



SUPPORTING CHILDREN AND YOUNG PEOPLE

## Edinburgh Women's Aid Child Protection Policy

### 1. Introduction

Edinburgh Women's Aid is committed to promoting the rights of children. We are committed to upholding children's right to be protected from abuse and harm and upholding children's right to be involved in decisions that affect their lives. We believe that the welfare of children should always be the most important consideration in decisions that affect them.

### 2. Policy Aims

This policy has been produced by Edinburgh Women's Aid to help encourage and maintain an environment where all children are valued and their right to safety is upheld and to ensure that the risk of children being harmed or abused is minimised.

Edinburgh Women's Aid child protection policy aims to:

- a. Ensure that each worker is clear about their roles, responsibilities and accountability
- b. Ensure that each worker is working in a way that reflects the values and aims of Edinburgh Women's Aid
- c. Ensure that each worker works consistently when acting on concerns about child abuse
- d. Ensure that each worker works consistently when recording information relating to child protection
- e. Ensure that Edinburgh Women's Aid works in a consistent way with statutory organisations to protect children
- f. Ensure that each worker works in a way that facilitates the empowerment of children
- g. Ensure that Edinburgh Women's Aid operates safe recruitment practices
- h. Enable workers to raise concerns about dangerous practice (whistle-blowing)
- i. Ensure Edinburgh Women's Aid provides workers with appropriate learning and development opportunities so that they are equipped to work in the area of child protection.

### 3. Legislative & Regulatory Framework

The UN Convention on the Rights of the Child, Children and Young People (Scotland) Act 2014 and GIRFEC (Getting it Right for Every Child) sets out children's legal right to be protected from abuse, neglect and exploitation.

The Protection of Children (Scotland) Act 2004 outlines the employer's responsibilities in terms of the safe recruitment of workers.

The Health and Social Care Standards (2018) also outline services' responsibilities in relation to Child Protection.

Edinburgh and Lothian Inter-Agency Procedures for Child Protection (2015) outlines staff responsibilities where there are concerns around child protection.

The Prohibition of Female Genital Mutilation (Scotland) Act (2005) makes it unlawful to carry out any FGM procedures on a girl or a woman. The legislation makes it an offense to aid, abet, counsel, procure or incite a person to:

- a. Commit FGM
- b. Assist a girl to commit FGM on herself
- c. Or for someone in the UK to arrange or assist FGM to be performed out with the UK by a person who is not a UK national or permanent UK resident.

Edinburgh and the Lothians Inter-Agency Procedures for the Protection of Girls and Women at Risk of Female Genital Mutilation (FGM) (2017) outlines procedures for staff where children are at potential risk or have been subject to female genital mutilation. Edinburgh Women's Aid fully recognises its responsibilities under these regulatory frameworks and has adopted this policy to ensure that workers are able to fulfil these requirements.

#### **4. Definitions**

##### **Child**

A child is defined by the Children and Young People (Scotland) Act 2014 as someone who has not attained the age of 18.

This is the definition that Edinburgh Women's Aid has adopted for the purposes of this policy.

##### **Risk**

Is the likelihood or probability of a particular outcome given the presence of factors in a child 's life. 'Risks' may be deemed acceptable; they may also be reduced by parents/carers or through the early intervention of universal services. At other times, a number of services may need to respond together as part of a coordinated intervention. Only where risks cause, or are likely to cause, significant harm to a child would a response under child protection be required. Where a child has already been exposed to actual harm, assessment will mean looking at the extent to which they are at risk of repeated harm, the seriousness of that harm and the potential effects of continued exposure over time.

##### **Harm**

Means the ill treatment or the impairment of the health or development of the child, including for example, impairment suffered as a result of seeing or hearing the ill treatment of another. In this context, 'development' can mean physical, intellectual, emotional, social or behavioural development and 'health' can mean physical or mental health.

