



newsletter

Newsletter – January / February - Term 3 2022



“Together we make a family!”

Follow us on Instagram and Facebook!



Two great ways for you to keep up to date with all the latest news from the KingsWellies gang!

Happy New Year and a HUGE thank you!

Happy new year to all of our children, parents, friends and staff! We really hope that you enjoyed a lovely festive period! We are all really glad to be back at nursery and are looking forward to a **jam-packed third term!**

We would also like to say a massive thank you to all of our parents, children and families for your generosity over Xmas. We received a huge amount of lovely presents which were shared with all staff. Everyone went home with presents to enjoy. This was extremely generous of you and MUCH appreciated!

Many thanks also for your kind donations towards Mission Christmas. We managed to fill 4 WHOLE boxes of toys to donate. The generosity that has been shown over Mission Christmas is AMAZING!!

This year, a record number of children in the local area benefited from your generosity with North Sound Radio distributing thousands of presents.

December and January Highlights

We did not stop in December. We had sooo much on! We loved our Xmas parties and visits from Santa. We were also very busy learning all about Robert Burns and our home nation of Scotland.



KingsWellies Parent Council

Our Parent Council will continue to meet once per term. Due to Covid, this is still being done remotely. PLEASE bring to our attention any issues that you would like us to include on the agenda for this term's meeting. Many thanks. Marcia will be in touch soon.

Extra-Curricular Activities

Please see our timetable below for your information. We are pleased to welcome our specialists back in March. Would you like to see anything else added to our timetable? Please let us know.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>AM –</u> Yoga Beans and Jellies		<u>Flashdance</u> Tots and Beans/Jellies 9.45am- 10.45 am	<u>Moo Music</u> Babies and Tots 9.30-11am	<u>Kids Rock</u> Beans and Jellies 9.20 am – 10.50am (Every 2 nd week)
<u>PM-</u>	<u>Kids Rock</u> Babies and Tots 1.20pm- 2.50pm (Every 2 nd week)		<u>French</u> Beans and Jellies 1.00pm-3.00pm	

Chinese New Year

We have been extremely busy celebrating the Year Of The Tiger. We even opened our very own Chinese take away – KINGS-WOK-AWAY. It was a great success. Our chefs cooked up a storm and fed the entire nursery. A lovely tasty afternoon treat!





The Scottish Daily Mile

We will continue to aim for all of our children to walk, jog or run for at least 15 minutes each day. Most children can average around a mile in that time! Keep going gang!

Charities

We will be fully involving our Pre-School Charities Committee to help us to plan our campaigns for the coming year. If you would like to nominate a particular charity for us to focus on, please let us know.



Staff Training Update

Individual staff will continue to attend a variety of very valuable training courses.

We work hard to ensure that all staff are confident, competent and knowledgeable and that we keep up to date with all new developments. Staff all meet monthly for a series of collegiate meetings and all staff participate in a very comprehensive continual professional development programme. 90% of our staff have achieved are/or working towards accredited SVQ qualifications also.



Staff will all be participating in Educational Psychology training with Jennifer Sutherland. We have added an extra training session in for february. This will focus on the importance of NURTURE and attachment.



We will also be focusing on outdoor education this term. This is one of the main priorities within our Improvement Plan. We will keep you informed of our progress. Have you got any ideas on how to better improve our outdoor playground area? We will be asking our children too.

Room Transitions

Transitions to the next room will be planned depending on the individual child's needs. Room staff will discuss all transitions in depth with you in plenty of time.



Topics for this term

Over the next few weeks, we will be focusing on a variety of topics in our playrooms. These will include:

- **KINDNESS – Are you a bucket filler or a bucket dipper?**
- The Scottish Daily Mile - we aim to jog, run or walk for up to 15 minutes every day!
- Winter, Frost, The Arctic, Weather – LOTS of Science experiments!
- Child-led improvement groups – Eco Group, Charities Group and Buddies Group will continue to work hard
- New beginnings, Time, Months of the year, Birthdays
- All about me and my family and friends
- Rules, Rights and Responsibilities – **Who do we have rules? What can we do better? We will be revising our Nursery Golden Rules.**
- LOTS of Reflection Time in our interest groups; talking about our learning and what we would like to learn with our key workers
- Chinese New Year – The Year of the Tiger.
- Winter Olympics
- Grow well choices – making healthy decisions
- Makaton – we are getting good at using this sign language!
- 11th February – Make a Friend Day
- 14th February – Valentine's Day
- 17th February – Random Acts of Kindness Day. What could we do?
- 20th February – **Love your pet day!**
- 22nd February – International World Thinking Day
- 26th February – Tell a fairy tale day. **Bring in your favourite fairy tales!**
- 28th February – Floral Design Day
- 1st March – St David's Day (Wales)
- 1st March – Pancake day
- 1st March – Food waste action week – Our ECO group are going to be busy!
- 3rd March – World book day
- 6th March – Dentist day
- 17th March – St Patrick's day (Ireland)
- 20th March – world storytelling day
- 21st March – World down syndrome day

- 22nd March – world water day
- 25th March – wear a hat day (brain tumour awareness)
- 27th March – Mother's day
- 1st April – April Fools day
- Literacy, Numeracy and Health and Wellbeing – LOTS of exciting learning opportunities.

Staffing Update

We bid a very sad farewell to Kerryn who has moved on to a job within the oil industry. We wish her the very best for her future. We would like to very much welcome Leah in to our office. She will be working alongside Katelyn on a job-share basis. We have also welcomed Caroline and Kayleigh back (after maternity leave). Leia Thomson has joined us in the baby room and Milli Yule in the pre-school room. Steph Clark and Eibhlish Doyle have also just announced their pregnancies. Huge congratulations also to Amy Wilkins who gave birth recently to a beautiful baby boy called Findlay. We can't wait to meet him Amy! Phew – lots going on for the Wellies gang!



Amy Wilkins



Leia



Leah



Caroline Reid



Kayleigh

Pudding Our Guide Dog Puppy

We are delighted to sponsor Pudding, a guide dog puppy in training. We will follow Puddings' journey as he grows from a tiny pup into a fully qualified guide dog and transforms the life of a person with sight loss. We cannot wait to see Pudding develop and grow. Ask the Wellie Jellies all about Pudding. They have been learning all about the importance of this charity. The Wellie Jellies also have their very own Pudding puppy who has been on lots of adventures with them! The other rooms have been taking Ziggy and Patsy Cline on

adventures all over the place too! Watch out for them coming home soon and for their adventures on facebook. They have also been writing their very own storybooks to read to each other in class.

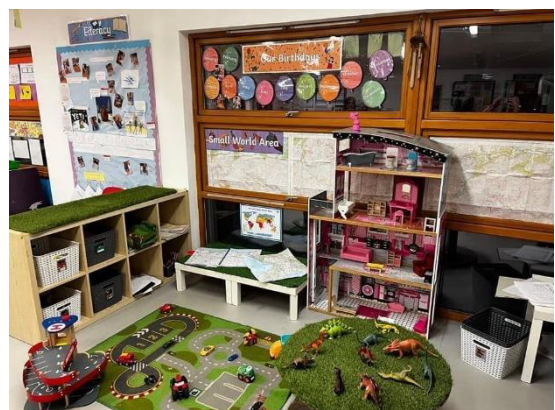


1140 Hours Funding

Application forms for funding in term 3 (from first week of April) have just been emailed to you. Scott will keep you right in applying for funding if your child has just turned three or will be turning three soon.

Enhancing our Environments

Since Covid restrictions have started to slowly lift (fingers crossed), we have been very busy enhancing our environments to get these back to pre-covid days. The children have loved designing their new areas too. What do you think? Any suggestions or junk for us?

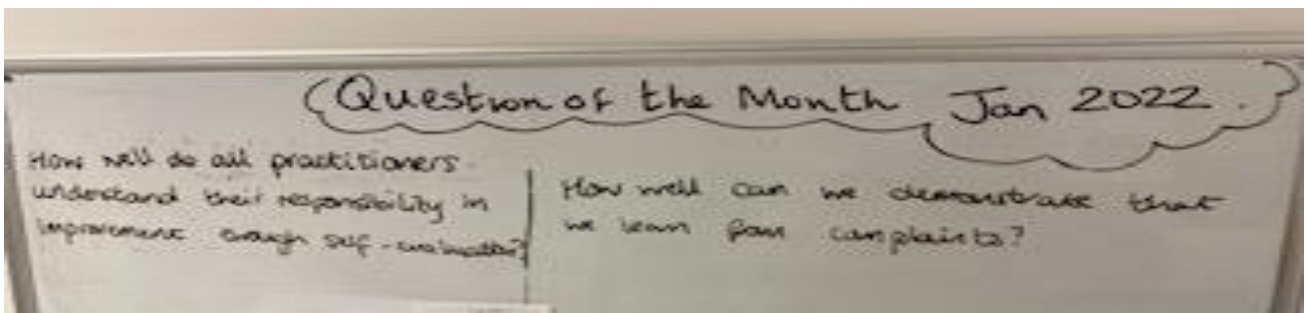




Parental Consultation – Question of the month – January 2022

Each month we strive to self-evaluate our practice because we want to be a better nursery. We also need our parents to give us feedback.

