust¹⁰.

For some young people, mental health problems will severely limit their capacity to participate actively in everyday life and will continue to affect them into adulthood. Some may go on to develop severe difficulties and display behaviour that challenges families and services, including personality disorders. A small number of children with

⁹ "It doesn't happen to disabled children" Child Protection and Disabled Children, NSPCC (2003)

¹⁰ SCSWIS (2011) Practice Guide. Suicide Prevention for Looked After Children and Young People

mental health problems may pose risks to themselves and others. For some, their vulnerability, suggestibility and risk levels may be heightened as a result of their mental illness. For others, a need to control, coupled with lack of insight into, or regard for, others' feelings and needs may lead to them preying on the vulnerabilities of other children. It is imperative that services work closely together to address these issues and mitigate risks for these children and for others.

Certain risk factors make some children and young people more likely to experience mental health problems than others. These include:

- having a long-term physical illness;
- having a parent or carer who has had mental health problems, problems with alcohol/drugs or a history of offending behaviour;
- experiencing the death of someone close to them;
- having parents who separate or divorce;
- having been severely bullied or physically or sexually abused;
- living in poverty or being homeless;
- having a learning disability;
- experiencing discrimination, perhaps because of their race, nationality, sexuality or religion;
- acting as a carer for a relative;
- having long-standing educational difficulties; and
- forming insecure attachments with their primary carer.

Children and young people experiencing such difficulties must have access to the right support and services, and know that their issues are being taken seriously.

7.4.5 Children and young people affected by parental mental health problems

It is not inevitable that living with a parent/carer with mental health issues will have a detrimental impact on a child's development and many adults who experience mental health problems can parent effectively. However, there is evidence to suggest that many families in this situation are more vulnerable.

A number of features can contribute to the risk experienced by a child or young person living with a parent or carer who has mental health problems. These include:

- the parent/carer being unable to anticipate the needs of the child or put the needs of the child before their own;
- the child becoming involved in the parent/carer's delusional system or obsessional compulsive behaviour;
- the child becoming the focus for parental aggression or rejection;
- the child witnessing disturbing behaviour arising from the mental illness (often with little or no explanation);
- the child being separated from a mentally ill parent, for example because the latter is hospitalised; and
- the child taking on caring responsibilities which are inappropriate for his/her age.

There are also factors which may impact on parenting capacity including:

- maladaptive coping strategies or misuse of alcohol and/or drugs;
- lack of insight into the impact of the illness (on both the parent/carer and child); and
- poor engagement with services or non-compliance with treatment.

This list is not exhaustive. A number of other factors may need to be considered, including the attachment relationship and any instances of domestic abuse. Services involved with the parent/carer should consider the impact of these factors on the child's needs. Where concerns are identified, these should be shared with children's services.

7.4.6 Children and young people who display harmful or problematic sexual behaviour

Harmful or problematic sexual behaviour in children and young people can be difficult to identify. It is not always easy to distinguish between what is abusive and/or inappropriate and what constitutes normal adolescent experimentation. Practitioners' ability to determine if a child's sexual behaviour is developmentally typical, inappropriate or abusive will be based on an understanding of what constitutes healthy sexual behaviour in childhood as well as issues of informed consent, power imbalance and exploitation.

In managing and reducing risk, the diversity of potential behaviour must be taken into account. Children and young people display a wide range of sexual behaviour in terms of: the nature of behaviour; degree of force; motivation; level of intent; level of sexual arousal; and age and gender of victims. Broader developmental issues must also be taken into account, including the age of the young person, their family and background, their intellectual capacities and stage of development. Young people with learning difficulties are a particularly vulnerable and often overlooked group who may need specific types of interventions.

Where abuse of a child or young person is alleged to have been carried out by another child or young person, such behaviour should always be treated seriously and be subject to a discussion between relevant agencies that covers both the victim and the perpetrator. In all cases where a child or young person displays problematic sexual behaviour, immediate consideration should be given to whether action needs to be taken under child protection procedures, either in order to protect the victim or to tackle concerns about what has caused the child/young person to behave in such a way.

7.4.7 Female genital mutilation

Female genital mutilation is a culture-specific abusive practice affecting some communities. It should always trigger child protection concerns. The legal definition of female genital mutilation is 'to excise, infibulate or otherwise mutilate the whole or any part of the labia majora, labia minora, prepuce of the clitoris, clitoris or vagina'¹¹. It includes all procedures which involve the total or partial removal of the external female genital organs for non-medical reasons. There are four types of female genital mutilation ranging from a symbolic jab to the vagina to the partial or total removal of the external female genitalia. The Prohibition of Female Genital Mutilation (Scotland) Act 2005 makes it illegal to perform or arrange to have female genital mutilation carried out in Scotland or abroad.

The procedure is more commonly carried out on children aged between four and ten years. It is a deeply rooted cultural practice in certain African, Asian and Middle Eastern communities.

A range of health problems, both immediate and long-term, are associated with the procedure. Short-term effects can include haemorrhage and pain, shock and

¹¹ Prohibition of Female Genital Mutilation (Scotland) Act 2005.

infection. Longer-term effects include bladder problems, menstrual and sexual difficulties and problems giving birth. The emotional effects of female genital mutilation may include flashbacks, insomnia, anger, difficulties in adolescence, panic attacks and anxiety. In Western cultures, the young person may also be disturbed by Western opinions of a practice which they perceive as an intrinsic part of being female.

Female genital mutilation is usually done for strong cultural reasons and this must always be kept in mind. Action should be taken in close collaboration with other agencies and should be proportionate and sensitive to the cultural norms and pressures on parents/carers and children. Where possible, workers with knowledge of the culture involved may be able to assist but the welfare of the child must always be paramount. Nevertheless, female genital mutilation should always be seen as a cause of significant harm and normal child protection procedures should be invoked. Some distinctive factors will need consideration:

- female genital mutilation is usually a single event of physical abuse (albeit with very severe physical and mental consequences);
- there is a risk that a child or young person is likely to be sent abroad to have the procedure performed;
- where a child or young person within a family has been subjected to female genital mutilation, consideration needs to be given to other female siblings or close relatives who may also be at risk;
- a planning meeting should be arranged if the above conditions are met, where appropriate specialist health expertise should be sought;
- where other child protection concerns are present they should be part of the risk assessment process. They may include factors such as trafficking or forced marriage.
- legal advice should be obtained where appropriate; and
- appropriate interpreters who are totally independent of the child or young person's family should be used.

7.4.8 Honour-based violence and forced marriage

Honour-based violence is a spectrum of criminal conduct with threats and abuse at one end and honour killing at the other. Such violence can occur when perpetrators believe that a relative/community member, who may be a child, has shamed the family and/or the community by breaking their honour code. The punishment may include assault, abduction, confinement, threats and murder¹². The type of incidents that constitute a transgression include:

- inappropriate make-up or dress;
- having a boyfriend/girlfriend;
- forming an inter-faith relationship;
- kissing or intimacy in a public place;
- pregnancy outside marriage; and
- rejecting a forced marriage.

A forced marriage is defined as 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 pressure¹³. A clear distinction must be

¹² The honour is ours, *ACPOHBV Strategy (2008)*.

¹³ A Choice by Right, *Report of the UK Working Group on Forced Marriage (1999)*.

made between a forced marriage and 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 or not 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.

Cases of honour-based violence/forced marriage can involve complex and sensitive issues and care must be taken to ensure that interventions do not place the child or young person in further danger.

Concerns about a child or young person being forced to go overseas in cases of honour-based violence or forced marriage may initially be reported to the joint Home Office/Foreign and Commonwealth Office Forced Marriage Unit.

7.4.9 Fabricated or induced illness

Fabricated or induced illness in children is not a common form of child abuse, but practitioners should nevertheless be able to understand its significance. Although it can affect children of any age, fabricated and induced illness is most commonly identified in younger children. Where concerns do exist about the fabrication or induction of illness in a child, practitioners must work together, considering all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illnesses. A careful medical evaluation is always required to consider a range of possible diagnoses and a range of practitioners and disciplines will be required to assess and evaluate the child's needs and family history.

There are three main ways in which a parent/carer can fabricate or induce illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms, including fabricating the child's past medical history;
- fabrication of signs and symptoms and falsification of hospital charts, records and specimens of bodily fluids. This may also include falsification of letters and documents; and
- induction of illness by a variety of means.

For those children who are suffering, or at risk of suffering significant harm, joint working is essential both to protect the child and where necessary to take action, within the criminal justice and child protection systems, against the perpetrators of crimes against children. All agencies and practitioners should:

- be alert to potential indicators of illness being fabricated or induced in a child;
- be alert to the risk of harm that individual abusers, or potential abusers, may pose to children in whom illness is being fabricated or induced;
- share, and help to analyse, information so that an informed assessment can be made of the child's needs and circumstances;
- contribute to whatever actions (including the cessation of unnecessary medical tests and treatments) and services are required to safeguard and promote the child's welfare;
- regularly review the outcomes for the child against specific planned outcomes;
- work co-operatively with parents/carers unless to do so would place the child at increased risk of harm; and
- assist in providing relevant evidence in any criminal or civil proceedings, should this course of action be deemed necessary.

7.4.10 Sudden unexpected death in infants and children

Only a small number of children die during infancy in Scotland. While the majority of such deaths are as a result of natural causes, physical defects or accidents, a small proportion are caused by neglect, violence, malicious administration of substances or by the careless use of drugs.

One of the implications of Section 2 of the Human Rights Act 1998 is that public authorities have a responsibility to investigate the cause of a suspicious or unlawful death. This will help to support the grieving parents and relatives of the child and it will also enable medical services to understand the cause of death and, if necessary, formulate interventions to prevent future deaths.

The six guiding principles that underpin the work of practitioners dealing with any infant or child death investigations are:

- sensitivity;
- open mind/balanced approach;
- appropriate response to the circumstances;
- an inter-agency response;
- sharing of information; and
- preservation of evidence.