##### **Significant Harm**

Can result from a specific incident, a series of incidents or an accumulation of concerns over a period of time. It is essential that when considering the presence or likelihood of significant harm that the impact (or potential impact) on the child or young person takes priority and not simply the alleged abusive behaviour. The following should be taken into account when assessing Significant Harm:

- a. the nature of harm, either through an act of commission or omission;
- b. the impact on the child's current or future health and development,
- c. taking into account their age and stage of development;
- d. the child's development within the context of their family and wider environment;
- e. the context in which a harmful incident or behaviour occurred;
- f. any particular needs, such as medical condition, communication impairment or disability, that may affect the child's development, make them more vulnerable to harm or influence the level and type of care provided by the family;

- g. the capacity of parents or carers to meet adequately the child's needs; and the wider and environmental family context

### **Child Abuse**

The following are the twelve areas of concern identified by the Scottish Government for the recording and classification of abuse. There can be overlap and interaction between areas of concern and the abuse experienced by the child or young person may not always be affected by just one factor.

- a. Domestic abuse
- b. Parental Alcohol Misuse
- c. Parental Drug Misuse
- d. Non-engaging family
- e. Child affected by parental mental health problems
- f. Child placing themselves at risk
- g. Sexual abuse
- h. Child Exploitation
- i. Physical abuse
- j. Emotional abuse
- k. Neglect

Other concerns can include FGM, Fabricated or induced illness, harmful or problematic sexual behaviour, honour based violence and forced marriage, missing children and young runaways, online and mobile phone safety, ritual abuse

Some examples of what constitutes child abuse are given below. This is not an exhaustive list.

### **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 (see section of Fabrication or induced illness in the National Guidelines for Child Protection Scotland 2014).

### **Emotional Abuse**

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

### **Sexual Abuse**

Sexual Abuse is any act that involves the child in an activity for 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 penetration or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways (see section Child sexual exploitation in the National Guidance for Child Protection Scotland 2014)

## **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 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 extreme forms 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 to potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time.

## **FGM**

Female Genital Mutilation (FGM) is a collective term for all procedures which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons or any other injury to the female genital organs for non-medical reasons. FGM is a harmful practice. It can cause long-term mental and physical harm, difficulty in giving birth, infertility and even death.

FGM is known by a number of names, including female genital cutting. FGM or 'cut' are increasingly used at the community level, although they are still not always understood by individuals in practicing communities, largely because these are English terms. Please see appendix 2 for types and names of FGM.

## **5. Responsibilities**

### **Edinburgh Women's Aid is responsible for:**

- a. Respecting and promoting the rights, wishes and feelings of children
- b. Keeping informed of current developments and understanding information about data protection, confidentiality, and other legal issues that impact child protection
- c. Promoting and implementing appropriate procedures to safeguard and protect children from abuse
- d. Recruiting, training, supporting and supervising staff to safeguard and protect children from abuse and minimise risk to or harm
- e. Requiring staff to adopt and abide by the Child Protection Policy  
Monitoring and reviewing the Child Protection Policy.

### **6. Edinburgh Women's Aid Child Protection Lead (the Operations Manager for the CYP Team) is responsible for:**

- a. Acting as the main contact within the organisation for child protection
- b. Providing information and advice within the organisation for child protection issues
- c. Supporting and raising awareness of the child protection issues
- d. Establishing and maintaining contact with local statutory organisations such as Social Work and the Police and local Child Protection Committees.

### **7. All Edinburgh Women's Aid staff are responsible for:**

- a. Considering a child's wellbeing across the S.H.A.N.A.R.R.I indicators (see Appendix 5 for definition)
- b. Respecting and promoting the rights, wishes and feelings of children  
Recognising and being alert to the signs that children may need protection  
Taking appropriate actions to protect children who are at risk
- c. Work with families, within the organisation and across agencies to support and protect children who are at risk
- d. Maintaining up-to-date records that detail concerns and risk factors in a child's file

- e. Actively managing the sharing of information with other agencies when a child needs protection, while only sharing the necessary and relevant information in relation to the situation.
- f. Keeping informed of current developments and understanding information about data protection, confidentiality, and other legal issues that impact child protection
- g. Attending appropriate training in relation to child protection.

## 8. Confidentiality in Child Protection

The Confidentiality Policy outlines Edinburgh Women's Aid approach to confidentiality. Service users will be provided with information about this policy and the limits of confidentiality when they start to use the service, this includes directly with young people as well as their main carer.

Where workers have concerns in relation to child protection, they will act in accordance with the child protection procedures. This may mean that confidentiality between the service user and worker will not be maintained.