Our January 2022 question of the month comes from How Good Is Our Early Learning and Childcare. We very much value your feedback.



Please be reassured that all feedback is taken very seriously and is acted upon immediately. Individual parents are always responded to and ideas implemented immediately within the nursery environment. Unfortunately, we don't receive much feedback, but we will keep trying, as this is extremely valuable to us.

KingsWellies Policies of the Month

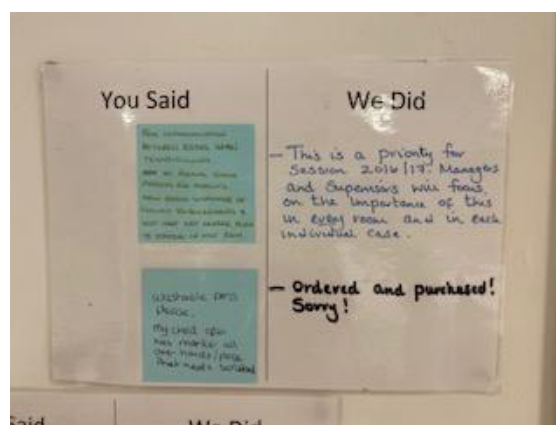
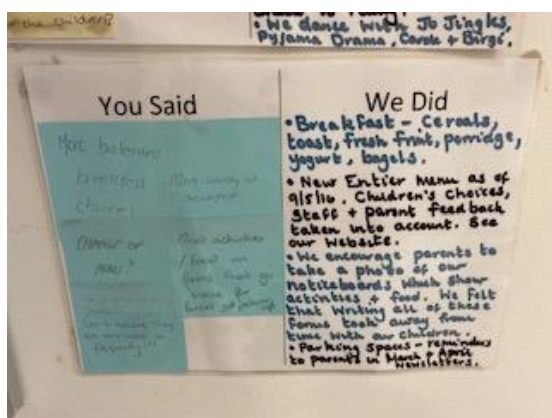
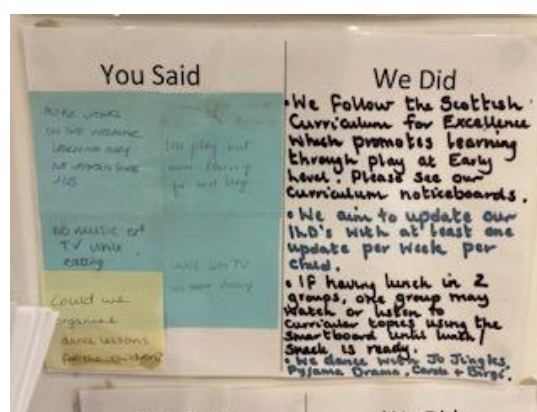
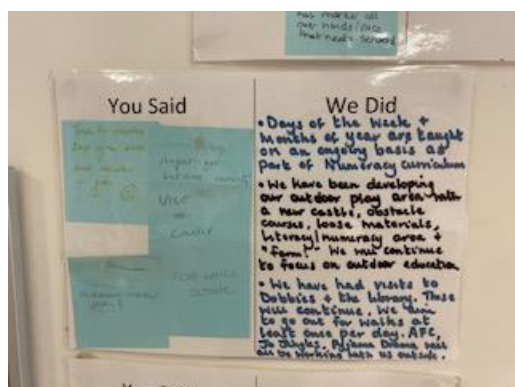
This month we would like to provide you with the opportunity to review and consult on our **Child Protection Policy** and our **Additional Support Needs and Inclusion Policy**. We hope that you find this information useful. Please give us your feedback and suggestions.

How can we improve our recruitment procedures for new staff? We really want to involve children and parents in this process too. How do you think that we could achieve this? Your feedback will shape our future priorities for improvement.

Comments, Compliments and Concerns

Please give us your feedback – good and bad. It means a lot to us! We only want to keep improving in order to provide the BEST service possible. PLEASE make us your first port of call if you have any comments or concerns. If we work together, we will be able to achieve the very best for all of our children. Many thanks.

We also have Compliments slips available in reception in relation to our staff. The staff work very hard and we all know that it is nice to hear a compliment from time to time. Many thanks to those parents who have already paid staff members a compliment. We are always looking for Workers of the Week and Workers of the Month.



Drive Carefully

Please always drive carefully and reverse park when in our car park. The speed limit is 5 miles per hour at all times. Many thanks.

If you would like this newsletter or any other documentation from nursery translated in to another language or an alternate reading format, please do not hesitate to contact us.

Wishing you a very happy Chinese New Year and a very prosperous and healthy 2022! Gong xi fa cai (Mandarin) and Gonghey Fat Choy (Cantonese)

Children with Additional Support Needs and Inclusion Policy

Published	October 2014 (V1)
Revised	Session 2017/18



Children with Additional Support Needs and Inclusion Policy

KingsWellies nursery is committed to offering a service that meets the needs of all families in the community: as such we are committed to ensuring that as far as possible our service meets the needs of all children regardless of their individual circumstances.

When working with children who have an identified additional support need, KingsWellies Nursery aims to support the family as far as possible to ensure that they have open access to our service. We aim to do this by:

- Meeting with the parent or carer of the child to identify the level of support required by the child, and to assess if the setting can meet this level of support.
- Meeting with other professionals involved with the family, for example, teachers, educational psychologists, and speech and language therapists, to identify how the setting can meet the needs of the child.
- Meeting with the child to introduce the members of staff at the setting and to get to know them. This will be done by a process of assessment whereby staff will assess the child's specific needs.
- The identification of a member of existing staff who will act as a key worker for the child, dependent upon their individual needs and level of support required.
- Initiating additional training where required for existing members of staff to enable them to meet the needs of the child.
- Integrating the child into the setting and allowing them to gain ownership of the setting.
- Implementing the use of an Individual Education Plan (IEP) or an Integrated Assessment Framework Plan (IAF) or Managing Accessibility Plan (MAP) as appropriate to the needs of the child. This will be completed in full consultation with all parents / carers and outside agencies as appropriate.

The Use of Individual Education Plans / Personal Plans

Each child will receive support from staff who respond to his or her individual needs.

1. KingsWellies staff are flexible and responsive to the children's personal, emotional educational and physical needs. They are responsive to the support needs of children and families and are sensitive to individual circumstances including disabilities.
2. KingsWellies staff will work effectively with parents, carers and children to support each individual child's development and learning.
3. KingsWellies staff will establish effective working relationships with support agencies. These may include medical services, health visitors, therapists, educational psychologists, learning support staff and social workers.
4. KingsWellies staff will draw up and put into practice individualised educational programmes (IEPs) and plans to support children and families where appropriate. They will do this in consultation with parents and carers, children and professionals.
5. KingsWellies staff are knowledgeable about, and have a clear understanding of, relevant legislation relating to children with additional support needs.
6. All KingsWellies staff have been trained in the legislation contained within Getting It Right For Every Child (GIRFEC) and this will be an ongoing requirement and improvement plan priority

Please see attached an example of an Individual Educational Plan which will be utilised with KingsWellies children as appropriate and following full consultation with parents / carers and other agencies.

The Integrated Assessment Framework (GIRFEC) model will also be implemented as necessary.

Individual Education Plan

Name:

Photo here



Start date

Review date

INDIVIDUAL EDUCATION PLAN (IEP)

For:

Home Address:

Contact telephone number:

Date of Birth:

Gender:

Nursery currently attended:

Date of entry to current Nursery:

Family information

Surname:

Other names:

Home address:

Contact telephone number:

Relationship to child :

Surname:

Other names:

Home address:

Contact telephone number:

Relationship to child:

Named person responsible for IEP

Name	Designation	Telephone number	email

Child Profile

Name:

Additional Support Needs:

Strengths:

Strategies that support:

Other plans in place:

Shared and agreed with:

Child:

Date:

Parent/carer:

Date:

Curriculum Check (as appropriate)
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Name:

Curricular area	Needs met by standard adaptation	Requires Individual plan
Maths		
Language		
Health & Well Being		
Social Subjects		
Science		
Technologies		
Expressive Arts		
Religious & Moral		

Curricular Profile	
Name:	Playroom:

<u>Additional Support Needs requiring IEP:</u>

<u>Strengths:</u>

<u>Strategies in place:</u>

Shared and agreed with:	
Child:	Date:
Parent/carer:	Date:

Child name:		Room:	Date started:		Review date:	
Supervisor:		Key Person				
Long term target:						
Short term targets:	Additional support strategies:	Resources and techniques:	Success criteria:	Evaluation:		
Anticipated difficulties		Possible solutions				

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Contact information for people contributing to the IEP:

Name:	Designation:	Telephone number:	Email:

Date of meeting:

Review / Evaluation:

Child's comments:

Parent / Carer's comments:

Next steps:

Child Protection Policy

Published Reviewed	October 2014 (V1) March 2016 (V2) March 2017 (V3) September 2020 (V4)
Revised	Session 2018/19



Reviewed in line with;

- National Framework for Child Protection Learning and Development in Scotland 2012
- National Guidance for Child Protection in Scotland 2014
- National Guidance for Coronavirus (COVID-19)

Child Protection Policy

Purpose of Policy

KingsWellies Nursery aims to provide an environment in which children and young people will feel safe, secure and cared for.

