
Safeguarding Policy

1. Introduction

1.1 Our Aim

The aim of Dads Rock is to improve outcomes for children in Scotland to ensure the best start in life by providing support to Dads and families. Our hope is through achieving this, there will be a larger shift in society toward accepting the vital role Dads play.

1.2 Our charitable objectives

- Support and help Dads to engage with their children and build strong lasting relationships.
- Advance the arts, specifically music, to encourage self-expression and improve self-esteem in both Dads and their children.
- Promote equality and diversity by encouraging the social inclusion of Dads in everyday life, with particular focus on issues regarding raising children.
- Promote the physical, mental and emotional health of Dads.
- Provide recreational activities for Dads who may be socially isolated or excluded.

We are committed to supporting the wellbeing of all people who use our services, and ensuring where at all possible, the prevention of harm to them. In doing so, we will promote the dignity, privacy, rights fulfilment and choice of each person who comes into contact with our services.

1.3 Equality, Diversity and Inclusion

At Dads Rock we believe every parent and every child has equal rights. We value and embrace Equality, Diversity and Inclusion (EDI) in all that we do for the people who need us, and the people who enable us to do our vital work.

The charity has always strived to reach as many families who need us as we can. This means we are here for all people right across Scotland from every background.

We have been inspired by the recent key social movements that are driving for greater equality, particularly when it comes to race and gender. At Dads Rock we will continue to be here for any family that needs us.

2. Scope and Purpose

2.1 Scope and purpose of this policy

The key purpose of this document is to ensure that all Dads Rock staff and volunteers know what to do if they have a concern about someone or someone discloses harm to them. No one person will have all the knowledge and understanding of a child or adult, and it is expected that trustees, staff and volunteers act immediately and seek guidance.

Dads Rock will make sure that all children, young people and adults at risk we work with have the same protection regardless of age, disability, race, religion or belief, sex, sexual orientation or gender reassignment.

This policy applies to all Dads Rock services and safeguarding/child/adult protection is regarded as a key corporate responsibility. This policy does not stand alone and should be implemented with reference to other Dads Rock policies, procedures and guidance.

Child protection in Scotland is underpinned by the [UN convention on the rights of the child](#) (UNCRC) which was introduced into the Scottish Parliament on 1st September 2020.

In responding to this, the Scottish Government said:

“We want to recognise, respect and promote children’s rights. These include rights to be treated fairly, to be heard and to be as healthy as possible. Our vision is a Scotland where children’s human rights are embedded in all aspects of society. A Scotland where policy, law and decision making takes account of children’s rights and where all children have a voice and are empowered to be human rights defenders. Parents, local and national governments and organisations which work with children and families can help children experience their rights.”

Of specific interest in our Safeguarding policy are the following articles from the UNCRC;

- The best interests of the child must be a top priority in all decisions and actions that affect them. (Article 3)
- Children must not be separated from their parents against their will unless it is in their best interests (for example, if a parent is hurting or neglecting a child). (Article 9)
- Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. (Article 12)
- Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children. (Article 18)
- Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them. (Article 19)

It is critically important that all managers and staff undertaking assessments of risk are fully briefed on the procedures contained within this document. Managers must be able to make decisions on behalf of the services and to inform and guide employees about their responsibilities.

2.2 Definition of terms

Safeguarding

Safeguarding means ensuring that there are measures in place to make sure that beneficiaries and others who come into contact with Dads Rock are protected from harm. The word safeguarding is broader than the related term 'child protection' as it implicitly includes an emphasis upon preventative awareness as well as responsive action.

Safeguarding is everyone's responsibility, and for trustees, staff and volunteers it means going over and above our minimum legal responsibilities and making sure the culture within Dads Rock is to respect and protect the people there. We all have a duty of care towards those we support and work with.

The overarching principle which underpins safeguarding work with children and young people is that the welfare of the child is paramount. Their needs, interests and wellbeing must be put above the needs and interests of all others.

We will support beneficiaries' mental and physical health, ensuring they are safe and take actions to give children and young people the best start in life.

The overarching principle which underpins safeguarding work with adults at risk is that any intervention in an individual's affairs should provide benefit to the individual and should be the least restrictive option of those that are available which will meet the purpose of the intervention.

Who is a 'child'?

This policy is designed to include children and young people up to the age of 18. The word 'child' in this policy refers to children and young people. The National Guidance (2014) highlights that 'the protective interventions that can be taken will depend on the circumstances and legislation relevant to that child or young person. This particularly applies to 16-17-year olds who may receive a response under child or adult procedures depending on Local Authority arrangements. It is also important to identify and support vulnerable pregnant women and consider high-risk pregnancies within child protection processes.

Who is an Adult at risk?