Every effort to discuss child concerns with the service user/s involved will be made, this will include the actions that they plan to take and they will seek to get the service users views on this, however consent to share will not be sought when it is believed there is significant risk to a child.

There may be instances where this is not feasible or where failure to act immediately could further endanger a child. In all cases the safety and wellbeing of the child/young person will be considered paramount when making decisions. Workers **should not** delay in reporting a concern in order to discuss with the child/young person or their mother/carer. Where a child is in immediate danger the police should be called on 999.

Where a worker considers it necessary to disclose information without consent from a service user, the following steps will be taken:

The worker will discuss their concerns with the child protection lead or their line manager setting out why they feel information should be disclosed, this will take into account the following risk factors including:

- a. Perpetrators pattern of abuse and coercive behaviours
- b. Impact of abuse on women
- c. Impact of abuse on children
- d. Impact of abuse on parenting roles
- e. Impact of wider environmental issues on the child (i.e. non-abusing parents coping mechanisms)
- f. Protective factors
- g. The risks of not disclosing information
- h. What will be achieved by disclosing such information.
- i. The worker and the line manager/child protection lead will agree if, how and to whom information will be disclosed.
- j. The worker and the line manager/child protection lead will decide how and when the service user will be informed about any disclosure.
- k. The worker and the line manager/child protection lead will ensure a record will be kept of all decisions and reasons for these.
- l. When the line manager/child protection lead is not available this should be discussed with a senior or another colleague (or out of hours on-call should be contacted).
- m. When not part of the original discussion an update should be provided to the Child Protection Lead at EWA within 24 hours via Oasis.

- n. In instances where the decision has been made to instigate child protection procedures and share information, staff will ensure that only relevant information to the situation is disclosed, avoiding for example unnecessarily 'outing' an LGBT+ young person.

## **9. Facilitating Children's Empowerment in Child Protection**

Appendix 4 sets out guidance for working with families where there are child protection concerns.

### **Information for Service Users**

Edinburgh Women's Aid will introduce all service users who are admitted to refuge to the child protection policy when they begin to use the services.

### **Involving Children in Child Protection**

Edinburgh Women's Aid strives to ensure that children's views are taken into account in all matters that affect their lives and will endeavour to involve children in decisions relating to child protection. However, it is recognised that there may be occasions where this is not possible, for example where it may endanger a child.

### **Dealing with a disclosure from a child**

Edinburgh Women's Aid recognises the importance of listening carefully to a child if they disclose information about abuse.

If a child discloses to a worker, the worker will:

- a. Listen carefully to the child
- b. Reassure the child – tell them they have done the right thing in speaking about the abuse
- c. Acknowledge the information is received and ascertain the circumstances surrounding the disclosure. Let the child/young person know they will have to speak to someone about this and they may need to pass concerns on.
- d. Follow the appropriate child protection actions as detailed in 5.4 of this policy
- e. The CYP's keyworker will ensure the Named Person is aware of the Child Concern referral.

Where the concern does not meet the criteria of the child or young person being at risk of significant harm, consent should be sought from the child/young person or mum/carer to pass on information to the Named Person, or where appropriate the individual should be encouraged to share this information themselves.

## **10. Acting on child protection concerns**

Edinburgh Women's Aid will work in a consistent way to protect children and young people. EWA recognises that we all have different thresholds for identifying and dealing with risk, it is essential that workers discuss any concerns with their line manager or the Child Protection Lead.

All decisions relating to the reporting of child concerns and child protection issues should be fully updated on the child's oasis record, this should include a rationale for why decisions were taken to report or not to report.

The Child Protection procedure at appendix one details how workers will act on child protection concerns.

## **11. Collaborative work with statutory organisations in child protection**

Edinburgh Women's Aid recognises the importance of working in collaboration with statutory organisations to protect children. Where a child is subject to child protection processes including involvement with the Children's Hearing Processes, EWA staff will provide reports into meetings as appropriate, these reports should follow the template as

set out in Appendix 3.

The Child Protection Procedure (at appendix one) details how workers will work with statutory organisations to protect children.

## **12. Safe Recruitment**

Edinburgh Women's Aid will take all reasonable steps to ensure that unsuitable people are prevented from working with children through the implementation of safe recruitment processes.

The Recruitment and Selection Policy provides more information on the steps that will be taken to achieve this.