7.4.11 Complex Child abuse investigations

Each investigation of complex abuse can be different, dependent on the characteristics of the situation, its scale and complexity. Although complex abuse in residential settings has been widely reported in recent years, complex abuse can occur within family networks, day care and other provision such as youth services, sports clubs and voluntary groups, and via the internet. Complex abuse investigations require thorough planning, effective inter agency working and attention to the welfare needs of child victims and adult survivors.

There are various forms of complex abuse including ritual abuse, abuse by organised networks or multiple abusers, abduction, institutional setting and commercial sexual exploitation.

Should practitioners be working with, or have knowledge of, relevant children and families, it is essential that protocols are in place agreed with local Child Protection Committees to ensure a consistent approach in their dealings with children and families.

7.4.12 Child Trafficking

Child trafficking typically exposes children to continuous and severe risk of significant harm. It involves the recruitment, transportation, transfer, harbouring and/or receipt of a child for purposes of exploitation. This definition holds whether or not there has been any coercion or deception, as children are not considered capable of informed consent to such activity. It applies to activity within a country as well as between countries.

It is essential to take timely and decisive action where child trafficking is suspected because of the high risk of the child being moved. Action should not be postponed until a child realises, agrees or divulges that they have been trafficked. Often,

children are threatened with punishment if they speak. Also, they may not be aware that they are victims of trafficking.

7.4.13 Child Sexual Exploitation

The sexual exploitation of children and young people is an often hidden form of child sex abuse, with distinctive elements of exploitation and exchange. 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 (e.g. food, accommodation, drugs, alcohol, cigarettes, gifts and affection). Sexual exploitation can occur through the use of technology and without the child's immediate recognition.

In all cases, those exploiting the child/young person have power over them by virtue of age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are often common features; involvement in exploitative relationships being characterized in the main by the child/young person's limited availability of choice resulting from their social, economic and/or emotional vulnerability.

In some cases the sexual activity may just take place between one young person and the perpetrator (whether an adult or peer). In other situations a young person may be passed for sex between two or more perpetrators or this may be organised exploitation (often by criminal gangs or organised groups).

Sexual exploitation is abuse and should be treated accordingly. Practitioners should be mindful that a 'dual' approach is key in tackling CSE: whilst a young person must be both engaged with and supported, there must also be a focus on proactive investigation and prosecution of those involved in sexually exploiting the young person. Staff have a responsibility to follow local child protection procedures for reporting and sharing these concerns.

7.4.14 Historical reports of abuse

The term 'historical abuse' refers to allegations of neglect, emotional, physical and sexual abuse which took place before the victim was 16 (or 18, in particular circumstances) and which have been made after a significant time lapse. The complainant may be an adult but could be an older young person making allegations of abuse in early childhood. The reports may relate to an individual's experience in the family home, community or while they were a looked-after and accommodated child in a residential, kinship or foster care setting.

It is possible that the person disclosing historical abuse may not be a direct service user but a parent/carer, partner or other family member of an individual accessing these services.

Any reasonable professional concern that a child may be at risk of harm will always over-ride a professional or agency requirement to keep information confidential. All service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm. Service users should always be made aware of the circumstances when confidentiality needs to be breached, preferably during the initial stages of contact with a service.

7.4.15 Children who are looked after away from home

Child protection concerns are not limited to a child's family circumstances, but cover any care environment provided for children. Looked-after children present distinctive challenges to practitioners supporting children. A looked-after child may be placed with kinship carers, foster carers or in a residential school setting, young people's unit or respite care service. The potential to abuse a position of trust may increase when children and carers are living together and sharing a home. Whatever the case, the main consideration in responding to any concern must be the safety of the child.

As with investigations into children living in the community, any looked-after child voicing a concern must be listened to and taken seriously. Equally, the carers should be treated with respect and their views also taken seriously.

Looked-after children who have had to leave the care of their parents will often exhibit complex emotions and challenging or irrational behaviour. Many will have experienced disruption in their early years and been emotionally and physically neglected or abused. Parents of looked-after children may experience guilt, sadness and anger. These feelings may be expressed in the form of complaints about the care and treatment that their child is receiving.

In all of the settings where looked-after children live, their earlier experiences can lead them to interpreting care in diverse ways, including feeling that they have been singled out for 'criticism' or 'punishment' unfairly. Some will have used allegations in the past to escape from difficult situations. Some will feel guilt at being cared for away from their family and may want to blame the carer(s).

7.4.16 Online and mobile phone child and young person safety

New technologies, digital media and the internet are an integral part of children's lives. Whether on a computer at school or at home, a games console or mobile phone, children and young people are increasingly accessing the internet whenever they can and wherever they are. This has enabled entirely new forms of social interaction to emerge, for example, through social networking websites and online gaming. But these new technologies also bring a variety of risks, such as:

- exposure to obscene, violent or distressing material;
- bullying, coercion or intimidation through email and online (cyber-bullying);
- identity theft and abuse of personal information;
- pro-eating disorder, self-harm or suicide sites; and
- sexual exploitation by online predators - for example, grooming - often through social networking sites.

Where police undertake investigations into online child abuse, or networks of people accessing, or responsible for, images of sexually-abused children, consideration must be given to the needs of the children involved. This may include children or young people who have been victims of the abuse or children and/or young people who have close contact with the alleged perpetrator. In many cases, they will have been targeted because they were already vulnerable.

Children and young people need to understand the risks the internet and mobile technology can pose so that they can make sensible and informed choices.

Practitioners and carers need to support young people to use the internet and mobile technology responsibly, and know how to respond when something goes wrong.

7.4.17 Children and young people who place themselves at risk

Some children and young people place themselves at risk of significant harm from their own behaviour. Concerns about these children and young people can be just as significant as concerns relating to children who are at risk because of their care environment. The main difference is the source of risk, though it should be recognised that at least some of the negative behaviour may stem from experiences of abuse. Where such risk is identified, as with other child protection concerns, it is important that a multi-agency response is mobilised and a support plan identified to minimise future risk. The key test for triggering these processes should always be the level of risk to the individual child or young person and whether the risk is being addressed, not the source of risk.

While not exhaustive, the following lists the different types of concern that may arise:

- self-harm and/or suicide attempts;
- alcohol and/or drug misuse;
- running away/going missing;
- inappropriate sexual behaviour or relationships (for further information, see the section 4.6.18 on Under-age sexual activity);
- sexual exploitation;
- problematic or harmful sexual behaviour;
- violent behaviour; and
- criminal activity.

7.4.18 Children and young people who are missing

Describing a child or young person as 'missing' can cover a range of circumstances. A child, young person or family (including unborn children) can be considered as missing in different contexts:

- Children who are 'missing' to statutory services. This can include a child or family's loss of contact with, or their 'invisibility' to, a statutory service, such as education (for example, home educated children, Gypsy/Traveller Community), health or social services or third sector.
- Children who are 'missing' from home or care. This can involve a child or young person who has run away from their home or care placement, who has been forced to leave or whose whereabouts are unknown. This may be because they have been the victim of an accident, crime and/or because they have actively left or chosen not to return to the place where they are expected.

A child or young person who has run away, and cases where children/young people have been 'thrown out' by their parents or carers, are both covered by the term 'runaway' (though the individual circumstances and needs of the child or young person may vary considerably). Children and young people who go missing remain vulnerable to the factors that led to them going missing (for example, domestic abuse in a care environment) as well to the risks associated with being missing (for example, homelessness).

If a person or agency suspects that a child has been taken by, or is under the influence of, a third party (which may include parental abduction or 'grooming'), the police must be notified as soon as possible so they can decide whether to launch an alert. All instances of missing children or abduction must be quickly reported to the police so that appropriate decisions can be made.

7.4.19 Under-age sexual activity

Increasing numbers of young people are engaging in a range of sexual activity before the age of 16. The reasons behind this behaviour vary considerably. In some cases, the activity will be wholly consensual; in others it will happen in response to peer pressure or as the result of abuse or exploitation. Young people who are sexually active will, therefore, have differing needs, so services and practitioners must provide a range of responses.

The law is clear that society does not encourage sexual intercourse in young people under 16. However, it does not follow that every case presents child protection concerns and it is important that a proportionate response is made. If there are no child protection concerns, there may still be needs to be addressed either on a single agency or multi-agency basis. However, child protection measures must be instigated:

- if the child is, or is believed to be, sexually active and is 12 or under;
- if the young person is currently 13 or over but sexual activity took place when they were 12 or under; and
- if information suggests that any young person has been forced or enticed to take part in sexual activities (sexual abuse including child sexual exploitation), is or has been involved in pornography or prostitution, or the other person is in a position of trust in relation to a young person.

When a practitioner becomes aware that a young person is sexually active or is likely to become sexually active, they should undertake an assessment of risks and needs so that the appropriate response can be provided. The practitioner has a duty of care to ensure that the young person's health and emotional needs are addressed and to assess whether the sexual activity is of an abusive or exploitative nature. This process may not always be straightforward, so it will require sensitive handling and the use of professional judgment.

7.4.20 Bullying

Bullying may be seen as particularly hurtful behaviour, usually repeated over a period of time, where it is difficult for those being bullied to defend themselves. It can take many forms including children being bullied by adults, their peers and in some cases by members of their families. Bullying can be difficult to identify because it often happens away from others and those who are bullied often do not tell anyone.

Bullying behaviour may be related to perceived or actual difference and involve the expression of prejudices regarding, for example, race, gender, disability and sexual orientation. With this in mind vulnerable and marginalised children and young people may be particularly at risk.

Children from British minority ethnic communities (and their parents) may have experienced harassment, racial discrimination, and institutional racism. Although not formally recognised as a form of child abuse, racism can be emotionally harmful to children. Some racist acts also involve acts of physical violence towards individuals or groups. All organisations working with children, including those where British minority ethnic communities are numerically small, should address institutional racism.