The Adult Support and Protection (Scotland) Act 2007, defines 'adults at risk' as persons aged over 16 years who:-

- (a) are unable to safeguard their own well-being, property, rights or other interests,
- (b) are at risk of harm, and
- (c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

All three of the above aspects must be met in order for the person to qualify as an adult at risk.

Many adults at risk have to rely on others to help them with basic day-to-day living. Whilst the majority have excellent care provision, some are at risk of harm. This could be due to another person, or people, deliberately taking advantage of the adult. But it could also be the adult who is unintentionally putting themselves at risk, simply because they do not have the right level of support in place.

A distinction is required to be made between an adult who lacks the skill, means or opportunity to safeguard themselves and one who is deemed to have the skills, means or opportunity to keep themselves safe but chooses not to do so. An inability to safeguard oneself is not the same as an adult not having capacity. An adult may be considered unwilling rather than unable to safeguard themselves and so may not be considered an adult at risk.

Similarly, vulnerability or a lack of ability to safeguard, which is due to temporary problematic alcohol or drug use, would not by itself result in an individual being considered an 'adult at risk'. Adults have the right to make choices and decisions about their lives, including the use of alcohol and drugs, even if that means they choose to remain in situations or indulge in behaviour which others consider inappropriate.

Without any additional vulnerability, such as an illness or disability, adult protection intervention would not normally be appropriate. However, the ongoing problematic use of drugs or alcohol may take place alongside (and on occasions contribute to) a physical or mental illness, mental disorder or a condition such as alcohol-related brain damage. If this is the case an adult may be considered an 'adult at risk'. It is the coexisting illness, disability or frailty, which would trigger adult protection considerations, rather than the substance use itself.

Disclosure

When a child, young person or an adult at risk chooses to tell a responsible adult about abuse they have suffered or are suffering.

2.3 What is child abuse and neglect?

This Policy adopts the definitions of child abuse and neglect used in the National Guidance (2014) 'Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to a child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger.'

Although physical, emotional, sexual abuse, neglect and institutional abuse are listed separately below, abuse is complex and can be any combination of these, which compounds the effects. It is worth remembering that the definitions below are not exhaustive, as the individual circumstances of abuse will vary from child to child.

Child abuse happens when a person – adult or child – harms a child. It can be physical, sexual or emotional, but can also involve a lack of love, care and attention. Neglect can be just as damaging to a child as physical or sexual abuse. Children may be abused by:

- family members
- friends
- people working or volunteering in organisational or community settings
- people they know
- or, much less commonly, by strangers.

Children suffering abuse often experience more than one type of abuse. The abuse usually happens over a period of time, rather than being a single, isolated incident. Increasingly, abuse can happen online.

There are a number of types of abuse

- Physical abuse
- Neglect
- Sexual abuse
- Child sexual exploitation
- Harmful sexual behaviour
- Emotional abuse
- Domestic abuse
- Bullying and cyberbullying
- Child trafficking
- Female genital mutilation
- Criminal Exploitation

General signs of Abuse

Children who suffer abuse may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend. Many of the signs that a child is being abused are the same regardless of the type of abuse. Anyone working with children or young people needs to be vigilant to the signs listed below.

- regular flinching in response to sudden but harmless actions, for example someone raising a hand quickly
- showing an inexplicable fear of particular places or making excuses to avoid particular people
- knowledge of ‘adult issues’ for example alcohol, drugs and/or sexual behaviour which is inappropriate for their age or stage of development
- angry outbursts or behaving aggressively towards other children, adults, animals or toys
- becoming withdrawn or appearing anxious, clingy or depressed
- self-harming or thoughts about suicide
- changes in eating habits or developing eating disorders
- regularly experiencing nightmares or sleep problems
- regularly wetting the bed or soiling their clothes

- in older children, risky behaviour such as substance misuse or criminal activity
- running away or regularly going missing from home or care
- not receiving adequate medical attention after injuries.

Children develop and mature at different rates. So what's worrying for a younger child, might be normal behaviour for an older child. If a child looks or acts a lot older or younger than their age, this could be a cause for concern. However, if a child develops more slowly than others of a similar age and there's not a cause such as physical or learning disabilities, it could be a sign they're being abused/neglected.

The signs below may suggest that there is something wrong and are described in age bandings.