The purpose of this policy is to provide the staff and parents of KingsWellies Nursery with guidelines and support on the subject of child abuse and how they can act to assist in the protection of children in the nursery.

The policy aims to ensure that all members of staff are informed about child abuse; the forms that it can take, signs and symptoms of possible abuse and the steps that they can take in recognising and preventing child abuse.

This policy is underpinned by the UN Convention on the Rights of the Child which states in *Article 19: Protection from Abuse and Neglect*:

- Parties should take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse whilst in the care of parents, legal guardian or any other person who has the care of the child.
- Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide the necessary support for the child and those who have the care of the child, as well as other forms for prevention and for identification, reporting, referral, investigation, treatment and follow-ups of incidences of child maltreatment described heretofore, and as appropriate for judicial involvement.

It also takes account of the Aberdeen City Council Child Protection Guidelines, National Framework for Child Protection Learning and Development in Scotland (2012) and National Guidance for Child Protection in Scotland (2014).

Definitions

For child protection purposes this policy refers to any child aged 0 – 16 years (18 years for children with Additional Support Needs)

A parent is defined as any person who has parental responsibilities over a child. For example: a mother or father. We may also include in this: foster and adoptive parents and carers, including those who may have substantial care of a child.

A childcarer: these people may not have specific parental responsibilities but nonetheless have a duty of care for the child. This is inclusive of KingsWellies Nursery staff.

What is Child Abuse?

Child Abuse is the term used to describe ways in which children are intentionally or inadvertently harmed or placed at risk of harm, usually by adults, and often by people that they trust.

Categories of Abuse

- **Physical Injury:** This is defined as injury inflicted or knowingly not prevented by any person having custody or care of a child. Physical abuse is often defined by injuries that cannot be explained by the normal play activities of a child, and is defined as hitting or hurting a child on purpose.
- **Neglect:** This is defined as the wilful failure to meet the basic needs of a child, for example, not clothing, feeding or caring for a child adequately and leaving them without adequate supervision.
- **Emotional Abuse:** This is defined as any abuse or torment which would have an effect on the mental health and wellbeing of a child. Most commonly, emotional abuse is categorised as shouting at a child, making a child feel worthless, exposing a child to inappropriate behaviours, lack of boundaries and inconsistency of behaviour towards a child.
- **Sexual Abuse:** This is defined as the exploitation of children in order to meet the demands of adults or other children. Sexual abuse may include: involvement of children in masturbation, involvement of children in pornographic activity, including taking pornographic photographs and involving children in watching or viewing pornographic materials, involvement of children in sexual activity, including rape, sodomy, oral sex and sexual intercourse with a child, even with their consent.
- **Domestic Abuse:** This is defined as the abuse of one partner within an intimate or family relationship. It is the repeated, random or habitual use of intimidation to control a partner. The abuse can be physical, emotional, psychological, financial or sexual. In cases of domestic abuse where there are children, research has shown that the child is either in the same room or the next room.
- **Parental Problematic Alcohol and Drug Misuse:** Problematic parental substance use can involve alcohol and/or drug use (including prescription, as well as illegal drugs). The risks to, and impacts, on children of parents and carers who use alcohol and drugs are known and well-researched. This can also result in sustained abuse, neglect, maltreatment, behavioural problems, disruption in primary care-giving, social isolation and stigma on children. Poor parenting can impede child development through poor attachment and the capability of parents/carers to be consistent, warm and emotionally responsive to their children can be undermined.
- **Disability:** 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. Disabled children are vulnerable to the same types of abuse as their able-bodied peers. 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. Abuse of disabled children is significantly under-reported.
- **Non-engaging families:** Evidence shows that some adults will deliberately evade practitioner interventions aimed at protecting a child. In many cases of child abuse and neglect, this is a clear and deliberate strategy adopted by one or more of the adults with responsibility for the care of a child. It is also the case that the nature of child protection work can result in parents/carers behaving in a negative and hostile way towards practitioners. The terms “non-engagement” and “non-compliance” are used to describe a range of deliberate behaviour and attitudes, such as: failure to enable necessary contact (for example missing appointments) or refusing to allow access to the child or to the home; active non-compliance with the actions set out in the Child’s Plan (or Child Protection Plan contained therein); disguised non-compliance, where the parent/carer appears to co-operate without actually carrying out actions or enabling them to be effective; and threats of violence or other intimidation towards practitioners. Consideration needs to be given to determining which family member(s) is or are stopping engagement from taking place and why. For example, it may be the case that one partner is „silencing“ the other and that domestic abuse is a factor.
- **Children and young people experiencing or affected by mental health problems:** Two separate but not unconnected issues should be considered in identifying, assessing and managing the risks faced by children affected by mental health problems: children and young people who are experiencing mental health problems themselves; and children and young people whose lives are affected by the mental illness or mental health problems of a parent/carer. The emotional wellbeing of children and young people is just as important as their physical health.

Evidence also suggests that more children and young people have problems with their mental health today than 30 years ago. Changes, such as moving home or changing school, can act as triggers. Teenagers often experience emotional turmoil as their minds and bodies change and develop. Some find it hard to cope and turn to alcohol or drugs. 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.

- **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. Children and young people who have displayed harmful or problematic sexual behaviour may themselves have been or have been abused or harmed in some way. 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.
- **Female genital mutilation:** Female genital mutilation is a culture-specific abusive practice affecting some communities. It should always trigger child protection concerns. 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 performed at various ages including babies and adolescents, but 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, and in some cases can lead to death. Female genital mutilation is usually done for strong cultural reasons and this must always be kept in mind, however, cultural considerations and sensitivities should not override the professional need to take action to protect a child. Action should be taken in close collaboration with other agencies. Female genital mutilation should always be seen as a cause of significant harm and normal child protection procedures should be invoked.
- **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 murder. The type of incidents that constitute a perceived transgression include: perceived 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 pressure. A clear distinction must be 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. The tradition of arranged marriage has operated successfully within many communities for generations. In Scotland, a couple cannot be legally married unless both parties are at least 16 on the day of the wedding and are capable of understanding the nature of a marriage ceremony and of consenting to the marriage. Parental consent is not required.

- **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.
- **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 (Article 2 of the European Convention on Human Rights) is that public authorities have a responsibility to investigate the cause of a suspicious or unlawful death.
- **Ritual abuse:** Ritual abuse can be defined as organised sexual, physical, psychological abuse, which can be systematic and sustained over a long period of time. It involves the use of rituals, which may or may not be underpinned by a belief system, and often involves more than one abuser. Ritual abuse usually starts in early childhood and uses patterns of learning and development to sustain the abuse and silence the abused. The abusers concerned may be acting in concert or using an institutional framework or position of authority to abuse children. Ritual abuse may occur within a family or community, or within institutions such as residential homes and schools. Such abuse is profoundly traumatic for the children involved. Ritual abuse can also include unusual or ritualised behaviour by organised groups, sometimes associated with particular belief systems or linked to a belief in spiritual possession.
- **Abuse by organised networks or multiple abusers:** Complex cases in which a number of children are abused by the same perpetrator or multiple perpetrators may involve the following. Networks based on family or community links; Abuse can involve groups of adults within a family or a group of families, friends, neighbours and/or other social networks who act together to abuse children either „on- or offline“. Abduction; Child abduction may involve internal or external child trafficking and may happen for a number of reasons. Children cannot consent to abduction or trafficking. Institutional setting; Abuse can involve children in an institutional setting (for example, youth organisations, educational establishments and residential homes) or looked after children living away from home being abused by one or more perpetrators, including other young people. Commercial sexual exploitation.
- **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. It applies to activity within a country as well as between countries. It should also be noted that the Palermo Protocol broadens the scope of a child to under 18 and local procedures should reflect this. Children are trafficked for a number of reasons within and between countries and continents. They may be trafficked for one type of exploitation but sold into another. Forms of exploitation of child victims of trafficking include: child labour, for example, on cannabis farms; debt bondage; domestic servitude; begging; benefit fraud; drug trafficking/decoys; illegal adoptions; forced/illegal marriage; sexual abuse; and sexual exploitation. All agencies and practitioners must be aware of the issues pertaining to child trafficking and of the potential indicators of concern.