An essential characteristic of harassment is that it is unwanted by the recipient. It is for individuals to determine what behaviour is acceptable to him or her and what they

regard as offensive. Children may experience harassment or negative discrimination related to any of the protected characteristics under the Equality Act 2010. This can have a detrimental effect on a child.

Examples of bullying include:

- physical, e.g. theft, hitting, kicking (in some cases, this might constitute an assault)
- verbal (including teasing), e.g. racist or sectarian remarks
- spreading rumours, threats or name-calling, ridicule or humiliation
- emotional, e.g. isolating a child from the activities or social acceptance of the peer group
- harassment, e.g. using abusive or insulting behaviour in a manner intended to cause alarm or distress.
- targeting someone because of who they are or are perceived to be.

Such behaviour can leave people feeling helpless, frightened, anxious, depressed or humiliated and can have a devastating and lifelong impact.

Bullying behaviour can take place in schools, children's services, residential services, at home and in the community, at youth groups and out-of-school care and can come from both children and adults. It is also increasingly associated with the use of the internet and mobile phone technologies, especially via social networking sites such as Facebook (so-called 'cyber-bullying'). In essence, the behaviour is the same and requires similar prevention methods.

Signs which may raise concerns about bullying include:

- hesitation or reluctance to attend training or activity
- reluctance to go to certain places or work with a certain individual
- bruising or other injuries
- becoming nervous and withdrawn
- often last one picked for a team or group activity for no apparent reason, or being picked on when they think your back is turned
- clothing or personal possessions go missing or get damaged
- 'losing' pocket money repeatedly
- suddenly prone to lashing out at people, either physically or verbally, when normally quiet

Appendix B provides guidelines for managing bullying.

8. Procedure for the recruitment and selection of staff and volunteers working with vulnerable groups

8.1 Policy

Carers Forum Stirling Area aims to ensure that any vulnerable group i.e. children, young people and protected adults, are protected and kept safe from harm while they are with staff and volunteers in the organisation. In order to achieve this, the organisation will ensure that all staff and volunteers are carefully selected, screened, trained and supervised.

Carers Forum Stirling Area will take all reasonable steps to ensure unsuitable people are prevented from working, or volunteering, with children, young people and

protected adults. Further, we have a legal duty to ensure that individuals who are on the Barred List are not engaged (either paid or unpaid) in positions working with vulnerable groups (e.g. regulated work with children, young people and protected adults) within Carers Forum Stirling Area.

Further information on Protecting Vulnerable Groups and the Recruitment of Ex-Offenders can be found in the organisation's Recruitment Policy which is available to view separately.

8.2 Procedure

The following recommended procedure will be completed for all positions deemed to be working with vulnerable groups. The procedure is in line with and should be read in conjunction with the organisation's Recruitment Policy.

This recruitment and selection procedure has two functions. It provides:

1. Carers Forum Stirling Area with an opportunity to assess the suitability of the individual to work/volunteer with vulnerable groups, and
2. the prospective employee or volunteer with an opportunity to assess the organisation and the opportunities available.

8.2.1 Advertising

All forms of advertising used to recruit and select staff/volunteers for positions working with vulnerable groups will include the following:

- The aims of Carers Forum Stirling Area and, where appropriate, details of the particular programme involved.
- The responsibilities of the role.
- The level of experience or qualifications required (e.g. experience of working with children is an advantage).
- Details of Carers Forum Stirling Area's open and positive stance on child protection.
- A statement that the position applied for is an exempted post and requires a successful application for PVG Scheme Membership check which will be requested before the appointment is confirmed and after the applicant has been offered the position.

8.2.2 Pre-application information

Pre-application information for positions working with vulnerable groups will be sent to applicants and will include:

- A description of the position including roles and responsibilities.
- A candidate specification (e.g. stating qualifications or experience of working with children required).
- Application and guidance notes.
- Information on Carers Forum Stirling Area and related topics.

Evidence of qualifications will always be verified.

8.2.3 Application

All applicants will be requested to complete an application form.

8.2.4 References

References will always be requested and thoroughly checked. Where possible, at least one of these references will be from an employer or a voluntary organisation where the position required working with children in any of the following capacities: employee; volunteer; or work experience. References from relatives will not be accepted. If the applicant has no experience of working with vulnerable groups, specific training requirements will be agreed before their appointment commences.

8.2.5 Interview

Interviews will be carried out for all positions working with vulnerable groups. Where appropriate, e.g. the recruitment of a volunteer, a discussion will take place with the prospective volunteer.

8.2.6 Offer of position

Once a decision has been made to appoint, an offer letter will be sent to the applicant including the details of the position, any special requirements and the obligations, e.g. agreement to the policies and procedures of Carers Forum Stirling Area, the probationary period and responsibilities of the role. The offer must be formally accepted and agreed to in writing, e.g. by the individual signing and dating their agreement on the offer letter and returning it to the CEO. A volunteer agreement will be completed for voluntary positions.

8.2.7 Protecting Vulnerable Groups (PVG) Scheme Membership

Carers Forum Stirling Area is registered with Volunteer Scotland. Prior to appointment, a successful application for PVG Scheme Membership check and/or equivalent international check (if applicable) will be completed for all individuals appointed to positions working with vulnerable groups. This will require the applicant to complete and submit an application form for PVG Scheme Membership, which will be returned to the CEO.

The applicant's appointment will only be confirmed when a satisfactory PVG Scheme Membership check has been returned to the Lead Signatory for Carers Forum Stirling Area and satisfactory references have been received and checked.

8.2.8 Overseas applicants

Applicants from overseas being appointed to positions working with vulnerable groups are required to complete an application form for PVG Scheme Membership.

Applicants from overseas will also be requested to provide a Police check from their relevant country where possible.

8.2.9 Training

Newly appointed staff/volunteers will complete the following training over an agreed period:

- Child Protection Level 1, and where relevant Level 2
- First Aid Training

- Any other identified training needs

Volunteers on Board of Directors will undertake training on child protection as required to remain aware of key developments.

8.2.10 Probation

Newly appointed staff/volunteers will complete an agreed period of probation on commencement of their role.

8.2.11 Monitoring and performance appraisal

All staff in positions working with vulnerable groups will be monitored and their performance appraised. This will provide an opportunity to evaluate progress, set new goals, identify training needs and address any concerns of poor practice.

All volunteers in positions working with vulnerable groups will be supervised.

8.2.12 Retention of staff and volunteers

Carers Forum Stirling Area recognises the contribution of all staff and volunteers to achieving the aims of Carers Forum Stirling Area and will ensure that measures are in place to support the retention of staff and volunteers.

9. Code of conduct for the protection of children in our service

9.1 Why this is important

A code of conduct has a number of important functions. It:

- sets out what behaviour is acceptable and unacceptable
- defines standards of practice expected from those to whom it applies
- forms the basis for challenging and improving practice
- helps to safeguard staff by encouraging them to adhere to agreed standards of practice
- sets out for children and parents or guardians the standards of practice which they and the organisation should expect from those who work/volunteer with children

Carers Forum Stirling Area supports and requires all staff/volunteers to observe the following standards of practice, including verbal and non-verbal actions, when involved in activities with children.

All concerns about breach of this code of conduct will be taken seriously and responded to in line with Carers Forum Stirling Area Complaints Policy and Disciplinary Procedures.

9.2 Good practice

Examples of good practice include the following:

- Make our activities fun, enjoyable and promote fair play.
- Treat all children equally, with respect, dignity and fairness.

- Involve parents or guardians wherever possible.
- Build balanced relationships based on mutual trust that empower and include children in the decision-making process.
- Always work in an open environment. Avoid private or unobserved situations.
- Put the welfare of each child first.
- Be an excellent role model including not smoking or drinking alcohol in the company of children.
- Give enthusiastic and constructive feedback rather than negative criticism.
- Recognise the developmental needs and capacity of children.

9.3 Practice to be avoided

In the context of your role within Carers Forum Stirling Area, the following practice should be avoided:

- Having ‘favourites’ – this could lead to resentment and jealousy by other children and could be misinterpreted by others.
- Spending excessive amounts of time alone with children away from others.
- Entering children’s bedrooms on trips away from home, unless in an emergency situation or in the interest of health and safety. If it is necessary to enter rooms, alert the occupants by knocking and announcing your intention to enter. The door should remain open, if appropriate.
- Where possible, doing things of a personal nature for children that they can do for themselves.

9.4 Practices never to be sanctioned

In the context of your role within Carers Forum Stirling Area, the following practices will never be sanctioned:

- Engaging in sexually provocative games, including horseplay.
- Engaging in rough or physical contact except as permitted within the rules of the game or competition.
- Forming intimate emotional, physical or sexual relationships with children.
- Allowing or engaging in touching a child in a sexually suggestive manner.
- Allowing children to swear or use sexualised language unchallenged.
- Making sexually suggestive comments to a child, even in fun.
- Reducing a child to tears as a form of control.
- Harassment or intimidation of children and young people related to any of the protected characteristics under the Equality Act 2010.
- Allowing allegations made by a child to go unchallenged, unrecorded or not acted upon.
- Inviting or allowing children to stay with you at your home.
- Staff or Volunteers sharing a room alone with a child for sleeping accommodation.

Some residential facilities offer dormitory sleeping arrangements. In such circumstances organisers must ensure that no staff/volunteers share a room with children.

10. “Safe in Care” Guidelines

10.1 Why this is important

These guidelines have been introduced to provide practical guidance for those working and/or volunteering directly with children on practices to keep the child safe and to promote a safe operating environment for the member of staff/volunteer. These guidelines compliment and should be read in conjunction with the Code of Conduct. Breach of these guidelines may be dealt with under Carers Forum Stirling Area’s Complaints Policy or Disciplinary Procedures.

Organisations working with children have a duty of care towards all children involved in activities. Children under the age of 16 years should not be placed in positions of responsibility in relation to other children. The following guidelines apply to all children and young people under the age of 18 years. Common sense should be applied when considering the circumstances of older children, and all children should have the opportunity to express their views on matters which affect them, should they wish to do so.