## **13. Learning & Development**

All EWA workers, including students and volunteers, will receive a copy of the Child Protection Policy and their role in implementing the Policy will be fully explained. As part of induction all new worker will be required to attend Child Protection Committee specific workforce training. EWA will identify any training requirements for workers in relation to child protection, refresher training should be undertaken on a 3-yearly basis with other child protection training taking place on a yearly basis (this could include in relation to FGM, CSE)

## **14. Disciplinary Procedure**

Workers who do not comply with or fail to implement the Child Protection Policy will be subject to disciplinary procedures in line with the Disciplinary Policy. Breach of the Child Protection Policy is considered to be an offence which will normally be regarded as gross misconduct.

## **15. Support & Supervision**

Edinburgh Women's Aid workers will use supervision as an opportunity to explore practice issues in relation to the support they provide and in particular around child protection issues.

The Support and Supervision Policy outlines the organisation's approach to support and supervision.

## **16. Equalities**

Edinburgh Women's Aid workers will ensure that they are aware of equalities issues when providing support to children. Awareness of these issues will help to equip workers and empower children when working with child protection. For example, workers should talk use age appropriate interaction, and be aware of issues around sex, gender reassignment, sexual orientation, disability, race and religion.

Edinburgh Women's Aid's Equality and Diversity Policy provides more information about this.

## **17. Whistle blowing**

Edinburgh Women's Aid seeks to ensure that there is an organisational culture where poor and dangerous practice is challenged.

The Whistle Blowing Policy provides more information on the steps that will be taken to achieve this.

## **18. Monitor & Review**

Edinburgh Women's Aid will monitor and review this policy, on an annual basis and when there are relevant changes in legislation or circumstances.

