

## **McSence Communication LTD**

### **CARE MANUAL**

### **CHILD PROTECTION POLICY AND PROCEDURES**

Date: April 2021

**Responsible Manager: Service Manager**

## 1.0 Introduction

1.1 'McSence Care at Home (MCH) is part of McSence Communication Ltd and this Policy and Procedure document relates to the care at home service operated by McSence Care at Home.

## 2.0 Policy Statement

2.1 McSence Care at Home works to support older people. We believe people who need support, and those who love and care for them, should have the most fulfilling and meaningful lives they can possibly have.

2.2 MCH also recognises that at times our staff may come into contact with children during their work, most commonly if children are visiting a client and less frequently if children reside with the adult. In such instances staff have an important role to play in ensuring a positive and safe environment where children are concerned.

2.3 MCH further recognises its responsibility to protect children; to recognise the possible signs of abuse or neglect; and if there is cause for concern, to report these. Staff are expected to know what action to take if they observe, suspect or receive reports of possible harm.

## 3.0 Aims

The main aims of this policy are to:

- ✚ Set out the responsibilities of staff and members of the Board in relation to Child Protection issues.
- ✚ Define Child Abuse.
- ✚ Ensure that children have the right to be protected from abuse and harm at all times and in all situations.
- ✚ Ensure that all staff are aware that Child Protection is the responsibility of every adult who has involvement with children.
- ✚ Provide information on the ways in which abuse, or neglect may present in the child.

## 4.0 Responsibilities

Responsibility for developing and maintaining a child-safe environment rests with everyone at some level.

4.1 Senior managers have a duty to:

- ✚ ensure that this policy is communicated to all staff and members of the Board.
- ✚ ensure that the policy and procedures are adhered to by all staff and members of the Board.
- ✚ provide appropriate guidance and support to members of staff who report childcare. Concerns.
- ✚ maintain confidential records in relation to any allegations and the effectiveness of the response in relation to these allegations and in keeping with the terms of this policy.
- ✚ maintain communication links with the local Child Protection Committee as required.
- ✚ encourage staff to raise any concerns they have regarding child abuse.
- ✚ be responsive and supportive to any employee who so raises a concern.
- ✚ The Service Manager will be designated the 'Responsible Person' in respect of child protection issues.

4.2 All staff have a duty to:

- ✚ familiarise themselves with this policy and procedures.
- ✚ raise any concerns they have relating to child abuse at the earliest opportunity.

## 5.0 Legislative Framework

5.1 There are a number of Acts of Parliament concerned with the protection of children and young people. There are also several important documents which contain guidance for statutory and voluntary agencies.

5.2 The main provisions are as follows:

- ✚ United Nations Convention on the Rights of the Child (1989)
- ✚ Children (Scotland) Act (1995)
- ✚ Protection of Children (Scotland ) Act (2003)
- ✚ The Children and Young People (Scotland) Act (2014)
- ✚ Protecting Children- A Shared Responsibility, Guidance on Inter-Agency Co-operation, Scottish Office (1998)
- ✚ *'It's everyone's job to make sure I'm alright'*, Child Protection Audit and Review, Scottish Executive (2002)
- ✚ Protecting Children and Young People: Framework for Standards, Scottish Executive (2004)
- ✚ Children's Charter, Scottish Executive (2004).

5.3 The key messages from legislation and guidance are:

- ✚ Everyone has a responsibility to protect children and young people.
- ✚ Every child has at all times a right to feel safe and protected from any situation or practice which could result in the child being physically or emotionally harmed.
- ✚ Above all, the welfare of the child is the paramount consideration and we must all work together to ensure children and young people are protected.

## 6.0 Definitions

### 6.1 Who do we mean by a 'child'?

6.1.1 In the UK there is not a law that defines what the age of a child is. The UN Convention on the Rights of the Child states that a child 'means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier'. This was ratified by the UK government in 1991, which means they agree to be legally bound by it. For the purposes of this policy a child is defined as being under 18 years of age.