All ages

- Talks of being left home alone or with strangers
- Poor bond or relationship with a parent – poor attachment
- Acts out excessive violence with other children
- Lacks social skills and has few if any friends
- Parents show little interest in child's performance or behaviour
- Parents are dismissive and non-responsive to concerns

Under 5s

- Doesn't cry or respond to parent's presence or absence from an early age
- Reaches developmental milestones late, such as learning to speak, where there is no medical reason for the delay.
- Significantly underweight but eats well when given food

5 -11 yr olds

- Becomes secretive and reluctant to share information
- Reluctant to go home after school
- Unable to bring friends home or reluctant for professionals to visit the family home
- Poor school attendance and punctuality, or late being picked up
- Is reluctant to get changed for sports etc
- Wets or soils the bed

11-16 yr olds

- Drinks alcohol regularly from an early age
- Is concerned for younger siblings without explaining why
- Becomes secretive and reluctant to share information
- Talks of running away
- Shows challenging and disruptive behaviour
- Is reluctant to get changed for sports etc

2.3.i Physical abuse

Physical abuse is the causing of physical harm to a child or young person; 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. All forms of physical punishment of children are against the law in Scotland regardless of personal attitudes towards reasonable discipline.

Spotting the signs of physical abuse

All children have trips, falls and accidents which may cause cuts, bumps and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern. There isn't one sign or symptom to look out for that will say a child is definitely being physically abused. But if a child often has injuries, there seems to be a pattern, or the explanation doesn't match the injury then this should be investigated.

Injuries that are more likely to indicate physical abuse include:

Bruising

- bruises on babies who are not yet crawling or walking
- bruises on the cheeks, ears, palms, arms and feet
- bruises on the back, buttocks, tummy, hips and backs of legs
- multiple bruises in clusters, usually on the upper arms or outer thighs
- bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe
- large oval-shaped bite marks.

Burns or scalds

- any burns which have a clear shape of an object, for example cigarette burns
- burns to the backs of hands, feet, legs, genitals or buttocks.

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times. If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated. It's also concerning if there is a delay in seeking medical help for a child who has been injured.

2.3.ii Emotional (psychological) Abuse

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve the imposition of age - or developmentally - inappropriate expectations on a child. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve

seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. 'Persistent' means there's is a continuous or intermittent pattern.

Emotional abuse is persistent and, over time, it severely damages a child's emotional health and development. It involves:

- humiliating, putting down or constantly criticising a child
- shouting at or threatening a child or calling them names
- mocking a child or making them perform degrading acts
- constantly blaming or scapegoating a child for things which are not their fault
- trying to control a child's life and not recognising their individuality
- not allowing them to have friends or develop socially
- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or interactions such as drug taking, heavy drinking or domestic abuse
- persistently ignoring them
- being cold and emotionally unavailable during interactions with a child
- never saying anything kind, positive or encouraging to a child and failing to praise their achievements and successes.

Spotting the signs of emotional abuse

There aren't usually any obvious physical signs of emotional abuse, but you may spot signs in a child's actions or emotions. It's important to remember that some children are naturally quiet and self-contained whilst others are more open and affectionate. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the individual child or are particularly unusual for their stage of development.

Babies and pre-school children who are being emotionally abused may:

- be overly-affectionate towards strangers or people they haven't known for very long
- not appear to have a close relationship with their parent, for example when being taken to or collected from nursery
- lack confidence or become wary or anxious
- be unable to play
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way or know about things that you wouldn't expect for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends - struggle to develop and maintain relationships, they may try to make people dislike them – self isolating behaviour

- fear making mistakes
- fear their parent being approached regarding their behaviour
- experience self-confidence and anger problems
- Exhibit neurotic behaviours such as sulking, hair twisting, rocking, sudden speech disorders
- Self harm

2.3.iii Child sexual exploitation (CSE)

This is a type of sexual abuse. 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. They might be invited to parties and given drugs and alcohol or they may also be [groomed online](#). Some [children and young people are trafficked](#) into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs. Children under the age of 13 do not have capacity to give consent to sexual activity.

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

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

Sexual exploitation is abuse and should be treated accordingly. Practitioners should be mindful that a 'dual approach' is key in tackling Child Sexual Exploitation; whilst a young person must be both engaged with and supported, there must also be a focus on proactive investigation and prosecution of those involved in sexually exploiting the young person.'

Spotting the signs of child sexual exploitation

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour. Young people who are being sexually exploited may:

- go missing from home, care or education
- be involved in abusive relationships, appearing intimidated and fearful of certain people or situations
- hang out with groups of older people, or anti-social groups, or with other vulnerable peers

- get involved in gangs, gang fights, gang membership
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- not know where they are, because they have been moved around the country
- be involved in petty crime such as shoplifting
- have access to drugs and alcohol
- have new things such as clothes and mobile phones which they can't or won't explain
- have unexplained physical injuries.

2.3.iv 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, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Spotting the signs of sexual abuse

There may be physical signs that a child has suffered sexual abuse. These include;

- anal or vaginal soreness
- itching, bruising or bleeding near the genital area
- discomfort when walking or sitting down
- an unusual discharge
- sexually transmitted infections (STIs)
- pregnancy

Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- not allowed to have friends (particularly in adolescence)

In particular, the child may show sexual behaviour that is inappropriate for their age. For example:

- they could use sexual language or know things about sex that you wouldn't expect them to
- a child might become sexually active at a young age
- they might be promiscuous.