- **Child Sexual Exploitation:** The sexual exploitation of children and young people is an often hidden form of children sexual 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 (for example, food, accommodation, drugs, alcohol, cigarettes, gifts, affection). Sexual exploitation can occur through the use of technology and without the child's immediate recognition. Violence, coercion and intimidation are often common features.
- **Historical reports of abuse:** The term „historical abuse“ refers to reports 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 reports 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.
- **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 setting school, young people's unit or respite care service. Disabled children are over represented in the population of looked after children and are often placed away from home in residential care or health settings which may increase their vulnerability. 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.
- **Online and mobile phone child safety:** New technologies, digital media and the internet are an integral part of children's lives. Children and young people are increasingly accessing the internet whenever they can and wherever they are. But these new technologies also bring a variety of risks from adults and peers, 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. Children, young people, parents, carers and practitioners 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.
- **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. 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; sexual exploitation; problematic or harmful sexual behaviour; violent behaviour; and criminal activity.
- **Children and young people who are missing:** Describing a child or young person as „missing“ can cover a range of circumstances. In this context, the term „missing“ also includes children who are unseen or hidden. A child, young person or family (including unborn children) can be considered as missing in different context: 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, and Gypsy/Traveller community), health, 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.
- **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. The law is clear that society does not encourage sexual intercourse in young people under 16.

- **Bullying:** Bullying behaviour may include: name-calling, teasing, putting down or threatening; ignoring, leaving out or spreading rumours; physical assault; stealing and damaging belongings; sending abusive text, email or instant messages; making people feel like they are being bullied or fearful of being bullied; and 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.

Recognition of Child Abuse

It is not in the remit of members of staff at KingsWellies Nursery to identify the specific category of abuse that a child may be experiencing but rather to highlight any causes for concern to the appropriate person and organisations.

The following list although not exhaustive, may be indicative of some of the signs and symptoms of child abuse. It should be noted that some children may display some of these signs in times of stress, it does not necessarily mean that they are being abused.

Indicators of Abuse

- Injuries to the child that are not consistent with the normal play activities of a child, either in position or type.
- Inconsistent or unreasonable explanation of an injury by a child, parent or carer.
- Inconsistent or inappropriate behaviour such as sexually explicit remarks or actions, mood swings, uncharacteristically quiet / aggressive, severe tantrums.
- Becoming isolated socially.
- Overeating, loss of appetite, weight loss, weight gain.
- Inappropriately dressed or ill-kept and / or dirty.
- Self-inflicted injury.
- Open distrust of, or discomfort with, parent or carer.
- Delayed social development, poor language and speech.
- Excessively nervous behaviour, such as rocking or hair twisting.
- Low self-esteem.

General Indicators of Abuse, though often typical of Sexual Abuse

- Recurring abdominal pain
- Reluctance to go home
- Flinching when approached or touched.
- Recurring headaches.

Recording or Reporting of an Incident – Suspicions of Abuse

All staff should be aware that any incidents must be recorded. It is also very important for staff to communicate about matters of this kind with the Nursery Director immediately.

If a member of staff suspects that a child is under threat there are a number of steps that must be taken:

1. Inform the Nursery Director who is the named person responsible for Child Protection in the nursery. In the event that the Nursery Director is not available, staff should inform the Nursery Manager who should refer to the local authority child protection guidelines for details of their local social work area office or the out of hours telephone number.
2. Report the specific concerns that you have to the Nursery Director immediately.
3. Record your suspicions and give them to the Nursery Director. Records of suspicions must include the following information:
 - The nature of the suspicion.
 - Details of any injury.
 - Times, dates and any other relevant information
 - Dates, times and names of other adults involved with the child who may substantiate the suspicion.
 - The Nursery Director will then determine the situation and refer the case to Social Work Children and Families or the Police.

Disclosure of Abuse

If a child discloses to you that they have been abused, the member of staff should:

- Inform the child that in order to help them you have to tell your line manager. The member of staff should then tell the child who this person is and reassure the child that they can trust them and that they have done the right thing in telling you what has been going on.
- Listen to the child and note down what they say to you in their own words. It is important at this stage that you do not interrupt the child and you do not ask questions.
- Report the disclosure to the Nursery Director immediately.
- The Nursery Director will then contact the relevant agency or the police who will investigate the disclosure.
- If the Nursery Director or member of staff dealing with the situation at the time, thinks that the case is serious enough to involve Social Work Children and Families, please contact the relevant Social Work Children and Families office for the area, or contact social work out of hours service. If it is felt that the child is in immediate danger, the Nursery Director or member of staff should contact the police.
- It should be noted that if a member of staff is named in the disclosure, the member of staff should be as discrete as possible and inform the Nursery Director as soon as possible. In addition to this, if a member of staff observes another member of staff harming a child, they should report this to the Nursery Director who will act according to the Protection of Children (Scotland) Act 2003.
- If the Nursery Director is named in the disclosure, the member of staff should be discrete and contact the correct authorities such as the Social Work Department or the police immediately.
- KingsWellies Nursery recognises that it can be a traumatic experience for a member of staff to be witness to a child's disclosure of abuse: therefore all staff will be offered information on counselling services to help them through this time.

General Information on Child Protection

Child protection involves several agencies working together, these include: Children 1st, Local Authority Social Work Departments, Police and Childcare organisations.

In order to maintain the levels of protection, all persons working with children must have an Enhanced Disclosure / PVG through Disclosure Scotland and have completed an application process, interview and have 2 references. Some nurseries may also ask for a doctor's reference. All parents should be aware that members of staff attend regular child protection training in order that we keep all children safe from harm. The nursery has a duty to report any suspicions of abuse and neglect to the contacts below who have a duty to investigate such matters:

- **Reception Social Work Service – 01224 264198**
- **Children & Families Team (Central) – 01224 264199 – Duty / Senior Social Worker.**
- **Bucksburn Police – Child Protection Unit – 0845 600 5700**
- **Designated Doctor / Nurse Consultant in Child Protection – 01224 551706 (office hours)**
- **Out of hours / Urgent referrals – RACH – 0845 456 600**
- **National Child Protection Line – 0800 022 3222**

Responding to a Child who confides in you:

- Stay calm
- Do not make promises you cannot keep
- Offer reassurance and support
- Immediately tell your line manager / Nursery Director
- Record the facts and discussion in the child's own words and give a copy to your manager / Nursery Director
- Do not take control of the situation yourself
- Maintain confidentiality
- Keep records
- Talk to the right people

Child Protection Code of Conduct

KingsWellies Nursery supports the Protection of Children Scotland Act 2003 and as such all members of staff are required to abide by the code of conduct as detailed below. All Members of Staff Should:

- Play your part in helping to develop an ethos where all people matter and are treated with equality, and respect and dignity.
- Always put the care, welfare and safety needs of a child first.
- Respect a child's right to be involved in making choices and decisions which directly affect them.
- Listen attentively to any ideas and views a child wants to share with you.
- Respect a child's culture (for example, their faith and beliefs.)
- Respect a child's right to privacy and personal space.
- Respond sensitively to children who seem anxious about participating in certain activities.
- Speak to a member of staff immediately if you suspect that a child is experiencing bullying or harassment.
- Be aware of the vulnerability of some groups of children to being isolated and hurt.
- Ensure that when a child 'tells you' (sometimes through drawings and behaviour as well as words) that they are being harmed you report what you have discovered immediately to your line manager.
- Report immediately any suspicion that a child may be at risk of harm or abuse.
- Never dismiss what a child tells you as lies or exaggeration.
- Only restrain a child who is in imminent danger of inflicting harm to themselves or others.
- Never underestimate the contribution that you can make to the development of safe communities for children.

Members of Staff Should Not:

- Exaggerate or trivialise another workers concerns about a child or ignore an allegation or suspicion of abuse in the hope that it will either go away or that someone else will deal with it.
- Discuss personal issues about a child or their family with other people except where it concerns the wellbeing of the child.
- Be drawn into derogatory remarks or gestures in front of the children or young people.
- Allow a child or young person to be bullied or harmed by anyone else in the organisation.
- Allow children to swear or use sexualised language, unchallenged.