As activities take place in many different structures, locations, environments and formats, it is impossible to provide specific guidance on many of the issues covered. Potential areas of risk for activities outwith the Centre (e.g. groups, events, trips, residential) should be identified at the planning stage through a risk assessment, which is legally required, and should be recorded in writing. Appendix E provides a risk assessment form that can be used for this purpose. Appendix F provides a planning checklist for such activities.

The following guidelines are based on generally recognised good practice and common sense. Ultimately, most practical situations will require a judgement to be made about what is practicable and reasonable in the circumstances.

10.2 Adult to child ratios

As a guide, the following ratios are recommended in the National Care Standards Early Education and Childcare up to the age of 16 (Scottish Government, 2009):

- Age 3 and over 1:8
- If all children are over 8 1:10

Our ratios are based on the above 2009 Care Standards and will be reviewed if future versions of the standards suggest alternative guidance.

All activities should be planned to involve at least two adults including a lead member of staff who is not included in the adult to child ratio. Preferably there should be one male and one female where possible. As a general guide, the following factors will also be taken into consideration in deciding how many adults are required to safely supervise children:

- The number of children involved in the activity.
- The age, maturity and experience of the children.
- Whether any of the group leaders or children has a learning or physical disability or special requirements.
- Whether any of the children have challenging behaviour.
- The particular hazards associated with the activity.

- The particular hazards associated with the environment.
- The level of qualification and experience of the leaders.
- The programme of activities.

There may be other considerations which are specific to the activity or environment in which the activity takes place.

10.3 Physical contact

All forms of physical contact should respect and be sensitive to the needs and wishes of the child and should take place in a culture of dignity and respect for all children. Children should be encouraged to express their views on physical contact.

Educational instruction should be clearly explained with a description of how it is proposed to handle or have contact with the child before doing so. This should be accompanied by checking if the child is comfortable. Manual support should be provided openly and must always be proportionate to the circumstances.

If it is necessary to help a child with personal tasks, e.g. toileting or changing, the child and parents or guardians should be encouraged to express a preference regarding the support and should be encouraged to speak out about methods of support with which they are uncomfortable. Staff/volunteers should work with parents and children to develop practiced routines for personal care so that parents or guardians and children know what to expect.

Do not take on the responsibility for tasks for which you are not appropriately trained, e.g. manual assistance for a child with a physical disability.

10.4 First aid and the treatment of injuries

All staff/volunteers must ensure:

- Where practicable, all parents or guardians of children under 16 have completed a Parental/Guardian consent form before their child participates in activities.
- There is an accessible and well-resourced first aid kit at the venue.
- They are aware of any pre-existing medical conditions, medicines being taken by participants or existing injuries and treatment required.
- Only those with a current, recognised First Aid qualification treat injuries. In more serious cases, assistance should be obtained from a medically qualified professional as soon as possible.
- A Carers Forum Stirling Area Accident/Incident Form is completed if a child sustains an injury whilst participating in Centre activities, within or out with the Centre, along with the details of any treatment given. External venues will also require an accident/incident form to be completed for their own purpose. If the injury is determined as significant (for example, a broken ankle), staff will inform the CEO as soon as possible and a Carers Forum Stirling Area Accident/Incident Investigation Report is to be completed. Common sense should be applied when determining which injuries are significant. Form 2B (GIRFEC Forth Valley) should be completed if the injury is related to a child's wellbeing concern.
- Where possible, access to medical advice and/or assistance is available.
- A child's parents or guardians are informed of any injury and action taken as soon as possible.

- The circumstances in which any accidents occur are reviewed to avoid future repetitions.

10.5 Use of External Providers

The Centre works with external providers, both charitable and statutory organisations, to enhance Young Carer Group activities. The use of external providers requires consideration of potential risks to be identified at the planning stage, authorisation by the CEO and careful management of the activity thereafter. Use of external providers would be determined on recommendation and reputation and based on a check of their relevant policies and procedures (if appropriate), staff vetting, qualifications and training. Children and young people must never be left alone with any external provider and the Centre's adult to child ratios must be adhered to.

The Centre also works with external providers to enhance Young Carer day and residential trips. Determination of the suitability of such providers would be incorporated into the overall risk assessment and planning process and based on a check of their relevant policies and procedures, staff vetting, qualifications and training if determined appropriate for the type of activity being undertaken. The overall safety and risk assessment process is detailed in Appendices E, F and G.

In situations where participant data requires to be shared with external providers for the purposes of the activities detailed above the Centre's confidentiality and data protections policies must be adhered to.

10.6 Behaviour That Challenges Others¹⁴

10.6.1 Principles

Staff/volunteers who deliver activities to children may, from time to time, be challenged by a child's behaviour. These guidelines aim to promote good practice and to encourage a proactive response to supporting children to manage their own behaviour. They suggest some strategies and sanctions which can be used and also identify unacceptable sanctions or interventions which must never be used by staff or volunteers.

These guidelines are based on the following principles:

- The welfare of the child is the paramount consideration.
- A risk assessment should be completed for all activities which take into consideration the needs of all children involved in the activity.
- Children must never be subject to any form of treatment that is harmful, abusive, humiliating or degrading, and should always be able to maintain their respect and dignity.
- No member of staff should attempt to respond to challenging behaviour by using techniques for which they have not been trained.

¹⁴ Adapted from CHILDREN 1st's Safe Care and Child Protection Standards, Policy and Procedures.

10.6.2 Planning activities

Good practice for activities requires planning sessions around the group as a whole but also involves taking into consideration the needs of each individual within that group. As part of a risk assessment, staff/volunteers should consider whether any members of the group have presented in the past or are likely to present any difficulties in relation to either the tasks involved, the other participants or the environment.

Where staff/volunteers identify any potential risks, strategies to manage those risks should be agreed in advance of the session, event or activity. The risk assessment should also identify the appropriate number of adults required to safely manage and support the session including being able to adequately respond to any challenging behaviour and to safeguard other members of the group and the staff/volunteers involved.

All those delivering activities to children should receive training on these guidelines and should be supported to address issues of challenging behaviour through regular supervision.

10.6.3 Agreeing acceptable and unacceptable behaviours

Staff, volunteers, children and parents/guardians should be involved in developing an agreed statement of what constitutes acceptable and unacceptable behaviour, and the range of sanctions which may be applied in response to unacceptable behaviour. This can be done at the start of the season, in advance of a trip away from home or as part of a welcome session at a residential camp.

Issues of behaviour and control should regularly be discussed with staff, volunteers, parents or guardians and children in the context of rights and responsibilities. When children are specifically asked, as a group, to draw up a 'List of Acceptable and Unacceptable Behaviours and Sanctions for Unacceptable Behaviour' that will govern their participation in the group/team, they tend to arrive at a very sensible and working set of 'rules'. If and when such a list is compiled, every member of the group can be asked to sign it, as can new members as they join.

10.6.4 Managing Behaviour that Challenges Others

Behaviour that challenges may take many forms. A behaviour that challenges one person may not present a challenge to another. The promotion of a common set of values and definitions is therefore important in supporting safe and effective practice and the values and attitudes expected of Centre staff.

In dealing with children who display risk-taking or behaviour that challenges others, staff and volunteers might consider the following options:

- Time out - from the activity, group or individual work.
- Promoting positive behaviour.
- De-escalation of the situation - talking through with the child.
- Increased supervision by staff/volunteers.
- Use of individual 'contracts' or agreements for their future or continued participation.
- Sanctions or consequences, e.g. missing an outing.

Adults and children shall never be permitted to use any of the following as a means of managing a child's behaviour:

- Physical punishment or the threat of such.
- The withdrawal of communication with the child.
- Being deprived of food, water or access to changing facilities or toilets.
- Verbal intimidation, ridicule or humiliation.

Staff and volunteers should review the needs of any child whose behaviour is concerning. This review should involve the child and parents/guardians to ensure an informed decision is made about the child's future or continued participation in the group or activity. Whilst it would always be against the wishes of everyone involved in our service, ultimately, if a child continues to present a high level of risk or danger to him or herself, or others, he or she may have to be withdrawn from taking part in the activity/group.

10.6.5 Direct Interventions

The use of direct interventions (restrictive or physical) **must** always be avoided unless it is absolutely necessary in order to prevent a child injuring themselves or injuring others.

Restrictive Intervention: A direct intervention used with the intention of preventing a behaviour. This will usually be a greater force than touching or holding and may include the use of restraint.

Physical Intervention: A manual intervention involving physical contact between two people with the aim of preventing harm or preserving the welfare of a vulnerable person.

The use of direct interventions should always be the result of conscious decision making and not reactive.

The following must always be considered:

- Any form of direct intervention should achieve an outcome that is in the best interests of the child whose behaviour is of immediate concern.
- Staff/volunteers should consider the circumstances, the risks associated with employing the intervention compared with the risks of not employing the intervention.
- The scale and nature of any intervention must always be proportionate to the behaviour of the young person and the nature of harm/damage they might cause.

Any direct intervention used should be recorded as soon as possible after the incident by the staff/volunteers involved using Form 2B (GIRFEC Forth Valley) and passed to the Child Protection Officer as soon as possible.

A timely debrief for staff/volunteers, the child and parents should always take place following an incident where direct intervention has been used. This should include ensuring that the physical and emotional well-being of those involved has been addressed and ongoing support offered where necessary. Staff/volunteers,

children and parents should be given an opportunity to talk about what happened in a calm and safe environment.

There should also be a discussion with the child and parents about the child's needs and continued safe participation in the group or activity.

10.7 Transporting children

This section should be read alongside the organisation's Health and Safety Policy and Personal Safety Policy which have further information on procedures relating to transporting individuals who use the Centre's services.