2.3.v 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.

Spotting the signs of neglect

Neglect can be difficult to identify. Having one of the signs or symptoms below doesn't necessarily mean that a child is being neglected. But if you notice multiple and persistent signs over time that could indicate there is a serious problem.

Some of these signs include:

- children who appear hungry - they may come to school without lunch money or even try to steal food
- children who appear dirty or smelly and whose clothes are unwashed or inadequate for the weather conditions
- children who are left alone or unsupervised
- children who fail to thrive or who have untreated injuries, health or dental problems
- children with poor language, communication or social skills for their stage of development
- children who live in an unsuitable home environment, for example the house is very dirty and unsafe, perhaps with evidence of substance misuse or violence
- children who have taken on the role of carer for other family members.

Other forms of abuse of children, young people or adults at risk

2.3.vi Institutional Abuse

In a childcare setting, institutional abuse is the mistreatment or abuse or neglect of a child by a regime or individuals within settings and services that children live in, or use, that violates the child's dignity, resulting in lack of respect for their human rights. It can be a one-off occurrence or on-going ill-treatment.

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts, or curtails the dignity, privacy, choice, independence or fulfilment of individuals.

Types of institutional abuse:

- Discouraging visits or the involvement of relatives and friends
- Run-down or overcrowded establishment and lack of stimulation
- Authoritarian management or rigid regimes based on convenience of the provider rather than the person receiving services
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- People referred to, or spoken to, with disrespect
- Inappropriate use of power or control
- Failure to appropriately responding to individuals who display challenging or distressed behaviour
- Not providing adequate food and drink, or assistance with eating or toileting
- Not offering choice or promoting independence
- Misuse of medication or inappropriate use of medical procedures
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

2.3.vii Female Genital Mutilation

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Spotting the signs of female genital mutilation

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about or you may become aware of:

- a long holiday abroad or going 'home' to visit family
- relative or cutter visiting from abroad
- a special occasion or ceremony to 'become a woman' or get ready for marriage
- a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
- missing school repeatedly or running away from home.

A girl who has had FGM may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

2.3.viii Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of [sexual abuse](#) or [exploitation](#). Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people don't understand that they have been groomed, or that what has happened is abuse.

2.3.ix Harmful Sexual Behaviour

Harmful sexual behaviour includes:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- full penetrative sex with other children or adults.

Children and young people who develop harmful sexual behaviour harm themselves and others.

2.3.x Trafficking

Child trafficking is child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another. They are often subject to multiple forms of exploitation.

Children are trafficked for:

- [child sexual exploitation](#)
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture

- criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs, bag theft.

Spotting the signs of child trafficking

Signs that a child has been trafficked may not be obvious, but you might notice unusual behaviour or events. These include a child who:

- spends a lot of time doing household chores
- rarely leaves their house, has no freedom of movement and no time for playing
- is orphaned or living apart from their family, often in unregulated private foster care
- lives in substandard accommodation
- isn't sure which country, city or town they're in
- is unable or reluctant to give details of accommodation or personal details
- might not be registered with a school or a GP practice
- has no documents or has falsified documents
- has no access to their parents or guardians
- is seen in inappropriate places such as brothels or factories
- possesses unaccounted for money or goods
- is permanently deprived of a large part of their earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt
- has injuries from workplace accidents
- gives a prepared story which is very similar to stories given by other children.

There are also signs that an adult is involved in child trafficking, such as:

- making multiple visa applications for different children
- acting as a guarantor for multiple visa applications for children
- travelling with different children who they're not related to or responsible for
- insisting on remaining with and speaking for the child
- living with unrelated or newly arrived children
- abandoning a child or claiming not to know a child they were previously with.

2.3.xi Organised abuse

This may be defined as abuse involving one or more abusers and a number of related and non-related abused young people and children. The abusers concerned may be acting together to abuse children, or may be using an institutional framework or a position of authority to recruit children for abuse.

2.3.xii Abuse of trust

A relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their role, work or the nature of their activity. Abuse of trust is the inappropriate leveraging of this power in order to gain a personal benefit, be it romantic, sexual, financial or otherwise.

2.3.xiii Financial or Material abuse

Including theft, fraud, exploitation, pressure in connection with wills property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits. Damage or threats of damage to property.

2.3.xiv Bullying and Cyberbullying

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

Cyberbullying includes:

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- excluding children from online games, activities or friendship groups
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

Spotting the signs of bullying and cyberbullying

It can be hard to know whether or not a child is being bullied. They might not tell anyone because they're scared the bullying will get worse. They might also think that the bullying is their fault. No one sign indicates for certain that a child's being bullied, but you should look out for:

- belongings getting 'lost' or damaged
- physical injuries such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- not doing as well at school
- asking for, or stealing, money (to give to a bully)
- being nervous, losing confidence or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

2.3.xv Online Abuse

Online abuse is any type of abuse that happens on the internet, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse.

Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online). Children can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

2.3.xvi Domestic Abuse

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. The impact of all forms of Domestic Abuse on the child, young person or adult at risk can be significant.

Spotting the signs of domestic abuse

It can be difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around.

Children who witness domestic abuse may:

- become aggressive
- display anti-social behaviour
- suffer from depression or anxiety
- not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

2.3.xvii Unborn Baby Concerns

If you have any concern about an unborn baby's health and wellbeing, you can make an unborn baby referral following the local authority's procedures. This allows for early and effective intervention and support to be provided to the vulnerable unborn baby and family.

A pre-birth Child Protection Conference may be convened when there is considered to be risk of harm to an unborn child and future risk upon the child's birth. A pregnancy may be considered high risk if one of the following circumstances exists within the household:

- Parental substance misuse;
- Parental learning disability;
- Domestic abuse;
- Serious parental mental health issue;
- Previous parental history of child abuse or neglect.

2.3.xviii Criminal Exploitation

An individual or group may use an imbalance of power to coerce, control, manipulate or deceive a child under the age of 18 into any criminal activity in exchange for something the victim needs or wants, or for the financial or other advantage of the perpetrator or facilitator. Violence or the threat of violence may feature. The victim may have been criminally exploited, even if they appear to have agreed to the activity.

Childcriminal exploitation may happen in person or online. It may involve gangs and organised criminal networks, for example, using children to store, move or sell drugs for money (known as 'county lines'). Coercion, intimidation, violence (including sexual violence) and weapons may be involved.

2.4 What is harm and significant harm in a child protection context?

Child protection is closely linked to the concept of 'significant harm.' The National Guidance (2014) offers the following definitions;

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

Whether the harm suffered, or likely to be suffered, by a child or young person is 'significant' is determined by comparing the child's health and development with what might be reasonably expected of a similar child.

Deciding whether harm has been or is likely to be significant can be complex, and where there are concerns about harm, abuse or neglect, it is expected that Dads Rock staff and volunteers share these with the relevant agencies so that they can decide together whether the harm is, or is likely to be, significant.

2.5 Safeguarding Officers

Every month we receive referrals for families in need of support. At any time concerns may arise that a child has suffered or is suffering harm as a result of abuse or neglect, or that an adult at risk is being abused or exploited in some way.

Safeguarding Officers have been appointed in order to help staff and volunteers, to respond appropriately in such circumstances.

Dads Rock trustees, staff and volunteers are made aware of who they should report any Safeguarding concerns to as part of their induction and training.

At the time of publishing the named Safeguarding Officers are:

Safeguarding Lead: Thomas Lynch Thomas@dadsrock.org.uk mobile: 07807498709
Trustee Safeguarding Lead: Liann Weir mobile: 07834694393

If one of the designated Safeguarding Officers are implicated in the concerns you should discuss your concerns directly with Social Services, you can call The City of Edinburgh council Social Services team during working hours on: 0131 200 2324 and out of hours: 0800 731 6969.

2.6 Safeguarding Committees

Each area of Scotland has its own safeguarding/child protection committee, details of which can be found here: [Celcis](#)

Children and families Social Work services play an important role in safeguarding and investigating child protection issues. Designated managers are responsible for discussing child protection referrals with Police and Health (Inter-agency referral discussions - IRDs) and specially trained social workers and police officers interview children and young people who may have experienced abuse.

3. Legal and policy basis

3.1 Legislation

Safeguarding policies and procedures are grounded in the legislation and policy framework of the country an organisation is registered or based in. This document conforms to the Human Rights Act 1998, the Children (Scotland) Act 1995, National Guidance for Child Protection in Scotland (Scottish Government 2014). There are a number of other pieces of relevant legislation and guidance designed to support and protect children and adults at risk. For further information about other supporting legislation please see **Appendix 1**.

When considering adults at risk, this document conforms to the Human Rights Act 1998, the Adult Support and Protection (Scotland) Act 2007 and Health and Social Care Standards: My support, My life (2018). There are many other pieces of relevant legislation designed to support and protect adults. Two of the most significant pieces are the Adults with Incapacity (Scotland) 2000 Act and the Mental Health (Care and Treatment) (Scotland) Act 2003. For more information please see **Appendix 2**.