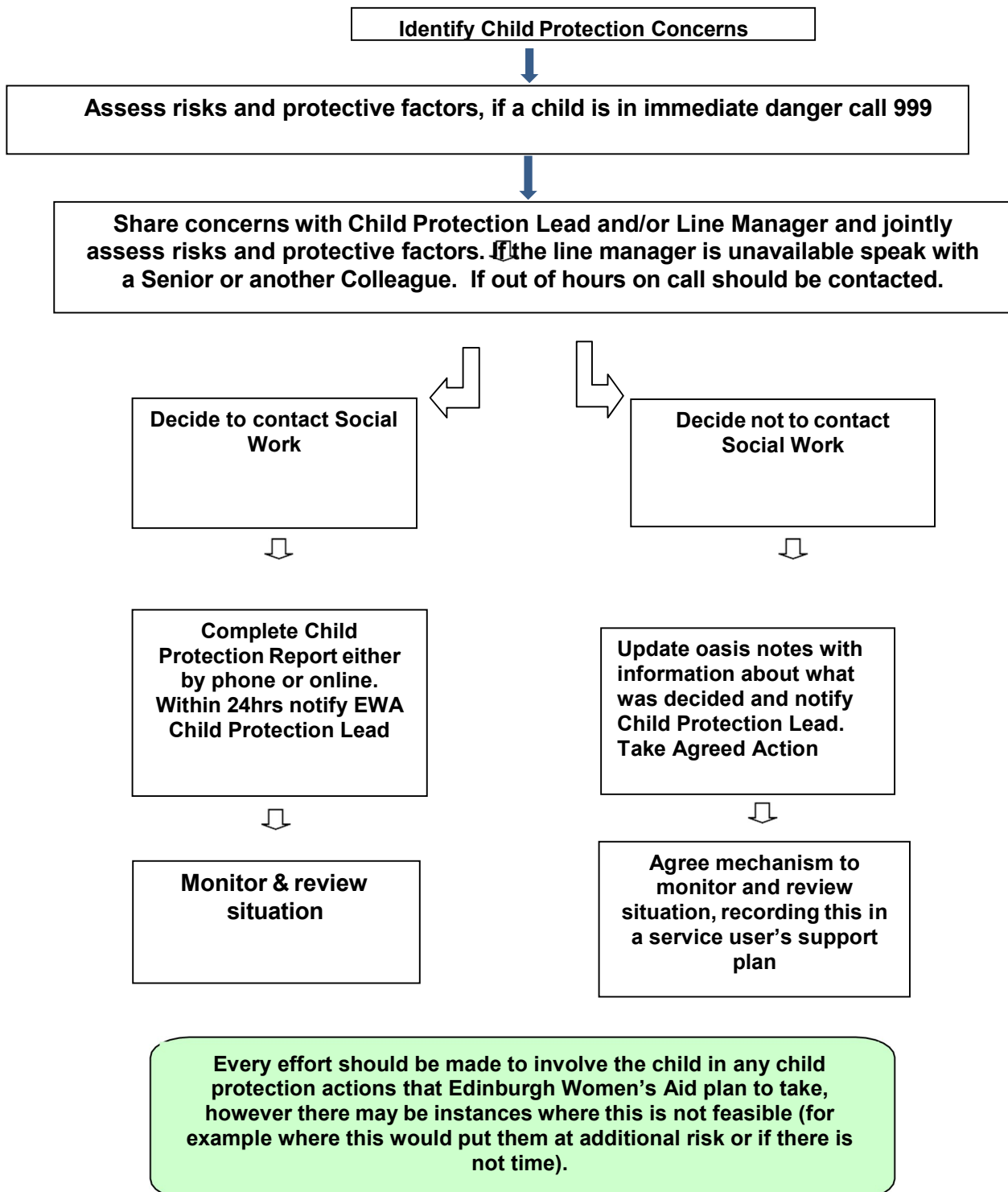
## Appendix 1

### Edinburgh Women's Aid Child Protection Procedure

Edinburgh Women's Aid Child Protection Procedure details how workers will act in matters relating to child protection. This procedure will be used in conjunction with the Child Protection Policy

#### 1. Acting on child protection concerns

If a worker believes a child's safety is at risk they will take the following actions:





## 2. Acting on child protection concerns

Workers will keep in mind the three key principles that should underpin **any** child protection procedure:

- Observe

All workers should be alert to child protection concerns with service users that they work with.

Please remember, it is not a workers responsibility to decide if a child is being abused, it is their responsibility to pass on their concerns to the appropriate agencies.

- Share concerns

Where workers have concerns about child protection, they should share these with their line manager/Child Protection Lead or CEO.

Sharing concerns provides workers with a structure to formally discuss their concerns and decide the appropriate actions that should be taken are.

If a child or young person is in immediate danger then 999 should be called and police informed.

- Record

It is important that practitioners record all child protection concerns, regardless of whether formal child protection procedures were instigated.

When you record information about child protection concerns, you should ensure that you record the following information:

- the person making the report
- the child involved
- anyone you are reporting on behalf of
- the nature of the concern – use the SHANARRI indicators to frame this
- any other relevant information
- actions that were taken
- reasons why these actions were taken
- any statutory organisations that were involved and the outcome of any immediate intervention that they made

This information should be shared with the Child Protection Lead so that a report can be made to the Care Inspectorate.

Recording information will assist workers to make consistent child protection decisions. It will also help to monitor child protection concerns, providing workers and statutory organisations with comprehensive information from which they can base immediate and future child protection interventions.

## 3. Collaborative work with statutory organisations in Child Protection

Edinburgh Women's Aid recognises the importance that collaboration has in protecting children. This part of the procedure details how a worker will act with statutory organisations in relation to child protection.

### **After a referral by Edinburgh Women's Aid**

Once a referral has been made to a statutory agency, the Key Worker will establish the role that Edinburgh Women's Aid is required to take in any assessment that is made of the child and their situation.

If a Child Protection Case Conference is called, the Key Worker will liaise with the statutory agency. Key workers may be expected to provide a written report to this conference. The template set out in Appendix 3 should be used

Should there be a disagreement between Edinburgh Women's Aid and the statutory agency as to the decision made to hold or not to hold a Child Protection Case Conference, the Child Protection Lead is responsible for expressing in writing the concerns as to the decision made to the appropriate person at the statutory organisation.

### **Children subject to statutory interventions**

If a child that Edinburgh Women's Aid is supporting is subject to statutory interventions the following actions will be followed:

- Edinburgh Women's Aid will agree with the statutory organisation the specific role and tasks that Women's Aid will carry out
- These roles and tasks will be recorded in the support plan for the service user(s) and in any care plans or child protection plans
- These plans will be reviewed and assessed at child protection review conferences in which Edinburgh Women's Aid will participate in accordance with the care plan.