### 6.2 What is child abuse?

6.2.1 The formal definition of abuse is:

*'Children may be in need of protection where their basic needs are not being met, in a manner appropriate to their age and stage of development, and they will be at risk through avoidable acts of commission or omission on the part of their parent(s), sibling(s) or other relative(s), or a carer (i.e. the person while not a parent who has actual custody of the child).'*<sup>1</sup>

6.2.2 This is a broad definition which includes placing children at risk as a result of something a person has done to them or something a person is failing to do for them. The definition will hopefully encourage us to be open-minded and think about a wide range of behaviours and actions which may be harmful to children.

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<sup>1</sup> 'Protecting Children A Shared Responsibility- Guidance on Inter-Agency Co-operation (The Scottish Office, 1998)

6.2.3 The following definitions show some of the ways in which abuse may be experienced by a child but are not exhaustive, as the individual circumstances of abuse will vary from child to child.

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#### 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.

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

#### 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.

### 6.3 What is child protection?

6.3.1 Child protection means protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a *likelihood* or *risk* of significant harm from abuse or neglect.

### 7.0 Alerting Signs of Child Abuse

7.1 It is important that any such lists are not considered as completely definitive or exhaustive. The information in such lists has to be used **in the context of the child's whole situation** and in combination with a range of other information in relation to the child and his/her circumstances. Some behaviour, e.g. covering arms/legs in hot weather and avoidance of swimming/PE may be due

to sensible precautions against sunburn or cultural issues about dress/changing etc. There can be an overlap between all the different forms of child abuse, and all or several can coexist.

## 7.2 Physical Abuse

Signs of possible physical abuse:

- ✚ Unexplained injuries or burns, particularly if they are recurrent.
- ✚ Improbable excuses given to explain injuries.
- ✚ Refusal to discuss injuries.
- ✚ Untreated injuries, or delay in reporting or seeking treatment for them.
- ✚ Excessive physical punishment.
- ✚ Fear of returning home.
- ✚ Arms and legs kept covered in hot weather.
- ✚ Avoidance of swimming, P.E. etc.
- ✚ Aggression towards others.
- ✚ Running away.
- ✚ Frequent attendance at Accident and Emergency Departments.

When considering the possibility of non-accidental injury, it is important to remember that the injuries may have occurred for other reasons. Among the most important:

- ✚ Genuine accidental injuries, which are common. The nature and site of the bruising relative to the child's age is important.
- ✚ Bleeding and clotting disorders
- ✚ Mongolian blue spots which occur naturally in Asian, Afro- Caribbean and Mediterranean children
- ✚ Skin disorders e.g. impetigo.
- ✚ Rare bone diseases e.g. brittle bones.
- ✚ Swelling or dislocation of the eye caused by tumour.
- ✚ Undiagnosed birth injury e.g. fractured clavicle.

## 7.3 Sexual Abuse

Not all children are able to tell parents that they have been sexually abused or victimised. Changes in behaviour may be a signal that something has happened, although these may be indicators that the child may be troubled though not necessarily about sexual abuse. The child may have some of these problems or none at all. It is the combination, frequency and duration of signs that will alert you to a problem. Try to notice all changes in usual behaviour. It is important to remember that in sexual abuse there may well be no physical or behavioural signs.

Signs of possible sexual abuse:

Behavioural

- ✚ Lack of trust in adults or over familiarity with adults.
- ✚ Fear of a particular individual.
- ✚ Social isolation - withdrawal and introversion.
- ✚ Sleep disturbance.
- ✚ Running away from home.
- ✚ Girls taking over the mothering role.
- ✚ Reluctance or refusal to participate in physical activity or to change clothes for activities.
- ✚ Low self-esteem.
- ✚ Drug, alcohol or solvent abuse.
- ✚ Display of sexual knowledge beyond child's years.
- ✚ Unusual interest in the genitals of adults or children or animals.
- ✚ Expressing affection in inappropriate ways.