Members of Staff Should Never:

- Engage in sexually provocative games, including horseplay.
- Never allow others to, or yourself, engage in touching a child in a sexually provocative manner.
- Never make sexually suggestive comments to a child, even in fun.
- Engage in rough or physical contact unless it is permitted within the rules of a game or sports activity or conforms to the guidance on appropriate physical restraint.
- Never form inappropriate emotional or physical relationships with children.
- Harass or intimidate a child because of their age, race, gender, sexual orientation, religious belief, socio – economic status or disability.
- Unnecessarily invite or allow children to stay with you at your home.
- Where member of staff invite or allow children to enter their own homes (for example, when playing with a staff member's own children or upon request of the child's parent), this must be done with the express permission of the child's parent or carer. In addition, the member of staff should inform the Nursery Director and follow the child protection policy and code of conduct as expressed above at all times.
- **KingsWellies Nursery accepts no responsibility for the actions of its employees when they are not within their working hours. Parents and carers should be aware that where they request a member of staff to look after their children outwith nursery hours, this is done by personal arrangement and has no bearing on KingsWellies Nursery.**

Guidelines for Staff Dealing with Child Abuse

The following guidelines for dealing with disclosures have been devised to assist any member of staff who may have to respond to such a situation being brought to their attention.

Dealing with Disclosure

Receive

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said
- Take notes

Reassure

- Reassure the children, but only so far as is honest and reliable, for example, don't make any promises you may not be able to keep, like
 - *"I'll stay with you"* or
 - *"Everything will be all right"*
- Don't promise confidentiality: you may have a duty to refer.
- Do reassure and alleviate guilt, if the child refers to it. For example you could say:
 - *"You're not to blame"*
 - *"You're not the only one this sort of thing happens to"*

React

- React to the child only as it is necessary for you to establish whether or not you need to refer this matter, but don't 'interrogate' for full details.
- Do not ask leading questions, for example:
 - "*What did he do next?*" (This assumes he did it)
 - "*Did he touch your private parts?*"
- Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do ask open questions like;
 - "*Anything else to tell me?*"
 - "*And?*"
 - "*Yes?*"
- Do not criticise the perpetrator, the children may love him/her, and reconciliation may be possible
- Do not ask the child to repeat it all for another member of staff
- Explain what you have to do next and who you have to talk to'

Record

- Make some very brief notes at the time on any paper which comes to hand and write them up as soon as possible
- Do not destroy your original notes in case they are required by a court.
- Record date, time, place, any noticeable non-verbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used rather than translating them
- Draw a diagram to indicate the position of any bruising
- Record statements and observable things, rather than you interpretations or assumptions.

Remember

- To follow the Nursery guidelines

Relax

- Try to get some support for yourself if you need it.

Education Procedures for the Management of Cases of Child Abuse or Child Protection coming to the Notice of Education Staff

Extract from the NESPC Child Protection Guidelines – Chapter 2, Education Section

1. All educational establishments (this to include Community Education) should designate a senior member of staff as responsible for co-ordinating action on child abuse within the establishment. Referrals should normally be through this designated person but every employee has the responsibility to make a direct referral if this is necessary.
2. Any member of staff suspecting or identifying child abuse, should, without delay, contact the designated member of staff. If contacting the designated person implies delay beyond the end of the school day or community education session, an assessment should be made of the child's safety and, if necessary, a direct referral should be made.
3. Where the designated member of staff judges that there is evidence of abuse or potential danger to a child then he/she must ensure that Social Work is contacted (this to include discussion as to how parents are engaged). It is important that all staff understand that investigation only needs to establish evidence of the need to investigate abuse. A full inquiry by Education staff must be avoided because collection of evidence is a specialist Police/Social Work role. Inappropriate inquiries may prevent successful prosecution.
4. If it considered that the child required immediate medical attention, contact the School Health Visitor, School Doctor, GP, Royal Aberdeen Children's Hospital or Local Hospital as appropriate. If there is a view that the child may risk further abuse if returned home, the Police and Social Work must be informed as soon as possible and preferably well before the end of the day.
5. When the designated member of staff considers that further investigation is required before suspicions can be confirmed or rejected, he/she can contact social work any other agency who may be able to assist in any such inquiries or who may have information about the child or family. In particular the School Health Visitor and in Aberdeen the HOME – School Liaison Officer, but also including the child's General Practitioner and, if actively involved in the case, Educational Psychologist.
6. A Head of Establishment may, of course, at any time draw to the attention of the Reporter to the Children's Panel the circumstances of a child who is believed to be in need of compulsory measures of care.
7. In all cases, incidents should be logged, action taken and recorded in written form.

A copy of any such report should be forwarded to the Education Officer designated for the establishment.

8. The Educational Psychology Service should name a psychologist responsible for each administrative area or group in the Authority.
9. It is essential to maintain strict confidentiality in all child protection matters. Breach of confidentiality is a serious disciplinary matter and must be reported immediately to the line manager.
10. The Head of Establishment/ designated member of staff should:
 - a. Ensure that all the staff, including new staff, on an ongoing basis, are made familiar with the contents of the Local authority Child Protection Policy and establishment Child Protection Policy.
 - b. Consider the planning of curricular provision designed to help children become good parents.

- c. Consider in the planning of any curricular provision designed around, for example, social and life skills, elements related to self-protection from risk of abuse.
- 11. It is possible that employees are implicated in abuse. Indeed, any adult or child may be an abuser and research shows that some abuse may be perpetrated by women or men, or women and men acting in partnership. Disclosure should not be discounted because of the status or role of the alleged abuser.