Where it is necessary to transport children, the following good practice is required:

- Where parents or guardians make arrangements for the transportation of children to and from the activity, out with the knowledge of Carers Forum Stirling Area, it will be the responsibility of the parents or guardians to satisfy themselves about the appropriateness and safety of the arrangements.
- Where Carers Forum Stirling Area makes arrangements for the transportation of children, the members of staff involved will undertake a risk assessment of the transportation required. This will include an assessment of the following areas:
 - Ensuring that all vehicles are correctly insured for the purpose and ensuring the driver has a valid and appropriate licence for the vehicle being used.
 - All reasonable safety measures are available, i.e. fitted, working seatbelts, child car seats.
 - An appropriate ratio of adults per child.
 - Ensuring drivers have adequate breaks.
- When transporting children, wherever possible they should be in the back seat of the car for health and safety reasons.
- Where practicable and planned, written parental or guardian consent will be requested if staff/volunteers are required to transport children.

To safeguard the member of staff/volunteer, the following good practice is required:

- Agree a collection policy with parents or guardians which will include a clear and shared understanding of arrangements for collection at the end of a session.
- Always tell another member that you are transporting a child, give details of the route and the anticipated length of the journey. Staff should record details in the office diary and if relevant, the lone working form.
- Take all reasonable safety measures, e.g. children in the back seat, child car seats used (if appropriate), seatbelts worn.
- Where possible, have another adult accompany you on the journey.
- Call ahead to inform the child's parents or guardians that you are giving them a lift and inform them when you expect to arrive.

10.8 Trips away from home (involving overnight stays)

10.8.1 Designate a Child Protection Officer for the trip

Those in charge of the group will be responsible for the safety and well-being of children in their care. It is recommended that one of the group leaders co-ordinates the arrangements to safeguard the safety and welfare of children during the trip. The Child Protection Officer should ensure all practical arrangements have been addressed and act as the main contact for dealing with any concerns about the safety and welfare of children whilst away from home.

A detailed itinerary will be prepared and copies provided to the designated contact for Carers Forum Stirling Area and parents or guardians.

10.8.2 Risk assessment

Potential area of risk should be identified at the planning stage through a risk assessment, which is legally required, and which should be recorded in writing. Appendix E provides a risk assessment form that can be used for this purpose. Safeguards should be put in place to manage the risks, where appropriate. Risk assessment should be an ongoing process throughout the trip as groups can often find themselves in unexpected situations despite the best laid plans!

10.8.3 Travel arrangements

Organisers must ensure there is adequate and relevant insurance cover (including travel and medical insurance).

10.8.4 Adult-to-child ratios

All trips away should be planned to involve at least two adults including a lead member of staff who is not included in the adult to child ratio. Preferably there should be one male and one female where possible. The guidelines on adult-to-child ratios will inform an assessment of the numbers of adults required to safely supervise the group.

Those involved should be recruited and selected in accordance with the procedure for recruiting to positions working with vulnerable groups (e.g. children and young people).

Group leaders should be familiar with and agree to abide by Carers Forum Stirling Area's Child Protection Policy, Procedures and Code of Conduct.

10.8.5 Accommodation

Organisers should find out as much as possible about the accommodation and the surroundings at the planning stage. Where possible, an initial visit to the venue/accommodation should take place to help those organising the trip identify all practical issues and allow time to address them in advance, in consultation with children and parents or guardians where appropriate.

The following is a (non-exhaustive) list of some of the practical things which should be considered in advance about the arrangements for accommodation:

- Location - Central and remote locations both present different challenges.

- Sleeping arrangements for young carers - These will enable suitable sharing in terms of age and gender, and appropriately located staff/volunteer bedrooms for both supervision and ease of access in case of emergency. Parents or guardians and children should be consulted in advance about arrangements for sharing where possible and appropriate.
- Sleeping arrangements for staff and volunteers – at all times staff/volunteers must have separate bedroom and washing facilities from the young carers.
- Appropriate safeguards where others have access to the sleeping quarters.
- Special access or adaptive aids required by group leaders or children.
- Environmental factors.
- Personal safety issues.

When organising residential accommodation at a facility/centre, organisers should ensure the facility is appropriately licensed and has adequate and relevant insurance cover in place. The facility should have a policy on the protection of children and health and safety. Adequate security arrangements should be in place and facility staff should have been checked by Disclosure Scotland where appropriate. Facility staff involved in the training or instruction of children must be appropriately qualified and trained.

Organisers should ensure there is adequate supervision of the group for the duration of the stay, particularly when the facility is being shared with other groups.

10.8.6 Involving parents or guardians

Where possible, a meeting in person or by phone should be held with parents or guardians before departure to share information about the trip, answer their questions and make joint decisions about arrangements where appropriate. A Code of Conduct shall be agreed with children and parents in advance of the trip along with sanctions for unacceptable behaviour.

Parents or guardians must complete a Parental/Guardian consent form and provide emergency contact details.

In the event of an emergency at home during the trip, parents or guardians should be encouraged to make contact with the group leaders in the first instance so that arrangements can be put in to place to support the child on hearing any distressing news.

10.8.7 During the trip

Organisers must ensure arrangements are in place for the supervision and risk assessment of activities during free time. Children shall not be allowed to wander alone in unfamiliar places.

Group leaders should have clear roles and responsibilities for the duration of the trip. They must not be over-familiar with or fraternise with children during the trip and remember that they are in a position of trust at all times. The use of alcohol and/or drugs or engaging in sexual relationships (between two young people) should not be condoned during the trip.

Group leaders should maintain an overview of the well-being of all children during the trip. This can help to identify issues at an early stage and resolve them as quickly as possible. Children can participate in this process by, for example, taking turns to complete a daily diary about the trip. This can be an overt or discreet way for them to communicate things (both positive and negative) that they want you to know.

10.8.8 After the trip

Where appropriate, a debrief will take place with all those involved in the trip, including children. This will provide an opportunity to reflect on what went well, not so well and what could have been done differently. Feedback will be used to inform future trips.

10.8.9 Checklist

Appendix F provides a planning checklist to assist in the preparation of activities outwith the Centre.

11. File Retention

Guidance contained within data protection legislation states that normally personal information should not be held for longer than 6 years after the subject's last contact with the Centre. When records are being kept for more than the 6 year period, files need to be clearly marked and the reasons for the extension period clearly identified.

A child/young person's case file and any related documentation should be destroyed, to remove all personal information, six years after their last contact with Centre unless the following exemptions apply or if the Centre is required to comply with any other statutory requirements :

- Needs to be retained because the information in them is relevant to legal action that has been started.
- Is required to be kept longer by law.
- Is archived for historical purposes (e.g. where the organisation was party to legal proceedings or involved in proceedings brought by a local authority).
- Consists of a sample of records maintained for the purposes of research.
- Relates to individuals and providers of services who have, or whose staff, have been judged unsatisfactory.
- Is held in order to provide, for the subject, aspects of his/her personal history (e.g. where the child might seek access to the file at a later date and the information would not be available elsewhere).

The maximum retention period that a child/young person's electronic or paper file can be kept for is until they reach the age of 25.

Note: Records relating to child welfare/protection concerns which the Centre refers on to children's social services, or the police, are to be retained for 6 years after the last contact with the child/young person unless any of the above exemptions apply or if the Centre is required to comply with any other statutory requirements. For example child welfare/protection concerns would include concerns about physical, sexual, emotional or neglect of a child, disclosures from a child about being abused or information from a third party which might suggest a child is being abused; concerns about a parent or another adult that uses your organisation, or a young person who has been abused by another young person.

This is a complex area. If a child/young person's file requires to be retained for a longer period, cases files need to be clearly marked and reasons for the extension period identified prior to closing. In these circumstances, staff should refer to the CEO for further guidance and authorisation on individual cases.

All files are to be managed in line with the organisation's File Management Policy & File Retention Guidelines.

12. Media and communications

12.1 Overview

The aim of the guidelines within this section is not to prevent bona fide persons from recording footage for development reasons, the recording of achievements or for providing feedback to sponsors/funders. They aim to ensure that children are protected from the misuse of opportunities to take or manipulate photo, film or video footage in a way that harms children or places them at risk of harm.

Some activities take place in areas where organisers have little or no control over the environment such as an open river or areas to which the public have general rights of access, e.g. the open countryside. In these circumstances, organisers should take all reasonable steps to promote the safe use of photographing and filming and to respond to any concerns raised.

This section should be read in conjunction with the organisation's Media and Communications Policy which sets standards and guidelines on how the organisation will deal with press, media and communications. In particular, the policy provides procedures for dealing with major issues as well as day to day handling of press, the organisation's web and social media handling (including the Young Carers Facebook Page).

12.2 Photographs, film and video

12.2.1 Scope

- Carers Forum Stirling Area will take all reasonable steps to promote the safe use of photographing and filming at all events and activities with which it is associated. However, Carers Forum Stirling Area has no power to prevent individuals photographing or filming in public places.
- Carers Forum Stirling Area reserves the right at all times to prohibit the use of photography, film or video at any event or activity with which it is associated.

12.2.2 Notification

- Parents or guardians and children will be informed they may, from time to time, be photographed or filmed whilst participating in activities organised by the organisation. This could be for one of the following reasons:
 - Media coverage of an event or achievement.
 - Promotional purposes, e.g. website or publication.
 - Promotional purposes to make reports to sponsors or funders.

- Materials promoting events will state, where possible, photography and filming will take place.
- Only staff/volunteers of Carers Forum Stirling Area will be permitted to photograph or film using Centre equipment.
- Information about what to do if concerned about photographing and filming will be available at all events.

12.2.3 Permission

- Parents or guardians will be offered the opportunity to withhold their permission to photographing and filming.
- Where appropriate, children will be asked their views. Where a child is able to provide an informed view, this will be taken into consideration by the organisation.
- Carers Forum Stirling Area will do everything reasonable in the individual circumstances to give effect to the wishes of parents or guardians and children. All actions by Carers Forum Stirling Area will be based on the best interests of the child.