3.2 Policy

In addition, Getting it Right for Every Child (GIRFEC) supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them grow up feeling loved, safe and respected so that they can realise their full potential. GIRFEC is intended to provide a framework that will allow organisations to provide a consistent supportive approach for all. For further information about GIRFEC principles and the wellbeing wheel please see **Appendix 3**. Also refer to **Appendix 4** for details of the national practice model, **Appendix 5** highlights the 'my world triangle' tool.

4. Acting upon concerns of potential abuse

4.1 Flowchart for disclosures



FLOWCHART FOR DISCLOSURES



FEB 2021

4.2 Consider Urgent Medical Attention

If a child or an adult at risk is suffering from a serious injury or health-related condition, medical attention must be sought immediately at the nearest Accident and Emergency unit (dialling 999 if paramedics/ambulance is deemed appropriate).

4.3 Responding to Neglect or Abuse

Everyone who works with children and adults at risk has a responsibility to keep them safe. Where staff or volunteers notice any signs or symptoms of abuse or neglect or when they have concerns children may be at risk of being harmed they must report it immediately to their manager. The information will then be acted on as detailed below.

4.4 Responding to Disclosures

When a child, young person or an adult at risk chooses to tell a responsible adult, about abuse they have suffered or are suffering, we call this a disclosure.

Disclosures may relate to abuse perpetrated by a family member or someone outside the family, e.g. a teacher, youth leader, pastor, online 'friend' etc. No group of people is exempt from being abusers. All disclosures must be taken seriously.

It is important the guidelines below are followed:

- Reassure them they have done the right thing by telling someone.
- Listen carefully but do not press for information, 'cross-examine', or ask leading questions, as any leading questions may prejudice follow-up investigation by the Police or local authority safeguarding team – it could also prevent them from saying more or you might put things in their mind that were not already there.
- If appropriate ask precise questions – who, what, where and when? This is to establish basic details of events.
- You may ask 'Is there anything else you would like to tell me?' being mindful not to pressure them into doing so.
- Show acceptance of what you are told – even if it seems unlikely or too awful to be true.
- Reassure the person that they have done the right thing in telling you and you are taking the information seriously.
- Do not promise to keep the matter secret but explain that you may have to share what they say with others on a 'need to know' basis only.
- Explain what you intend to do and don't delay in taking action.
- Ensure the immediate safety of the individual.
- Write up what has been disclosed as soon as possible and wherever it is possible use the person's own words to describe the alleged abuse.
- If the concern is about what has been observed, for example bruises, marks, suspicions of neglect or sexually explicit/ abusive behaviour, then it is important to write a full account of what was seen. Include:

Size, shape, colour, position on the body of any bruises or marks

Person's appearance e.g. ragged or dirty clothing, smell, emaciated body, pain or difficulty in moving

Description of sexually explicit or abusive behaviour.

- Contact your manager immediately to inform them of this information.
- Be aware that what has been recorded is highly confidential and should only be shared on a need to know basis.
- Your manager will need to decide what action to take in liaison with any other relevant persons including the relevant Local Authority. The category of abuse and the current level of risk to the child, young person or adult at risk will be taken into account when making this decision.
- If after talking to a child, young person or adult at risk about a sensitive issue, you feel concerned or upset, make sure you seek help from your manager.

4.5 Record Keeping

It is important to keep a clear, concise and accurate record of information about an event where harm or abuse has been disclosed or it is suspected.

The record must be made as soon as possible or within 24 hours of receipt of the information.

Record the 4Ws: 'who, what, where, and when' of the event.

Include details about witnesses. This will provide the information that you will need to share with the Social Work Service or Police Scotland.

Record all discussions, telephone calls, interviews, decisions etc. electronically and in the child, young person's or adult at risk's case file.

The safeguarding low level monitoring form is to be used to capture details of the initial incident or concern. This is located in the safeguarding folder on our shared drive.

During case discussions with line managers, it may be agreed to open a chronology of concern if low level concerns are being consistently raised. This should be done in consultation with the Service Manager and all information stored centrally if possible to allow all parties to have a clear understanding of the wider context.

The chronology of concern form is "opened" when either there are significant concerns or the same concern recurring. All communication is stored together so emails are printed off and phone calls recorded so that everyone involved/the manager has the full picture. This form is located in the Safeguarding folder on our shared drive.

The Care Inspectorate has published updated practice guidance in relation to Chronologies which can be accessed here: [Guidance](#)

Safe Storage: Records should always be stored in a secure and confidential place. Paper records must be kept in a locked cabinet on Dads Rock premises. If records are stored electronically they should be stored on the Dads Rock google drive which is secure and can be saved in a location which has restricted access so they are only accessible to those employees who need them to undertake their job. Records should only be retained for as long as is necessary and destroyed in line with Dads Rock Data Protection Policy and Retention Schedule.

4.6 Referring to Partner agencies and local authorities

When a decision has been made to make a referral to Police Scotland or Social Work Services it is preferred practice to phone and speak to someone in the first instance.