RECORD OF CHILD PROTECTION INCIDENT SHEET

Establishment

Designated Staff

Name of ChildDOB Gender

Date

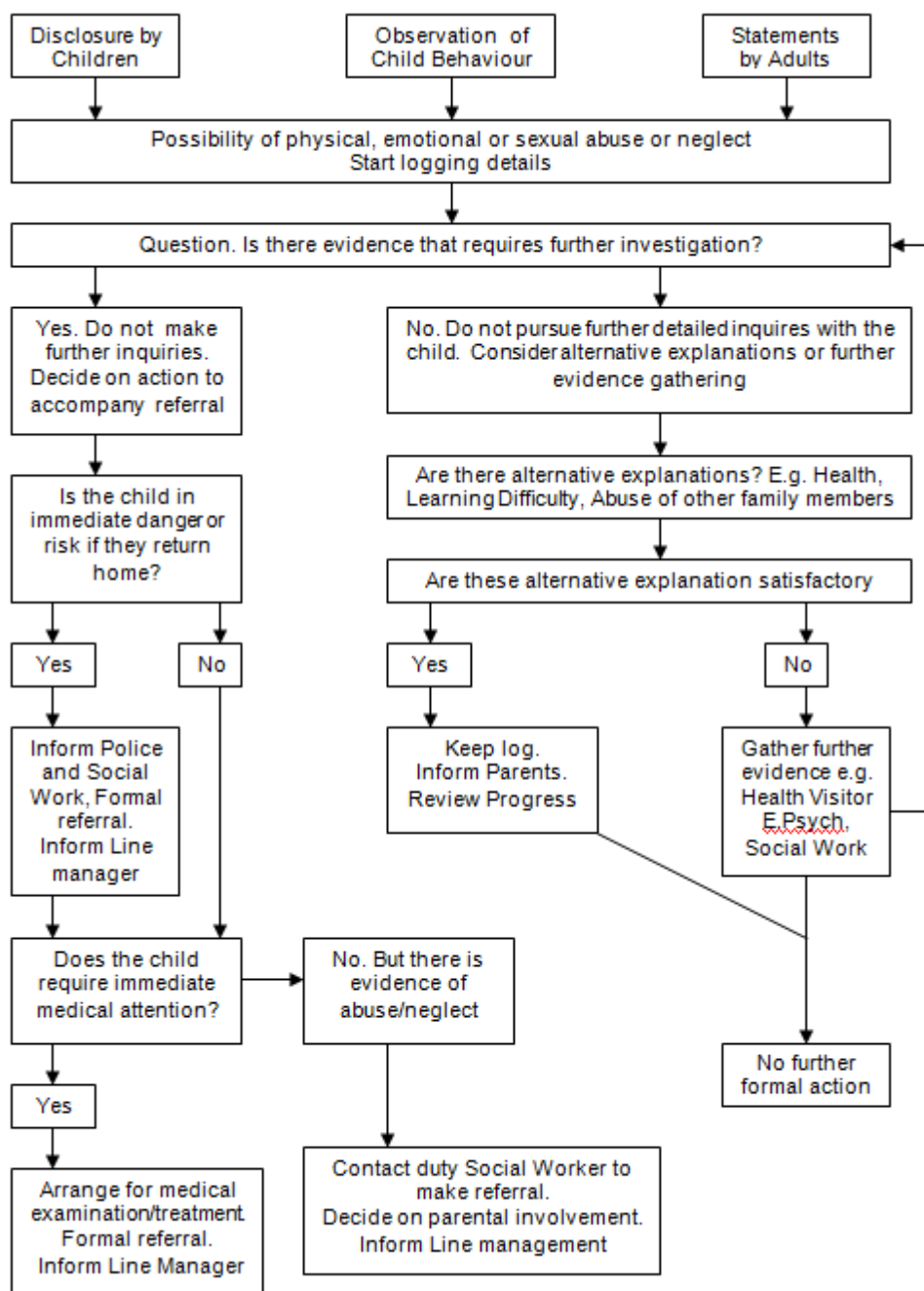
Incident

Action Taken

Child Protection Flowchart

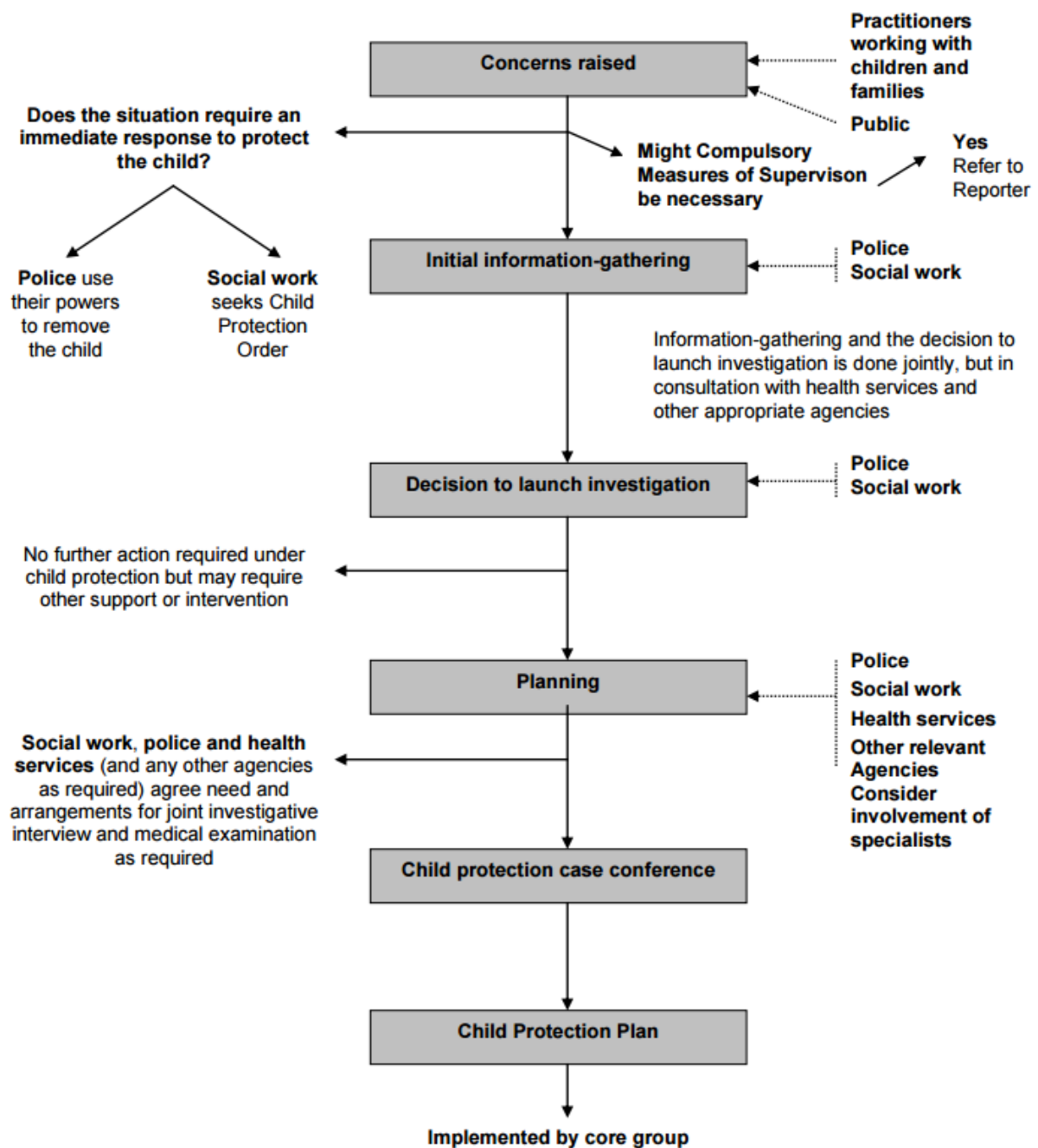
This chart is to be used as a guide to the organisational procedures for The Protection of Children. For further information please refer to the KingsWellies Policy for Child Protection and the local authority Child Protection Guidelines.

Taken from NESPC Child Protection Guidelines.



Responding To Concerns about Children

The process of responding to child protection concerns in diagrammatic form can be represented in the following way. However, it should be noted that at any stage, the process may be stopped if it is felt emergency measures are required to protect the child or no further response under child protection is necessary.



Letter from Deputy First Minister on supplementary national child protection guidance

31 March 2020

Dear Colleague,

CORONAVIRUS (COVID-19) SUPPLEMENTARY NATIONAL CHILD PROTECTION GUIDANCE

We write at a time of great challenge, when leaders, managers and practitioners across children's services are dealing with unprecedented circumstances as a result of Covid-19. We want to thank you for your work in preparing and responding to the pandemic and very much value your leadership at this exceptional time.

We are likely to see a rise in child protection concerns and child protection caseloads due to the impacts of the pandemic on families and wider society. New stresses arising from Early Learning and Childcare, school and business closures, family confinement and isolation alongside physical and psychological health impacts, could be a trigger for abuse and neglect. High stress home environments will increase the likelihood of domestic abuse. We must also be alert to signs that individuals or groups are using the pandemic as an opportunity for criminal or sexual exploitation of children. This is occurring at a time when children will be less visible to a range of professionals who are normally engaged with them and when services and practitioners working with children are under acute pressure.

The rights of children do not alter during this pandemic, and nor do professional responsibilities in relation to child protection. We know that leaders responsible for the protection of children locally, have already made and continue to make, complex decisions about managing risk within the dynamic context of their evolving responses. The protection of children must continue to be prioritised during this period.

We attach Covid-19 guidance which supplements the National Guidance for Child Protection in Scotland 2014 and is intended to support the leadership already being demonstrated in this area. It has been developed in response to the issues identified by local partnerships and is provided for Chief Officers, professional leaders in children's services and Child Protection Committees, who should ensure it is taken account of within their partnerships.

The guidance reflects that child protection is part of a continuum of collaborative responsibilities upon agencies working with children. This critical area continues to require good professional judgement, based on assessment and evidence, informed by the perspectives of the team around the child, including the child and family. The guidance provides advice about streamlining current processes to take account of current challenges without compromising actions to protect children, and notes the critical role of Chief Officers in demonstrating collective leadership in the current situation. This guidance will be published on the Scottish Government website at <https://www.gov.scot/publications/coronavirus-covid-19-supplementary-national-childprotection-guidance>. It will be kept under review and updated as necessary as the pandemic develops in discussion with stakeholders. We would welcome continued dialogue with you, particularly in relation to further issues that may emerge, to assist us identify where additional actions or support may be needed. Please get in touch by email at Child_Protection@gov.scot

We know that a range of innovative practice is already emerging across local areas and professional networks are encouraged to share their developing approaches. Examples of local Covid-19 operational guidance are available on the Social Work Scotland website at <https://socialworkscotland.org/latest-updates-on-covid-19/> and the Covid-19 protection and

safeguarding plans of a number of areas are also accessible to Directors of Education and Children's Services through the ADES website. We do not underestimate the scale of the challenge at the current time, and would like to reiterate that support is on offer from the Scottish Government and national agencies to local areas if needed.

Lastly, you will be aware that the Scottish Government had planned to launch a public consultation on updated National Child Protection Guidance next month. This is clearly now not possible, but we are still considering publishing the new draft guidance in coming weeks, in order to share thinking about best practice, and as a prelude to subsequent consultation.

These are unprecedented times, but good professional judgement and good practice will help keep Scotland's children safe.