12.2.4 Use of images and information

- No unsupervised access or one-to-one sessions will be allowed unless this has been explicitly agreed with the child and parent or guardian.
- No photographing or filming will be permitted in changing areas.
- All images and accompanying information will comply with Carers Forum Stirling Area guidelines.
- Carers Forum Stirling Area will ensure that all negatives, copies of videos and digital photograph files are stored in a secure place. These will not be kept for any longer than is necessary having regard to the purposes for which they were taken.
- Images will not be shared with external agencies unless consent is obtained from the child and parent or guardian.

12.2.5 Concerns

- Anyone behaving in a way which could reasonably be construed as inappropriate in relation to filming or photographing should be reported to the person in charge on the day. They should be approached for an explanation. If a satisfactory explanation is not provided, the circumstances should be reported to the person in charge on the day or Carers Forum Stirling Area's Child Protection Officer.
- Where appropriate, concerns should also be reported to the police.

12.3 Internet

12.3.1 Permission

- Carers Forum Stirling Area may wish to use photos and filming in Centre publicity including, but not limited to, local media or Centre publications (e.g. newsletter, annual report or on the Centre's website/social media). Written consent must be obtained from the child's parent or guardian before publishing any information about a child.

- Special care must be taken in relation to vulnerable children, e.g. child fleeing domestic violence or a child with a disability, and consideration given to whether publication would place the child at risk.

12.3.2 Use of images and information

- Information published in Centre publicity including, but not limited to, local media or Centre publications (e.g. newsletter, annual report or on the Centre's website/social media) must never include personal information that could identify a child, e.g. home address, e-mail address, telephone number. All contact must be directed to Carers Forum Stirling Area. Credit for achievements by a child should be restricted to first names, e.g. Tracey was Player of the Year 2002.
- Children must never be portrayed in a demeaning, tasteless or a provocative manner. Children should never be portrayed in a state of partial undress, other than when depicting an action shot within the context of a sport or activity. Attire such as tracksuits or t-shirts may be more appropriate.

12.3.3 Concerns

- Any concerns or enquiries about publications or the internet should be reported to Carers Forum Stirling Area's Child Protection Officer.

12.4 Mobile phones/devices

12.4.1 Background

Short Message Service (SMS) messaging is a quick and easy way to communicate with others and is a popular and often preferred means of communication with children. Staff and volunteers must be aware that intimidating, bullying or even abusive messages can be discreetly sent by text. Information sent in this way, even where well-meaning, could be misinterpreted.

Further, the risks presented by developments in modern technology are becoming increasingly recognised. Adults who seek to harm children have been known to use text messaging and internet chat rooms to "groom" children. This area is now specifically addressed by the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005.

12.4.2 Texting

The general principle is that all communications with children should be open, transparent and appropriate to the nature of the relationship. Texting is used as the main communication method between staff and young carers to administer Centre services, for example informing young carers of appointments or checking in. All young carers are given Young Carer Staff work mobile numbers and are notified to get in contact if struggling or needing support. Volunteers do not hold mobile phone numbers of any children and young people.

In the first instance, contact should always be made at the phone number the parent or guardian has provided on the child's behalf. Good practice would

include agreeing with children and parents what kind of information will be communicated directly to children by text message.

The following good practice is also required:

- Mobile phone numbers of children will be carefully stored (in accordance with data protection principles) and access will only be provided to those who need access for a legitimate reason.
- Staff/volunteers must never engage in personal or sensitive communications with children via text message or social media.
- All concerns about the inappropriate use of text messaging and social media will be dealt with in line with Carers Forum Stirling Area's Complaints Policy or Disciplinary Procedures.

12.4.3 Photos /videos

There have already been a number of cases where children have been placed at risk as a result of the ability to discreetly record and transmit images through mobile devices. The use of mobile devices in this way can be very difficult to monitor.

The Procedure for the use of Photographs, Film and Video should be observed in relation to the use of mobile devices such as phones/cameras/videos (See Section 12.2). Particular care is required in areas where personal privacy is important e.g. changing rooms, bathrooms and sleeping quarters. No photographs or video footage should ever be permitted in such areas of personal privacy.

All concerns about the inappropriate use of mobile phones/devices to record photographs or video footage will be dealt with in line with Carers Forum Stirling Area's Complaints Policy or Disciplinary Procedures. This may include the concerns being reported to the Police.

13. Responding to concerns

13.1 Why it is important to respond to concerns

It takes considerable courage for a child or adult to disclose abuse. Disclosures need to be handled very carefully and sensitively to avoid causing further distress to the child.

All staff who work and/or come into contact with children and their families have a role to play in child protection. Staff should be alert to signs that a child may be experiencing significant harm. When they recognise that a child's safety is compromised and/or that they are, or likely to experience, significant harm, they have a responsibility to follow procedures for reporting and sharing these concerns.

All concerns must be responded to in a way that ensures that a child receives appropriate help and support and to ensure that appropriate action is taken against those who pose a risk to children and to protect not only the child involved but all other children.

Robust procedures for responding to concerns will:

- help to avoid those receiving information from engaging in judgements,
- reassure those who report concerns that an appropriate course of action will ensue,
- support those charged with managing concerns by providing them with a step-by-step process to follow, and
- safeguard the rights of those against whom complaints or allegations have been made.

It is not the job of anyone in Carers Forum Stirling Area to decide whether or not a child has been abused. It is however, everyone's responsibility to report concerns.

13.2 Confidentiality

Information provided to organisations should remain confidential unless permission has been given to share the information by the individual concerned or the safety of that person or another person may be at risk.

If there is a reasonable concern that a child may be at risk of significant harm, this will always override a professional or organisational requirement to keep information confidential. It is good practice to inform parents and children about the kind of situations which may lead to them having to share information with other agencies.¹⁵

On occasions where information is to be shared, Carers Forum Stirling Area will be guided by local protocols. Carers Forum Stirling Area will follow national guidance such as the General Principles for Information Sharing¹⁶ and advice from the Information Commissioner's Office¹⁷.

13.3 Defamation¹⁸

Concerned adults are sometimes reluctant to report concerns about abuse for fear that the person suspected will sue them for defamation if the allegation turns out to be unfounded.

To be defamatory, a statement must first of all be untrue. Even if subsequently shown to be untrue, the statement will be protected by 'qualified privilege' if it is made to the appropriate authority "in response to a duty, whether legal, moral or social or in the protection of an interest" (Norrie K, Defamation and Related Actions in Scots Law, 1995). Unjustified repetition of the allegations to other persons will not be protected by privilege.

The qualification on privilege refers to statements made by malice. If a statement, even to the appropriate authority, can be shown to be motivated by malice, then an action of defamation could be successful.

14. Procedures for responding to concerns about a child

¹⁵ "Sharing Information About Children at Risk: A Guide to Good Practice" (Scottish Executive, 2003)

¹⁶ National Guidance for Child Protection in Scotland, 2014

¹⁷ Information Sharing Between Services in respect of Children and Young People, Letter issued 28 March 2013, Information Commissioner's Office

¹⁸ Taken from Guidelines for Child Protection Prepared for the Independent Schools in Scotland, Kathleen Marshall, Second Edition, January 1997

These procedures apply to all staff and volunteers involved in Carers Forum Stirling Area.

14.1 Concerns about the general welfare of a child (not involving concerns about child abuse)

Carers Forum Stirling Area is committed to working in partnership with parents or guardians whenever there are concerns about a child. Parents or guardians have the primary responsibility for the safety and wellbeing of their children.

In most situations, not involving the possibility of the abuse of a child, concerns should be discussed with parents. For example, if a child seems withdrawn, he/she may have experienced an upset in the family, such as a parental separation, divorce or bereavement. Common sense is advised in these situations.

Any significant, untoward or unusual incidents which cause concern about the welfare of a child should be recorded and reported to Carers Forum Stirling Area's Child Protection Officer as soon as possible. Should the incident require to be reported to Social Services or the Police then details must be recorded on Form 2B GIRFEC Forth Valley. If appropriate, parents or guardians will be notified of the circumstances. If a wellbeing concern occurs on another organisation's premises (e.g. school) then the concern is to be reported to their Child Protection Officer in addition to Carers Forum Stirling Area Child Protection Officer.

In situations where self harm comes to light then staff and volunteers should follow the steps set out in Appendix H.

In situations where a child is implying suicidal thoughts, for example not wanting to go on, can't see the point, can't see a future then staff and volunteers should follow the steps set out in Appendix J.

Advice should be sought from Carers Forum Stirling Area's Child Protection Officer if there is any uncertainty about the appropriate course of action where there are concerns about the general welfare of a child.

14.2 What to do if a child tells you about abuse

14.2.1 Responsibilities

No member of Carers Forum Stirling Area shall investigate allegations of abuse or decide whether or not a child has been abused.

Allegations of abuse must always be taken seriously. False allegations are very rare. If a child says or indicates they are being abused or information is obtained which gives concern that a child is being abused, the information must be responded to on the same day in line with the following procedure.

14.2.2 Response

You should:

- React calmly so as not to frighten the child.

- Listen to the child and take what they say seriously. Do not show disbelief.
- Reassure the child they are not to blame and were right to tell someone.
- Be aware of interpreting what a child says, especially if they have learning or physical disabilities which affect their ability to communicate or English is not their first language.
- Do not assume that the experience was bad or painful - it may have been neutral or even pleasurable.
- Avoid projecting your own reactions onto the child.
- Avoid asking any questions. If necessary, only ask enough questions to gain basic information to establish the possibility that abuse may have occurred. Only use open-ended, non-leading questions, e.g. Who? Where? When?
- Do not introduce personal information from either your own experiences or those of other children.

You should avoid:

- Panicking.
- Showing shock or distaste.
- Probing for more information than is offered.
- Speculating or making assumptions.
- Making negative comments about the person against whom the allegation has been made.
- Approaching the individual against whom the allegation has been made.
- Making promises or agreeing to keep secrets and giving a guarantee of confidentiality.