This is to ensure that the referral is picked up by someone who can act on it straight away. It is then helpful to follow up the phone call with a written referral which includes all the relevant details of the person and the event/incident.

Emails containing confidential personal information should only be sent to named email addresses and not a generic account. It is necessary to establish, as far as possible, what action the police or social work service intends to take. This will ensure that any internal processes e.g. disciplinary processes, internal fact finding etc. do not cut across external investigations and to ensure that employees can support the child or young person appropriately.

When concerns are considered serious enough to be referred to the local authority, Dads Rock staff would normally be expected to discuss any concerns with the family and seek their agreement for a referral to be made. However, discussing with the parent the intention to refer should only be done where such discussion will not place a child at increased risk of harm. For example, we would not seek a parent's consent to refer a child if:

- The parent is implicated in the abuse
- We believe that the parent is intentionally covering up abuse, out of fear or collusion
- The child may be put at further risk, e.g. physical abuse as a punishment for disclosing
- The perpetrator may be alerted and possibly take action to destroy evidence
- The safety of anyone else, including the referrer, is likely to be put at risk
- Situations where there is an indication of fabricated or induced illness.

Where it is decided not to seek parental permission before making a referral to the local authority, the decision must be recorded on the family's case-file with reasons, dated and signed and confirmed in the referral to Children's social care.

The law in relation to adults makes a distinction between those who are capable of managing their affairs and those who are not. The assumption in law is that all adults have the capacity to make decisions about their own affairs until or unless they are recognised in law as incapable. Consent, capacity and risk will always be central to any assessment. It is important to be aware that an adult may have capacity to make decisions about an area of harm in their life but still be regarded as unable to protect themselves from that harm and therefore be an 'adult at risk'. Where a situation of harm is suspected, staff and volunteers must consider, as early as possible in the assessment process, whether or not the adult has capacity in that area of their life, and write down any observations/and make a note on file.

Our confirmation of adult protection referral form is to be used when referring an adult onto statutory services, social work or the Police. It is located in our safeguarding folder on our shared drive.

An IRD (Inter agency referral discussion) is the start of the formal process of information sharing, Dads Rock staff may be called upon to attend an IRD. A decision will then be made as to whether to hold a Child protection planning meeting (CPPM). Dads Rock staff may be asked to attend CPPMs.

The CPPM is also a multi agency. This is a formal meeting to decide if a child is at risk of significant harm and devise a plan to reduce the risk. If the child is at significant risk, their name will be added to the child protection register and a multi-agency plan put in place. A CPPM is the only forum that can remove a child's name from the register.

When a child's name is added to the register, a Core Group will be formed. This group's responsibility is the day-to-day implementation, monitoring and review of the plan in partnership with children and their families.

4.7 Confidentiality, consent and information sharing

Dads Rock expects all employees, volunteers and trustees to maintain confidentiality at all times. Employees should only share confidential information when necessary and in line with Data Protection law.

It is appropriate to seek the views of a child or young person and in some circumstances to seek their consent to share information. Please speak to your line manager if you are in doubt in what circumstances this would apply. However, if a child is deemed to be at risk of immediate harm information should be shared with authorities i.e. police and/or social work services. Sharing the right information, at the right time, with the right people can make all the difference to preventing harm and is an essential part of safeguarding activity. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk.

The National Guidance (2014) highlights that 'sharing appropriate information is an essential component of child protection and care activity.' It outlines the following guiding principles for information sharing:

"The wellbeing of the child is of central importance when making decisions to lawfully share information with or about them. At all times information should be relevant, necessary and proportionate to the circumstances of the child, and limited to those who need to know."

If there is a child protection concern, information must always be shared.

In general, information will normally only be shared in discussion with the child (depending on age and maturity). However, where there is an immediate risk to a child's wellbeing, relevant information should be shared with other individuals or agencies as appropriate without delay. The reasons why information needs to be shared and actions taken should be communicated openly and honestly with children and, where appropriate, their families.

4.8 Information Sharing with the Named Person

The Children and Young People (Information Sharing) (Scotland) Bill was introduced in June 2017. It aims to bring clarity and consistency to sharing information for the named person service and child's plan. The Bill's objective is to give families, practitioners and the wider public greater confidence in how the safeguards to information sharing will operate in relation to the named person service and provision of a child's plan, for example human rights, data protection and confidentiality. More information on the Bill can be found here: [Info sharing](#)

Please speak to your line manager if you are in doubt in what circumstances you would share information with the Named Person.

4.9 Referring to our regulator

Dads Rock is regulated by OSCR, and consideration should be given to whether a notification to the Charity Regulator is necessary and or relevant. Referrals to OSCR will be made via the senior management of Dads Rock. If you believe a referral should be made to OSCR then please speak to your manager.