Additional Advice and Information can be found in the National Guidance for Child Protection in Scotland 2021.

## **4. Children and Young People living in EWA Refuge Accommodation**

Edinburgh Women's Aid acknowledge that as Children and Young People grow, develop and become confident individuals, they become more independent. As an organisation supporting these Children and Young People we want to encourage their confidence and independence, as well as ensuring they are safe individuals whilst residing in our refuge accommodation.

The following procedures are a guideline for Children and Young People, whilst residing in Edinburgh Women's Aid Refuge Accommodation. A risk assessment should be undertaken by staff along with the Child or Young Person, in line with these procedures.

1. Children and Young People from birth – 8 years must be accompanied or supervised by an adult whilst in or outside the refuge accommodation.
2. Children and Young People from 9 – 15 years may be unaccompanied out with the refuge accommodation, however they should return to the refuge by 8pm. The carer of the children or young person must know where the child or young person is at all times.
3. 24Hour Refuge: Children or Young People who are returning to the 24 hour refuge and are unaccompanied by an adult should ring the buzzer for entry. Staff should let the child or young person into the building as well as informing the carer, on the internal phone that they have returned. Where a child or young person is in possession of a mobile phone, they should contact mum on the phone as well as ringing the buzzer and be let in by staff. This ensures the safety of the child, in case staff are undertaking a support session and not able to allow entry. A child should

not be left alone (please refer to occupancy agreement.)

4. In a situation where the carer is not in residence when a child returns back to the refuge, it is advised that staff contact carer in the first instance, to enquire where she is and when she will be back. In the situation where the carer is uncontactable then a Team Leader should be informed, and child protection policy followed.

Edinburgh Women's Aid Charity No SC028301

## Appendix 2

### Types of FGM

FGM and other terms have been classified by WHO into four types:

**Type 1 (Circumcision):** Excision of the prepuce with or without excision of part of or the entire clitoris.

**Type 2 (Excision or Clitoridectomy):** Excision of the clitoris with partial or total excision of the labia minora (small lips which cover and protect the opening of the vagina and the urinary opening). After the healing process has taken place, scar tissue forms to cover the upper part of the vulva (external female genitalia) region.

**Type 3 (Infibulation or 'Pharaonic Circumcision'):** This is the most extreme form of female genital mutilation. Infibulation often (but not always) involves the complete removal of the clitoris, together with the labia minora and at least the anterior two-thirds and often the whole of the medial part of labia majora (the outer lips of the genitals). The two sides of the vulva are then sewn together with silk, catgut sutures, or thorns leaving only a very small opening to allow for the passage of urine and menstrual flow. This opening is open preserved during healing with a foreign body.

**Type 4 (Unclassified):** This includes all other operations on the female genitalia including pricking, piercing or incising of the clitoris and or labia; stretching of the clitoris and or labia; cauterisation by burning of the clitoris and surrounding tissues; scraping of the tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purposes of tightening or narrowing it; and any other procedure that falls under the definition of female genital mutilation given above.

### FGM Terms Used in Practicing Countries

Country	Term used for FGM	Language	Meaning
EGYPT	Thara	Arabic	To clean/purify
	Khitan	Arabic	Circumcision
	Khifad	Arabic	To lower
ETHIOPIA	Megrez	Amharic	Circumcision/cutting
	Absum	Harrari	Name giving ritual
ERITREA	Mekhnishab	Tigreigna	Circumcision/cutting
KENYA	Kutairi	Swahili	Circumcision
	Kutairi was ichana	Swahili	Circumcision
NIGERIA	Ibi/Ugwu	Igbo	The act of cutting
	Sunna	Mandingo	Religious tradition/obligation

SIERRA LEONE	Sunna	Soussou	Religious tradition/obligation
	Bondo	Temenee/Mandingo/Limba	Integral part of initiation rite into adulthood
	Bondo/Sonde	Mendee	Integral part of initiation rite into adulthood
SOMALIA	Gudiniin	Somali	Circumcision
	Halalays	Somali	Implies purity
	Qodiin	Somali	Stitching/tightening/sewing refers to infibulation
SUDAN	Khifad	Arabic	To lower
	Tahoor	Arabic	To purify
CHAD – the Ngama	Bagne		Used by the Sara Madjingaye
Sara subgroup	Gadja		Adapted from 'ganza' used in the Central African Republic
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu	Circumcision
GAMBIA	Niaka	Mandinka	To 'cut/weed clean'
	Kuyango	Mandinka	Meaning 'the affair' but also the name for the shed built for initiates
	Musolula Karoola	Mandinka	Meaning 'the women's side'/'that which concerns women.'