JOHN SWINNEY

Coronavirus (COVID-19):

**Supplementary National Child
Protection Guidance for Chief
Officers, Chief Social Work
Officers and Child Protection
Committees**

AUGUST 2020

Version Published	Current paragraph	Summary of Changes
30/3/2020		
16/4/2020	<p>26 Social care assessments</p> <p>28 Arrangements for Joint Paediatric/Forensic Medical Examinations</p> <p>30 Child Assessment and Child Protection orders Compulsory</p> <p>31 supervision orders, secure care and place of safety placements</p> <p>37 Aspects of the organisation of Children's Hearings</p> <p>49-50 Engagement with children and families who are self-isolating or shielding a child or carer</p> <p>Updated references</p>	
1/6/2020	<p>13-15 Domestic abuse</p> <p>40 Operation of Children's Hearings</p> <p>25 & 47 Guidance for social workers on home visits and direct contact interviews with service users Guidance for staff in residential child care, and on coronavirus testing for children being moved between or to new care placements</p> <p>48 Guidance regarding adult support and protection Updated</p> <p>54 references</p>	
31/8/2020	<p>4 - 6 Updated to acknowledge the relaxation of restrictions, and the need for planning for local lockdowns. Updated</p> <p>38-40 arrangements regarding the organisation of Children's Hearings.</p> <p>49 Paragraph removed, as the guidance on shielding has been paused.</p>	

Coronavirus (COVID-19): Supplementary guidance for Chief Officers, Chief Social Work Officers and Child Protection Committees regarding Child Protection

Purpose

1. This document provides supplementary guidance on child protection measures in relation to the Covid-19 outbreak. It is provided for Chief Officers, professional leaders in children's services and Child Protection Committees, who should ensure it is taken account of within local partnerships.
2. This supplementary guidance should be read alongside associated information that has been published in response to the outbreakⁱ. It may be updated as the pandemic develops.

Child Protection during the Covid-19 outbreak

3. Child protection is part of a continuum of collaborative responsibilities upon agencies working with children, which commences pre-birth. It requires good professional judgement, based on assessment and evidence, informed by the perspectives of the team around the child, including the child and family.
4. It is clear that there are additional pressures across maternity and children's services as a consequence of the Covid-19 outbreak. While lockdown restrictions are being relaxed as part of Scotland's route map, some restrictions remain in place, and there is the continuing likelihood of local lockdowns. Further, the impact of the pandemic and the consequent restrictions are likely to impact on children, families and services for some time.
5. It is therefore necessary to continue to consider how we streamline service delivery and management processes, without compromising our actions to protect children. This includes the need for local planning, to take account of the possibility of future local lockdowns.
6. It is likely that the vulnerability of some children will have increased because of the additional pressures placed on families and communities by the Covid-19 outbreak. This may mean that some children could be at risk of harm and neglect, where that would not otherwise have been the case. Children may have been exposed to more risks online. We should also be alert to signs that individuals or groups are using the current crisis as an opportunity for the criminal or sexual exploitation of children.
7. Further, lockdown can create circumstances where instances of domestic abuse and coercive control may increase in frequency.
8. Local Child Protection Committees are taking action to ensure that children are protected. This should involve all of the key agencies, and include consideration of any necessary enhancements to local processes, and the communication of these changes to the workforce and wider community. ADES and Social Work Scotland provide examples of these communicationsⁱⁱ.
9. It may be that CPCs should consider and adopt streamlined governance mechanisms to support continuing effective decision making during the pandemic.
10. Chief Officers should also ensure that contingency plans are in place, should any key personnel be absent from work or otherwise unable to fulfil their responsibilities.
11. Critically, Chief Officers should evidence collective leadership in the current situation, making collaborative decisions when there may be an impact on partner services, and operating to agreed processes, thresholds and assessments of risk. It will not be helpful for example, if one service routinely responds to risk by increasing referrals to a partner service, without consideration of the impact.

12. All Chief Officers should ensure that child protection services continue to be adequately resourced. Although agencies will face many increasing demands in coming months, the protection of children has to remain an overriding priority.

Domestic Abuse

13. The restrictions on movement because of the pandemic create new risks to women and children experiencing or recovering from domestic abuse and other forms of gender based violence. As set out in additional guidance issued during the outbreak^v, these include the perception that specialist and statutory services are not operating or doing so with a reduced reach, so there is no-where to turn for support; the lack of physical access to normal social networks; barriers caused through dependence on telephone and online communications (e.g. fears around privacy); financial dependencies exacerbated by economic impacts of the pandemic; and increased access by perpetrators to women, children and young people either through them being locked down together or through the efforts of perpetrators to exert control through the lens of the pandemic.
14. In the context of the previous statement, abusive behaviours may be perpetrated through the exploitation of contact arrangements for children where the mother and her children are living apart from the offending parent.
15. Agencies and practitioners working with children and families should maintain and develop their awareness of the dynamics of coercive control, ensure that they prioritise the needs of the non-offending parent and her children, continue to apply the approach outlined in 'Equally Safe: Scotland's strategy to eradicate violence against women'^{iv}, and continue to take appropriate measures to ensure the protection of women and their children. Agencies and practitioners should seek to work closely with their local specialist services (e.g. women's aid) and engage with their local violence against women partnership.

Self-care, support and supervision of staff

16. The support and supervision of practitioners is always important, but it is particularly so in these challenging times.
17. All practitioners involved in child protection should ensure that whatever the urgency of each situation, they follow guidance on protecting their own health and that of service users.
18. It is recognised that management support and direction may need to include new and innovative approaches, but we should ensure that:
- Agencies continue to take measures to ensure accountability for staff practice.
 - Practice in individual case work, continues to be monitored and reflected on.
 - The wellbeing of staff is a constant feature of local management processes.

Enhancements to processes

19. As stated above, local Child Protection Committees should consider and communicate necessary enhancements to local practice and procedures. This guidance provides advice regarding the enhancements that may be necessary.
- a. Named person or point of contact
20. The most effective protection of children continues to involve early support within the family, before urgent action is needed. The ongoing support of a named person or first point of contact will be more important than ever. Parents and carers should be clear about how they can get

advice or raise concerns in relation to their children, especially if the customary named person or point of contact is not available.

b. Information Sharing

21. The local protocols for sharing information and raising child protection concerns should not change. Where any person becomes aware of the risk of significant harm to a child from abuse or neglect, then Police (if the danger is imminent) or Social Work should be alerted without delay.

c. Inter-agency referral discussion

22. An Inter-agency Referral Discussion (IRD) should continue to be the formal starting point for the process of information sharing, assessment, analysis and decision making following a reported concern about abuse or neglect of a child. The decision to convene an IRD can be made by Police, Health or Social Work.
23. The IRD does not need to involve face-to-face meetings, and e-IRD, secure email, telephone discussion and tele-conferencing are all appropriate. Key practitioners in Police, Social Work and Health must be involved, and information should be sought from other agencies, including appropriate staff from schools or the Education service.
24. As ever, where there is the likelihood of immediate risk or significant harm to a child, intervention should not be delayed pending receipt of information. Agencies should take necessary immediate action.

d. Investigation and assessment

25. When, following Inter-agency Referral Discussion, a child protection investigation is required, the child's immediate experience and needs must be ascertained. Direct contact with the child and an understanding of their living environment remains essential. Guidance for social workersⁱ sets out how this can be managed safely.
26. If considered appropriate and if there is good reason in order to take action and access services promptly, assessments can be undertaken using the partial assessment format that is enabled by the Coronavirus Act 2020 and described in the guidance: Coronavirus (COVID 19): Changes to Social Care Assessmentsⁱ.
27. Where the IRD leads to a decision to undertake a medical examination, health colleagues should ensure that this is carried out in a clinically appropriate time scale.
28. There is no change to the arrangements for Joint Paediatric/Forensic Medical Examinations of children and young people.
29. Where they are required, Joint Investigative Interviews should continue to be visually recorded and undertaken by Police and Social Work together. Consideration must be given to social distancing and the emotional impact this may have.

e. Child assessment and Child protection orders

30. The Coronavirus (Scotland) Act 2020 makes changes to the provisions for Child Assessment and Child Protection Orders. These are detailed in the guidance on the Actⁱ.

f. Compulsory supervision orders, secure care and place of safety placements

31. The Coronavirus (Scotland) Act 2020 provides additional flexibility in processes for determining compulsory supervision orders, secure care and place of safety placements. This is detailed in the guidance on the Actⁱ.

g. Child Protection Planning Meetings

32. In the current circumstances, it will not often be possible for child protection planning meetings (or case conferences) to take place with all of the relevant parties meeting in the same venue at the same time. Instead, Child Protection Committees should consider other ways for such meetings to be held, using tele-conferences or new technology.
33. Where planning meetings have to be limited to core participants, other members of the team around the child should continue to be included in decision making processes, for example through telephone contact or secure email, and a record of this should be maintained. Children, parents and carers should have a choice about how or whether they participate, which could include by teleconference, email or a recorded message.
34. It remains critical, that:
- Decision-making about child protection planning is informed by relevant stakeholders, including the child and family.
 - The lead professional continues to co-ordinate the assessment and plan, and ensures actions are followed through, and communicated effectively with all members of the team around the child.
35. Child Protection Committees should ensure that means are in place for any member of the team around the child to escalate concerns, if they believe that actions are not being progressed in accordance with the child's best interests, and they feel that this has not been properly considered in the child planning process.