- ✚ Fear of bathrooms, showers, closed doors.
- ✚ Abnormal sexualised drawing.
- ✚ Fear of medical examinations.
- ✚ Developmental regression.
- ✚ Poor peer relations.
- ✚ Over sexualised behaviour.
- ✚ Eating disorders.
- ✚ Compulsive masturbation.
- ✚ Stealing.
- ✚ Psychosomatic factors.
- ✚ Sexual promiscuity.

#### Physical/Medical

- ✚ Sleeplessness, nightmares, fear of the dark.
- ✚ Bruises, scratches, bite marks to the thighs or genital areas.
- ✚ Itch, soreness, discharge, unexplained bleeding from the rectum, vagina or penis.
- ✚ Pain on passing urine or recurrent urinary infection.
- ✚ Stained underwear.
- ✚ Unusual genital odour.
- ✚ Anxiety/depression.
- ✚ Eating disorder e.g. anorexia nervosa or bulimia.
- ✚ Discomfort/difficulty in walking or sitting.
- ✚ Pregnancy - particularly when reluctant to name father.
- ✚ Recurring urinary tract problem, vaginal infection or genital damage.
- ✚ Venereal disease/sexually transmitted diseases.
- ✚ Soiling or wetting in children who have been trained.
- ✚ Self-mutilation/suicide attempts.

#### 7.4 Non Organic Failure to Thrive

Signs of possible non-organic failure to thrive:

- ✚ Significant lack of growth.
- ✚ Weight loss.
- ✚ Hair loss.
- ✚ Poor skin or muscle tone.
- ✚ Circulatory disorders.

#### 7.5 Emotional Abuse

Signs of possible emotional abuse:

- ✚ Low self esteem.
- ✚ Continual self-deprecation.
- ✚ Sudden speech disorder.
- ✚ Significant decline in concentration.
- ✚ Socio-emotional immaturity.
- ✚ 'Neurotic' behaviour (e.g. rocking, head banging).
- ✚ Self-mutilation.
- ✚ Compulsive stealing.
- ✚ Extremes of passivity or aggression.
- ✚ Running away.
- ✚ Indiscriminate friendliness.

## Child Protection Procedures

### 1.0 General

1.1 Incidents of suspected abuse can arise in a variety of ways including disclosure by the child, observation of the child and/or carer and through information from another child/person/agency. Concerns might also be expressed by letter/telephone call/e-mail, with or without the informant's identity.

### 2.0 Initial Response

2.1 The initial response of staff toward suspicion of abuse is critical.

2.2 Staff must not give any guarantee of confidentiality to any child or person raising a concern. The child or the person should be informed that as a minimum the matter must be recorded and will be discussed with other staff with responsibility for child protection.





2.3 Initial questioning must be limited to establishing basic facts (*see 3.0 Initial Questioning below*).

2.4 Staff must not introduce personal experiences of abuse or those of others.

2.5 The matter must be immediately referred to the 'Responsible Person' within MCH or in their absence a senior member of staff (*see 4.0 Reporting Procedures below*).

### 3.0 Initial Questioning

3.1 Anyone who receives a 'disclosure' of possible abuse directly from a child or observes circumstances that cause them concern may try to establish the basic facts before referring the matter further. It is crucial that this initial fact finding does not influence what the child says, therefore staff must follow the following guidance in the questioning of children:

-  Only ask enough questions to gain basic information.
-  Take the disclosure seriously and offer support.
-  Avoid leading questions.
-  Use open-ended questions.

### 4.0 Reporting and Recording Procedures

4.1 All staff members of MCH have a duty to report any concerns regarding the welfare of a child to the designated 'Responsible Person' within the organisation, in the first instance, with or without the consent of the individual concerned.

4.2 For the purposes of this policy the 'Responsible Person' is the Service Manager. Where the Service Manager is not available, the member of staff should report concerns to another senior member of staff. In the event that contact cannot be made with a senior member of staff, the member of staff should not delay but should contact one of the Core Agencies (*see Appendix 1*) directly. This will usually be Social Work (Children and Families) or the Police.