### Appendix 3. Template Child Protection Report

Date of Hearing/Meeting :	Date Report Written :
Child's Name:	
Child's Date of Birth:	
Child's Address:	
Name, Role, and Email address of Professionals providing report:	

RELEVANT ADULTS (Mother/Carer/Father/Other)			Please state if perpetrator
NAME	DATE OF BIRTH:	ADDRESS:	RELATIONSHIP TO CYP

NAMES OF OTHER CHILDREN WITHIN THE FAMILY / HOUSEHOLD			
NAME	DATE OF BIRTH:	ADDRESS:	C.P Register (Y/N)

OVERVIEW OF SERVICES PROVIDED BY WOMEN'S AID	
OVERVIEW OF EACH ASPECT OF THE CHILD'S WELLBEING	
SAFE	
HEALTHY	
ACHIEVING	
NURTURED	
ACTIVE	
RESPECTED	
RESPONSIBLE	
INCLUDED	

PERPETRATORS PATTERN OF BEHAVIOUR:
ACTIONS TAKEN BY THE PERPETRATOR TO HARM THE CHILD:
WHAT MUM DID TO PROTECT HER CHILD(REN)
IMPACT OF THE PERPETRATOR'S BEHAVIOUR:
ROLE OF SUBSTANCE ABUSE, MENTAL HEALTH, CULTURE AND OTHER SOCIO-

ECONOMIC FACTORS AND HOW PERPETRATORS BEHAVIOUR IMPACTS ON THESE:

SUMMARY / CONCLUSION / RECOMMENDATION

Has this report been shared with the CYP? YES / NO  
Has this report been shared with their mother or carer? Please state who: YES / NO

WORKER'S NAME    ROLE

SIGNATURE    DATE

## **Appendix 4. Guidance on how to work with Families where there are Child Protection Concerns**

When we are working with families the following approach should be taken:

- Help mums to understand the concerns that social workers have and what they are expecting
- Explain the Wellbeing indicators and identify what is going well and where areas of concerns are with mums, helping them to understand the language used by professionals
- Help mums and children to have their voices heard, where there are no serious concerns, this could include meeting with mums/children before meeting to agree what will be feedback about what we have been working on and what information they are ok with us sharing
- Work with mums and children to identify any concerns or questions they have and how you will help them to get response to these
- Constructively challenge views and thought processes and help mums/children to engage with the processes
- Help women and children to identify how these processes make them feel and to develop coping strategies
- Work with social worker to help them understand why women and cyps behave in the way they do within a context of Domestic Abuse.
- Clearly explaining the work we do and the outcomes we are working with women and cyp to achieve
- Working with women and cyps in a way which encourages them to be open about the work we are doing and clearly sets out what info we will share and when i.e. agreeing after session (what they will feedback about the work done)
- Get clarity from social workers re expectations on women and cyps, consequences and any actions agreed
- Be clear about the role we are taking at meeting whether we are there as an advocate or providing info based on our professional judgement with both women, cyps and social workers



## Appendix 5

In accordance with GIRFEC guidelines the Scottish Government identified 7 'well-being indicators' when considering outcomes for children and young people. In supporting children and young people to get better outcomes they need to be:

**SAFE:** protected from abuse, neglect or harm at home, at school and in the community.

**HEALTHY:** having the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make healthy and safe choices.

**ACHIEVING:** being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school and in the community,

**NURTURED:** having a nurturing place to live in a family setting with additional help if needed or, where this is not possible, in a suitable care setting.

**ACTIVE:** having opportunities to take part in activities, such as play, recreation and sport which contribute to healthy growth and development at home and in the community.

**RESPECTED AND RESPONSIBLE:** should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their schools and communities.

**INCLUDED:** having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.

This can be remembered as S.H.A.N.A.R.R. I.