h. Timescales

36. While the national guidance includes timescales for child protection processes, account should be taken of the unprecedented challenges at this time, and there can be flexibility based on risk and circumstances, taking account of the need for prompt action to protect children.
37. Aspects of the organisation of Children's Hearings, including facilitating remote attendance, are addressed in the Coronavirus (Scotland) Act 2020 and detailed in the guidance on the Actⁱ.
38. Many timescales are determined by the period between meetings. Ongoing, high quality liaison between practitioners, that is documented and where the key aspects are included in an updated child's plan, will lessen the need to keep to strict timescales for meetings.
39. Timescales for many formal processes, including reporting to a Children's Hearing, can be more easily achieved by the streamlining of requirements on agencies to provide multiple reports and focus on the submission of concise, relevant and up to date information, which can be achieved with the child's plan.
40. SCRA are arranging Hearings when delay would be likely to cause significant detriment to the welfare of the child or young person or when the Hearing is necessary to meet a legal timescale or prevent an order from lapsing. Generally, other hearings are being arranged when it is practicable to do so. Hearings may be arranged with attendance in person, remote attendance by video link or a mix of the two. Children's Hearings Scotland has issued detailed guidanceⁱ for Panel Members which contains helpful information about remote hearings and how they will be conducted, which will be of use to practitioners who attend hearings and support families to take

part. There is also information on the SCRA website about virtual hearings, and the return to physical hearings.

i. Child Protection Register

41. Local authorities are responsible for maintaining a Child Protection Register for those children who are the subject of an inter-agency child protection plan. This must be kept accurate and up to date.
42. The decision to place a child's name on the register should be taken following careful consideration of the facts and circumstances. In the current situation, this decision may require to be made through multi-agency consensus rather than a meeting. This might happen at IRD or subsequently by agreement of locally identified managers in Health, Police and Social Work. In such cases, these managers should take account of the views of the team around the child, medical and other specialist advice, and the particular perspectives of the child and family. The reasons for the decision should be documented in child's plans and agency records.
43. This more flexible process should not allow any widening of the criteria for child protection registration, which continues to be that there are reasonable grounds to believe that a child has suffered or will suffer significant harm from abuse or neglect, and that a child protection plan is needed to protect and support the child.
44. There should always be a good reason for a child to continue on the register. The review process and timescale can be considered at the point of registration. De-registration should occur when a child no longer requires a child protection plan. Means should be identified to ensure that the de-registration process continues to take place timeously.

j. Keeping children safe

45. A child protection plan must set out the actions required to reduce risk for any child who is considered to be at risk of significant harm. It is these actions that protect the child.
46. It is recognised that practitioners will already be responding to the particular challenges of the Covid-19 outbreak, taking account of the child and family circumstances. For example, this might include: how parents with a drug dependency and/or mental health difficulties are accessing medication and support to maintain stability; ensuring updated safety plans are in place for women experiencing domestic abuse; being clear about how parents with a learning disability are receiving advice and consistent support to protect their children in these circumstances; and help for families experiencing poverty to access fresh food for their children.
47. As part of any child protection plan, the lead professional and/or others must always have sufficiently regular direct contact with the child and family. The guidance for social workers on home visits and direct contact interviews with service usersⁱ recognises the need for home visits and direct contact, to provide support, prevent significant harm and/or to fulfil a statutory duty.
48. Practice guidance has been issued for staff in residential child care settingsⁱ. There is also advice on coronavirus testing for children being moved between or to new care placements^v.

k. Engagement with children and families who are self-isolating

49. If a child or family member is in self-isolation, practitioners should ascertain if the individual has symptoms prior to direct contact. It may become necessary to defer some home visits and alternative arrangements can be put in place, such as telephone and email contact or the use of appropriate applications on mobile devices.

50. However, it will be necessary for social workers and/or other practitioners to see children and other family members on a sufficiently regular basis, and it will continue to be important to have direct contact when there are sufficient concerns about injuries or other immediate harm. In all cases, public health guidance should be followedⁱⁱⁱ.

I. Child's Plan and other records

51. Given that there will be more diverse approaches to communications and decision making processes at this time with the likelihood of further changes as Covid-19 progresses, it is essential that the lead professional maintains an accurate and up to date child protection plan within the child's plan, and a clear chronology of all processes and key decisions.

52. The current child's plan should always be available to the team around the child.

53. All other practitioners should also ensure effective record keeping, including their own engagement in these processes, and with children and families.

Adult Support and Protection

54. Supplementary guidance has been published regarding adult support and protectionⁱ. As ever, it remains important to ensure good liaison and effective decision making, where there is involvement of practitioners from both children's and adult services, and in planning for transitions.

Conclusion

55. These are unprecedented times, but good professional judgement and good practice will help keep Scotland's children safe.

56. This supplementary guidance will remain under review, and through consultation with stakeholders, updated guidance will be provided if necessary as the current situation develops.

References

The Scottish Government is providing updated guidance for all agencies and services at:
<https://www.gov.scot/collections/coronavirus-covid-19-guidance/>

Specific information is detailed below.

i

- Business Continuity and Service Prioritisation, Chief Social Work Adviser 18.03.20
<https://socialworkscotland.org/wp-content/uploads/2020/03/OCSWA-letter-to-Chief-Social-Work-Officers18-March-2020.pdf>
- Coronavirus (COVID-19): adult support and protection guidance
<https://www.gov.scot/publications/coronavirus-covid-19-adult-support-and-protection-guidance/>
- Coronavirus (COVID 19): changes to social care assessments 8.04.20
<https://www.gov.scot/publications/coronavirus-covid-19-changes-social-care-assessments/>
- Coronavirus (COVID-19): residential childcare 23.04.20
<https://www.gov.scot/publications/coronavirus-covid-19-residential-childcare/>
- Coronavirus (COVID-19): safe and ethical social work practice 23.04.20
<https://www.gov.scot/publications/coronavirus-covid-19-social-worker-guidance-on-safe-contact/>
- Coronavirus (Scotland) Act 2020 – Guidance on looked-after children and children’s hearings provisions <https://www.chip-partnership.co.uk/wp-content/uploads/2020/04/Coronavirus-Scotland-Act-2020.pdf>
- Children’s Hearings Scotland guidance on the operation of effective children’s hearings 28.04.20
<http://www.chscotland.gov.uk/our-publications/practice/2020/04/coronavirus-practice-guide/>
- Guidance to education authorities, schools and early learning and childcare services on provision of support to vulnerable children and young people 26.03.20
Issued as a letter to local authorities and also: <https://www.gov.scot/publications/coronavirus---school-and-elc-closures-guidance-on-critical-childcare-provision-for-key-workers/>
- Guidance for paediatric services 27.03.20 <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#child-protection-looked-afterchildren-and-vulnerable-children-processes-in-scotland>
- National Clinical Guidance for Nurses, Midwives and AHPs, Community Health Staff 07.04.20
<https://www.gov.scot/publications/coronavirus-covid-19-nursing-and-community-health-staff-guidance/>
- Statement on Coronavirus and the Children’s Hearings System from CHS and SCRA.
<http://www.chscotland.gov.uk/recent-news/2020/03/statement-on-coronavirus-and-the-childrens-hearingssystem/>

ii

- ADES provide examples on the organisation’s website, which is accessible to Directors of Education and Children’s Services
Social Work Scotland examples from CSWOs are at: <https://socialworkscotland.org/latest-updates-oncovid-19/>

iii

- Public Health Information and Guidance for Social or Community Care & Residential Settings
<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-socialcommunity-and-residential-care-settings/>

Services can access PPE at their local Health & Social Care Partnership Hub. In addition, services registered with the Care Inspectorate can contact the triage centre on 0300 303 3020 (Additional guidance on home visits is being published by Social Work Scotland)

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v

- Coronavirus (COVID-19) Supplementary National Violence against Women Guidance
https://www.cosla.gov.uk/_data/assets/pdf_file/0023/17762/COVID-19-Supplementary-VAW-GuidanceFINAL.pdf
- Equally Safe: Scotland's strategy to eradicate violence against women
<https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-againstwomen-girls/>
- The Safe & Together and Scottish Domestic Abuse & Forced Marriage websites provide updated advice and information: <https://safeandtogetherinstitute.com/evidence-resources/covid-19-case-planning/> <https://sdafmh.org.uk/>

v

- Coronavirus testing for children being moved between or to new care placements: joint letter from CSWA and Director for COVID-19 Testing
<https://socialworkscotland.org/wp-content/uploads/2020/05/Covid-19-testing-and-care-placements-Letterto-CSWOs-and-directors-of-public-health.pdf>