4.3 If a member of staff continues to have concerns, despite the reassurances of a senior member of staff, they should make a direct referral to one of the Core Agencies (*see Appendix 1*).

4.4 The staff member must record accurately the nature of the concern, or what has been told, or what has been witnessed by completing an Incident Report as soon as possible as detailed in the *Incident Reporting Policy and Procedure*.

4.5 If suspicions arise because of something a child has said the member of staff will record the facts as accurately as possible using the child's own words, noting questions asked of the child and responses obtained. This will be signed and dated on the same day and a copy retained.

4.6 Staff should record the time/date they pass their concerns to the 'Responsible Person' within MCH or to another senior member of staff.

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4.7 Records must be signed and dated and kept securely in line with the Data Protection Act (1998).

## **5.0 Making a Child Protection Referral**

5.1 A Child Protection Referral is the process by which anyone who knows or suspects that a child has suffered, is suffering or is at risk of abuse notifies one or more of the Core Agencies (Health, Social Work (Children and Families) and Police).

5.2 It is the role of these agencies to assess the situation, investigate where necessary and ensure the help the child needs is provided, when they need it.

5.3 Where a member of staff knows or suspects that a child has suffered, is suffering or is at risk of abuse, the 'Responsible Person' (Service Manager) or other senior member of staff will make a Child Protection Referral without delay.

5.4 In circumstances where it has not been possible to consult with the 'Responsible Person' or another senior member of staff, the member of staff themselves will make a Child Protection Referral without delay.

5.5 The 'Responsible Person' or any other member of staff who makes a Child Protection Referral should record the time/date of any referral made to one of the Core Agencies, to whom the referral was made, any decisions/advice and the time of any response from the Core Agency.

## **6.0 Information Required**

6.1 Where only some information is known, a Child Protection Referral should not be delayed. Prompt referral of concerns to the Core Agencies can significantly reduce the likelihood of harm to a child.

6.2 The following information should be passed to the Core Agencies when making a referral:

- ✚ Why there are concerns.
- ✚ If it is believed that the child is in imminent danger.
- ✚ If there are any other children who may also be at risk.
- ✚ Name, designation and name of agency (along with contact details) of the person making the referral.
- ✚ The child's full name, age, date of birth and address.
- ✚ Any adults who have care of the child.
- ✚ Who it is thought may have harmed the child or may pose a risk to them, why this is so, and when it may have happened.
- ✚ The name of the person receiving the referral in the relevant core agency should always be requested and a record of this kept.

## **7.0 Advice**

7.1 The Core Agencies encourage professionals, carers and the public alike to contact them for advice regarding concerns they may have regarding children. However, it must be clearly understood that if in the examination of circumstances during this process it becomes apparent the matter needs further action, this contact will be deemed to be a formal referral and the agencies will require all available information to be passed to them.

## **8.0 Dealing with allegations of suspected abuse against a staff member**

8.1 In all circumstances where allegations are made against a staff member the matter must be treated seriously and the response must be prompt.



8.2 Anyone who either suspects, witnesses or receives a disclosure of suspected abuse by a member of staff must inform the Service Manager or in their absence, another senior manager immediately.

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8.3 The senior manager may make initial enquiries to establish the broad nature of the allegations. These enquiries should not go beyond trying to establish the basic details of the allegation being made.

8.4 The senior manager will contact one or more of the Core Agencies as soon as possible who will consider whether the matter constitutes a Child Protection Referral.

8.5 Consideration should be given at an early stage as to whether or not the employee should be suspended from duty pending the investigation or whether some other measure (e.g. temporary redeployment) is required. At all times the paramount consideration will be the protection of clients and children.

8.6 The staff member who is the subject of the allegation will not be interviewed concerning the matter prior to a decision being made by the Core Agencies as to whether the matter warrants a child protection investigation.