Where there is uncertainty about what to do with the information, Carers Forum Stirling Area's Child Protection Officer must firstly be consulted for advice on the appropriate course of action.

If Carers Forum Stirling Area's Child Protection Officer is unavailable or an immediate response is required, the Police and Social Work services must be consulted for advice. They have a statutory responsibility for the protection of children and they may already hold other concerning information about the child. Record any advice given.

If you are concerned about the **immediate** safety of the child:

- Take whatever action is required to ensure the child's immediate safety.
- Pass the information immediately to the Police and seek their advice.

14.2.3 Record

Make a written record of the information as soon as possible using Form 2B GIRFEC Forth Valley completing as much of the form as possible. The following information will help the Police and Social Workers decide what action to take next:

- Child's name, age and date of birth.
- Child's home address and telephone number.
- Any times, dates or other relevant information.

- Whether the person making the report is expressing their own concern or the concerns of another person.
- The child's account, if it can be given, of what has happened and how any injuries occurred using the child's own words.
- The nature of the concern (include all of the information obtained during the initial account, e.g. time, date, location).
- A description of any visible (when normally dressed) injuries or bruising, behavioural signs, indirect signs (do not physically examine the child).
- Details of any witnesses.
- Whether the child's parents have been informed.
- Details of anyone else who has been consulted and the information obtained from them.
- If it is not the child making the report, whether the child has been spoken to, if so what was said using the child's own words.
- The child's views on the situation.

If completing the form electronically, do not save copies to the hard drive, database or memory stick. Print a copy, sign and date and then delete immediately. Pass the record to Social Work services or the Police and to the Carers Forum Stirling Area's Child Protection Officer that day.

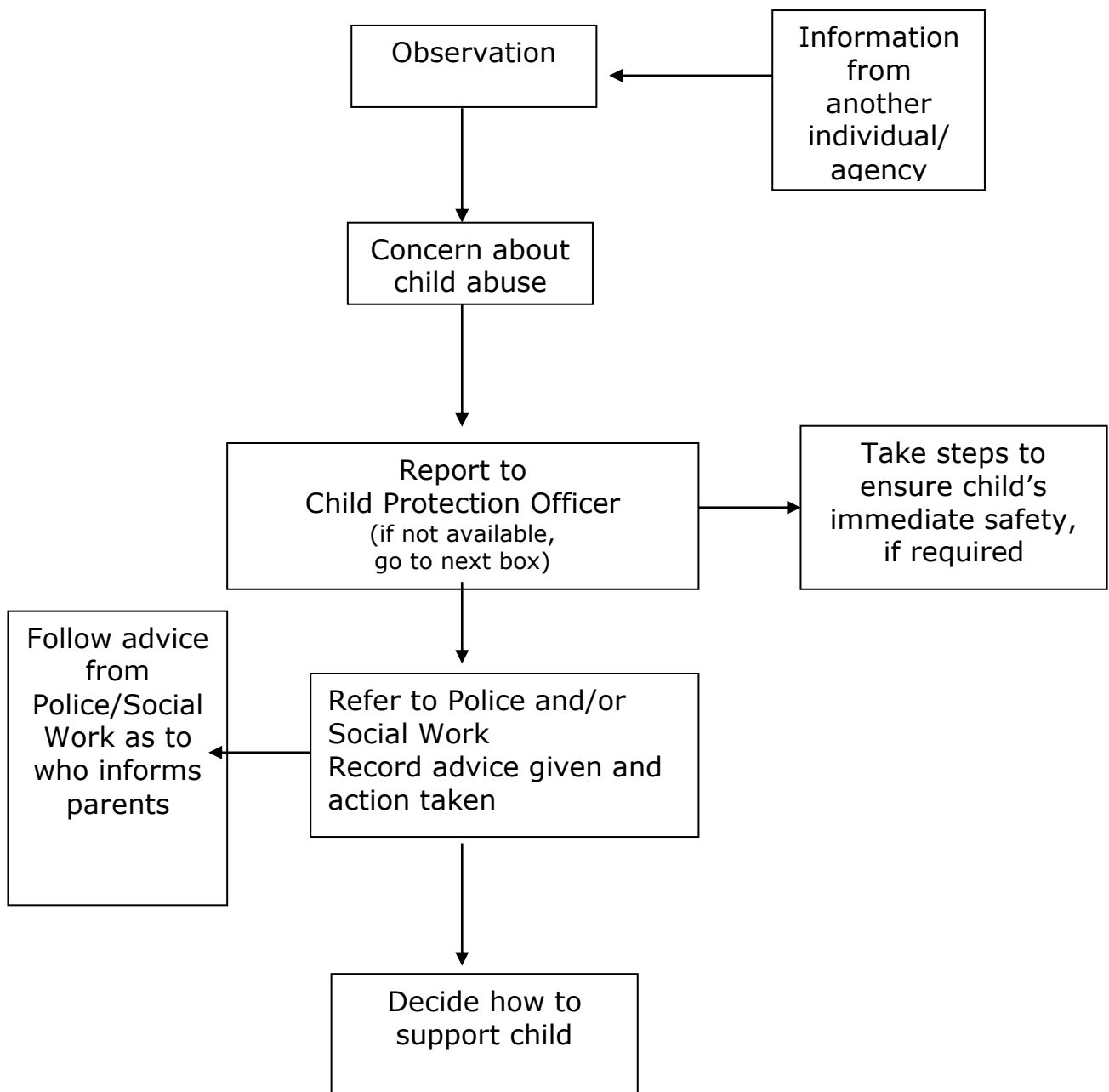
14.2.4 Sharing concerns with parents or guardians

Where there are concerns that the parent(s) or guardian(s) may be responsible for or have knowledge of the abuse, sharing concerns with the parent(s) or guardian(s) may place the child at further risk. In such cases, advice must always firstly be sought from the Police or Social Work services as to who informs the parents.

14.3 What to do in non-disclosure Situations

In situations where there is no disclosure and concerns of abuse arise for example because of the child's behavior or something another person says, the procedure in Section 14.2 should be followed.

14.4 Procedure for responding to concerns about child abuse



14.5 Concerns about the conduct of a member of staff

14.5.1 Basic principles

This section of the procedures should be read in conjunction with Carers Forum Stirling Area's Complaints Policy and/or Disciplinary Procedures. Section 14.2 (above) 'What to do if a Child tells you about Abuse', applies whether the information is about a member of staff or someone not connected in any way with Carers Forum Stirling Area. The following section details the procedure to be followed where the concern is about a member of staff.

These procedures aim to ensure that all concerns about the conduct of a member of staff are dealt with in a timely, appropriate and proportionate manner. No member of staff of Carers Forum Stirling Area in receipt of information that causes concern about the conduct of a member of staff towards children shall keep that information to himself or herself, or attempt to deal with the matter on their own.

In the event of an investigation into the conduct of a member of staff, all actions will be informed by the principles of natural justice:

- Employees will be made aware of the nature of concern or complaint.
- Where the concern is about possible child abuse, advice will firstly be taken from the police as to what can be said to the employee.
- An employee will be given an opportunity to put forward their case.
- Carers Forum Stirling Area will act in good faith, ensure the matter is dealt with impartially and as quickly as possible in the circumstances.

In all cases where there are concerns about the conduct of a member of staff towards children, the welfare of the child will be the paramount consideration.

At any point in the management of concerns about the conduct of a member of staff, advice may be sought from the police or social work services.

14.5.2 Initial reporting of concerns

Any concerns for the welfare of a child arising from the conduct of a member of staff must be reported to the Carers Forum Stirling Area's Child Protection Officer on the day the concern arises, as soon as practically possible.

Where the concern is about the Child Protection Officer, it must be reported to the the Board of Directors.

14.5.3 Recording

Concerns must be recorded as soon as possible. Reporting the concerns to the Carers Forum Stirling Area's Child Protection Officer should **not** be delayed by gathering information to complete the form or until a written record has been made.

All subsequent actions taken and reasons for decisions shall be contemporaneously recorded, signed and dated by the Carers Forum Stirling Area's Child Protection Officer or the person appointed to manage the response to the concerns. Where Disciplinary Procedures are invoked, a written record will be made of all actions and reasons for decision. Guidance

on the storage, sharing and retention of such records is contained in the relevant procedure.

14.5.4 Establishing the basic facts

Once the concerns have been reported, the Carers Forum Stirling Area's Child Protection Officer will:

- Establish the basic facts.
- Conduct an initial assessment of the facts in order to determine the appropriate course of action.
- Consult external agencies such as the police and social work services for advice at any time. This is important because they may hold other important information which, when considered alongside the current concerns builds a significant picture of concern.

14.5.5 Conducting the initial assessment

The Carers Forum Stirling Area's Child Protection Officer will conduct the initial assessment.

The purpose of the initial assessment is to clarify the nature and context of the concerns. It should determine whether there is reasonable cause to suspect or believe that a child has been abused/ harmed or is at risk of abuse or harm. Every situation is unique so guidance cannot be prescriptive.

- Where the established facts support a concern about possible abuse, the initial assessment will not form part of the disciplinary investigation.
- Subject to the nature and seriousness of the situation, if it is not clear at this stage whether a criminal offence may have been committed, the member of staff **may** be approached as part of the information gathering process.
- Where the nature and seriousness of the information suggests that a criminal offence **may** have been committed, or that to assess the facts may jeopardise evidence, **advice will be sought from the Police before the member of staff is approached.**
- An initial assessment of the basic facts may require the need to ask a child(ren) some basic, open-ended, non-leading questions **solely with a view to clarifying the basic facts.** It may also be necessary to ask similar basic questions of other children, or other appropriate individuals.
- Interviewing children about possible abuse and criminal offences is the sole remit of specially trained Police Officers and Social Workers. Questioning of children by those conducting an initial assessment should always be avoided as far as possible. If it is necessary to speak to the child in order to clarify the basic facts, best practice suggests that consent from the parent be obtained.