8.7 The implementation of Child Protection Procedures and the conduct of any criminal investigation will take precedence over disciplinary or other internal procedures.

8.8 Internal disciplinary procedures may proceed independently of any Police/Social Work investigation but interviews of the child/children concerned will not be carried out without consultation with Police/Social Work (Children and Families).

## Appendix 1 Core Agencies – contact details

### City of Edinburgh Council

Children & Families Social Care Direct: 0131 200 2327

Emergency Social Work Service: 0800 731 6969

Website: [www.edinburgh.gov.uk](http://www.edinburgh.gov.uk) (Link: Social Care)

### Midlothian Council 0131 270 7500

#### Social Work

Children & Families: 0131 271 3860

Emergency Social Work Service: 0800 731 6969

Website: [www.midlothian.gov.uk](http://www.midlothian.gov.uk) (Link: Child Protection in Midlothian)

### East Lothian Council 01620 827 827

#### Social Work

Children's Services Duty Social Work Team: 01875 824 090

Emergency Social Work Service: 0800 731 6969

Website: [www.eastlothian.gov.uk](http://www.eastlothian.gov.uk) (Link: Children's services)

### Scottish Borders

Berwickshire (covers Duns, Eyemouth, Greenlaw) - Tel: 01361 886115

Cheviot (covers Kelso, Jedburgh) - Tel: 01573 227421

Eildon (covers Galashiels, Selkirk, Lauder) - Tel: 01896 664158

Teviot and Liddesdale (covers Hawick, Newcastleton) - Tel: 01450 364777

Tweeddale (covers Peebles, Innerleithen) -Tel: 01721 726310

Emergency Social Work Service 01896 752111.

## **Police**

### **Force Communication Centre (FCC)**

Tel: 0131 311 3131

Out of hours ask for the Duty Inspector

### **Family Protection Unit**

Dalkeith Police Station,  
Divisional Headquarters,  
Newbattle Road,  
Dalkeith,  
EH22 1DY  
Tel: 0131 654 5528

## **Health**

### **Paediatrician on call for Child Protection**

NHS Lothian, (contact from 9-5pm Mon-Fri)

Tel: 0131 536 8107

Out of hours: 0131 536 0000 and ask for the 'paediatrician on call'

### **Nurse Consultant for Vulnerable Children**

NHS Lothian

Tel: 0131 316 6634

### **Children Services**

Midlothian Children's Services duty team on 0131 271 3860 (office hours) or 0800 731 6969 (out of hours).

East Lothian Children's Wellbeing assessment team by calling 01875 824 309 (Mon - Thu 9am-5pm and Fri 9am-4pm);

### **Scottish Children's Reporter**

1 Fountainhall Road Edinburgh EH9 2NL

Phone Edinburgh, Mid/East Lothian and Scottish Borders teams 0300 200 1666

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**Company Intranet – Staff Zone:** All the McSence Groups policies, procedures, handbooks are available on-line to all employees on the McSence Group’s Staff Zone Intranet via our website [Login](#) | [McSence](#)

**Compliance:** Failure to comply with the provisions of this Policy may result in Disciplinary proceedings where as an employee of McSence Group, I understand that if I choose not to participate in or follow this policy’s guidelines, my refusal may be grounds for termination.



*McSence Group Signatory:*

**David Maxwell | Chief Executive | McSence Group**

**T:** 0131 454 1500 | **E:** [mail@mcsence.co.uk](mailto:mail@mcsence.co.uk) | **W:** [www.mcsence.co.uk](http://www.mcsence.co.uk) | **FB:** [www.facebook.com/McSenceGroup](http://www.facebook.com/McSenceGroup)

***Policy Amendments & Revisions:** This policy will be reviewed annually and, if necessary, revised in the light of legislative or organisational changes. Improvements will be made by learning from experience and the use of an established annual review. Should any amendments, revisions, or updates be made to this policy it is the responsibility of the Company Senior Management Team (SMT) to see that all relevant employees receive notice and training if necessary.*