14.5.6 Possible outcomes of initial assessment:

Possible outcomes of the initial assessment are as follows:

- (a) No further action (facts do not substantiate complaint).
- (b) Situation is dealt with under procedures to manage poor practice; and/or,

- (c) Disciplinary investigation (by Carers Forum Stirling Area).
- (d) Child protection investigation (jointly by Police and Social Work services).
- (e) Criminal investigation (by the Police).
- (f) The results of a criminal investigation may well influence the disciplinary investigation, but not in all cases.
- (g) Civil proceedings (by the child/family who alleged abuse).

14.5.7 Initial assessment supports concerns about poor practice and/or misconduct (but not possible child abuse)

The Carers Forum Stirling Area's Child Protection Officer will deal with the situation in line with Carers Forum Stirling Area's Disciplinary Procedures.

Pending the outcome of any investigation conducted under Disciplinary Procedures, precautionary suspension will be considered in all cases where there is significant concern about the conduct of a member of staff towards children. The welfare of children will be the paramount concern in such circumstances.

Where the circumstances meet the referral criteria set out in the Protection of Vulnerable Groups (Scotland) Act 2007, Carers Forum Stirling Area has a duty to make a referral to Disclosure Scotland.

14.5.8 Initial assessment supports concerns about possible child abuse

Where the initial assessment of information gives reasonable cause to suspect or believe possible child abuse, the Carers Forum Stirling Area's Child Protection Officer will refer the concerns to the Police and/or Social Work services as soon as possible on the day the information is received.

The Carers Forum Stirling Area's Child Protection Officer will make a written record of the name and designation of the Social Worker or the Police Officer to whom the concerns were passed, together with the time and date of the call, in case any follow up is required.

Referrals to the Police/Social Work services will be confirmed in writing by the Carers Forum Stirling Area's Child Protection Officer within 24 hours. A copy of Form 2B GIRFEC Forth Valley should be provided to the Police/Social Work services on request.

Appropriate steps will be taken to ensure the safety of the child(ren) or who may be at risk. The parents of the child(ren) involved will be informed as soon as possible following advice from the Police/Social Work services.

Advice will firstly be obtained from the Police/Social Work services about informing the staff member involved about the concerns. If the advice is to inform the staff member, they will be told that information has been received which may suggest an allegation of abuse. As the matter will be *sub judice*, no details will be given unless advised by the Police. All actions will ensure the best evidence is preserved for any criminal proceedings while at the same time safeguarding the rights of the employee.

Carers Forum Stirling Area will take all reasonable steps to support a member of staff against whom an allegation of abuse has been made.

14.5.9 Precautionary suspension

Suspension is not a form of disciplinary action. The staff member involved may be suspended whilst an investigation is carried out.

Suspension will be carried out by Board of Directors in accordance with Carers Forum Stirling Area's Disciplinary Procedures. At the suspension interview, the member of staff will be informed of the reason for suspension (within the confines of sharing information) and given the opportunity to make a statement should they wish to do so.

It is acknowledged that suspension will cause significant stress for the person involved and Carers Forum Stirling Area will ensure independent support is provided until the investigation is completed and matters resolved.

Notification of the suspension and the reasons will be conveyed in writing to the staff member in accordance with Carers Forum Stirling Area's Disciplinary Procedures.

14.5.10 Disciplinary investigation

Following advice from the Police, cases that also involve a criminal investigation will not preclude disciplinary action being taken provided sufficient information is available to enable the Carers Forum Stirling Area's Child Protection Officer to make a decision and that to do so does not jeopardise the criminal investigation.

14.5.11 False or malicious allegations

In the very exceptional circumstances that an investigation establishes an allegation is false, unfounded or malicious:

- The staff member involved will receive an account of the circumstances and/or investigation and a letter confirming the conclusion of the matter. They may wish to seek legal advice.
- All records pertaining to the circumstances and investigation will be destroyed.
- The Carers Forum Stirling Area's Child Protection Officer will take all reasonable steps to support the individual in this situation.
- In these circumstances, Carers Forum Stirling Area will review the child's participation in activities.
- Data collected for the investigation will be destroyed in accordance with the requirements of data protection legislation.

14.5.12 Historical allegations of abuse

Allegations of abuse may be made some time after the event, e.g. an adult who was abused as a child by someone who is still currently working with children. These procedures will be followed in the event of an allegation of historical abuse.

14.5.13 Protection of Vulnerable Groups (Scotland) Act 2007

Carers Forum Stirling Area will refer to Disclosure Scotland the cases of any member of staff who has (whether or not in the course of their role within the organisation) harmed a child or placed a child at risk of harm **and** as a result:

- a) Carers Forum Stirling Area has dismissed the staff member.
- b) The staff member would have been dismissed as a result of the incident had they not resigned, retired or been made redundant.
- c) Carers Forum Stirling Area has transferred the staff member to a position in Carers Forum Stirling Area which is not a position working with vulnerable groups.
- d) The staff member would have been dismissed or considered for dismissal where employment was not due to end at the expiry of a fixed term contract; or the staff member would have been dismissed or considered for dismissal had the contract not expired.

Carers Forum Stirling Area will also refer the case of a staff member where information becomes available after the staff member has:

- been dismissed by Carers Forum Stirling Area,
- resigned, retired or been made redundant,
- been transferred to another position in Carers Forum Stirling Area which is not a position working with vulnerable groups; and

Carers Forum Stirling Area form the opinion (on the basis of the information) that they would have dismissed or considered dismissing the staff member on such grounds, had the information been available at the time of resignation/ redundancy/retirement/ transfer.

Where Carers Forum Stirling Area receives information that a staff member who holds a position working with vulnerable groups (e.g. children and young people) has been listed on the Barred List, the staff member will be removed from the position working with vulnerable groups.

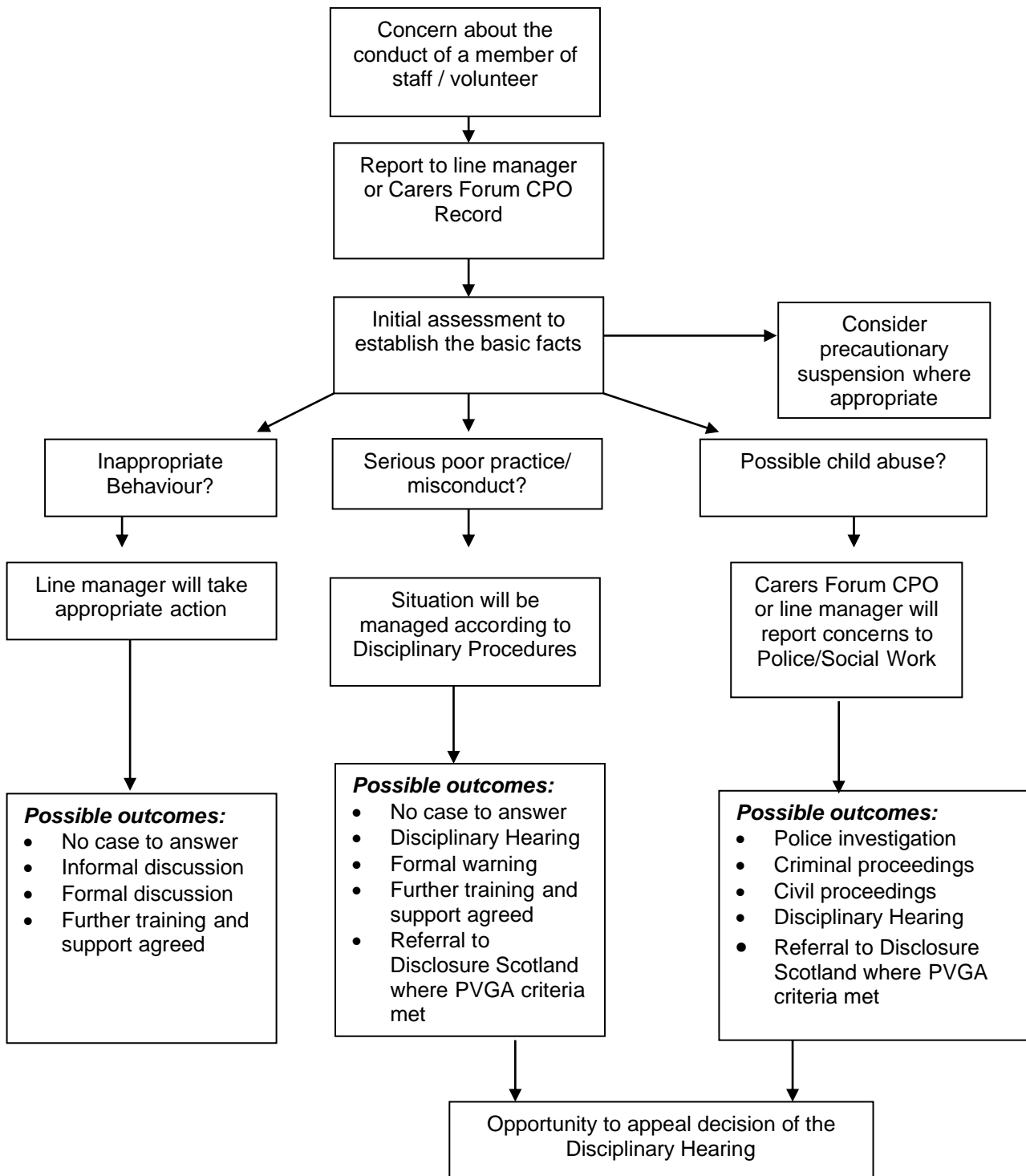
14.5.14 Media

All media enquiries relating to the conduct of a member of staff will be referred to Carers Forum Stirling Area's CEO and/or Chair of the Board of Directors.

14.6 Concerns about the conduct of volunteers

The procedures outlined in the previous section 14.5 apply to the management of concerns about the conduct of volunteers.

14.7 Responding to concerns about the conduct of a member of staff or volunteer



15. Policy Review

This policy will be reviewed on an annual basis by the Board.