5. Role and Responsibilities of Dads Rock staff and volunteers

5.1 Our trustees and our service manager

Will oversee the following:

- Arrange for the implementation of relevant policy and procedure through tailored mandatory training to be provided to all Dads Rock staff, volunteers and students on placement.
- Ensure that all staff, volunteers receive supervision relevant to their role and responsibility.
- Disseminate and implement recommendations from case/learning reviews and critical incidents across all Dads Rock services.
- Ensure that where allegations are made against Dads Rock staff/volunteers that this guidance runs in parallel with our disciplinary procedures.

5.2 Our service Manager

Will:

- Report suspected, witnessed or reported harm to the trustee safeguarding lead within 24 hours, or as soon as possible thereafter.
- Ensure that all staff/volunteers complete training relevant to the requirements of regulatory bodies.
- Ensure that all paid staff, volunteers and students on placement are aware of the Dads Rock safeguarding Policy and Guidance.
- Ensure that all staff/volunteers join the PVG (Protection of Vulnerable Groups), or for those already part of the scheme, an update will be carried out when joining Dads Rock. We use [Volunteer Scotland](#) to complete our PVGs and have two signatories. Amy Craig-Carmichael and Thomas Lynch.
- Attend and complete the City of Edinburgh council Intensive contact workforce training (level 4, course code CF2822). This is to be attended annually.
- Keep a record of who has received safeguarding training and when.
- Ensure that safeguarding is a standing agenda item for supervision and meetings with individual staff.
- Monitor progress where any harm is suspected, reported or witnessed.

5.3 Staff, volunteers

All staff, volunteers and students on placement working directly with people who use Dads Rock services will:

- Report to their line-manager harm that is suspected or witnessed or reported to them.
- With the guidance of managers and training, employees will read and understand this policy and procedure.
- They will be clear about their role and responsibilities in child protection.
- If employees have any queries on the policy they have a responsibility to seek clarification on these from their manager.
- Complete the NSPCC online Child Protection course, available via their manager. Or The City of Edinburgh Council training called: contact workforce training (level 2, course code CF1037) available via their manager. This training is to take place annually.
- Complete appropriate adult protection training.
- Attend any other training relevant to the requirements of regulatory bodies.
- Be aware of the power of appropriate physical contact in building and repairing relationships, we must also acknowledge the vulnerability of both staff who are lone working and young people who have potentially experienced trauma. Physical touch such as a hug or a pat on the shoulder should be considered carefully and initiated by the young person, preferably in a group or public setting. If it is deemed inappropriate to respond in this way, staff should consider an alternative positive affirmation to minimise the damage to relationships if there is perceived rejection. Given the potentially traumatic experiences of the young people we are working with, staff should not initiate close physical contact such as hugs.
- Join the PVG scheme or allow for an update to their PVG.

6. Allegations against staff or volunteers

Allegations may be made against employees or volunteers currently working with children, young people or adults at risk.

Allegations can come from any source-children and young people, from adults, from parents/carers, other employees, members of the general public, or from external professionals e.g. police, NHS services, social work. Some allegations may be historical. Serious concerns about the safety and wellbeing of any child, young person or adult at risk should always be reported to the police and/or social work department in the first instance.

The service manager should be notified immediately or as soon as possible thereafter if there is any doubt about whether the concern constitutes a child protection matter that needs investigation.

A timely response is crucial to preserve evidence if a crime is suspected.

The service manager in conjunction with our trustees will determine if disciplinary action is required at the same time as responding to the child protection concern.

It may be necessary to immediately suspend an employee(s), or remove them from their role, pending an investigation. This will depend on the nature of the allegation and could be for one or more of the following reasons:

- To avoid further possible risk to children, young people or adult at risk
- To avoid possible risk of further allegations against the employee
- To prevent contamination or destruction of evidence

Advice on whether these steps are necessary must be sought from the service manager. This step should be taken at the earliest opportunity to ensure that risk is reduced and/or managed and that the employee or volunteer is appropriately supported throughout the process.

6.1 Internal Fact Finding/Investigations

An internal fact finding investigation generally takes place by Dads Rock after police and/or social work investigations have taken place.

The investigation is often conducted to establish the facts i.e. the who, what, when, where and why of the situation, to determine 'on the balance of probabilities' if there are grounds for disciplinary action, to assess the needs of the person for protection and support and to make decisions about what follow up actions are required.

Learning identified from an investigation to minimise the risk of a similar situation occurring again in the future should be implemented at the earliest opportunity and need not necessarily wait until the outcome of a disciplinary process.

Appendix 6 provides Dads Rock employees with a structured framework for undertaking internal fact finding investigations.

7. Whistleblowing – Reporting inappropriate behaviour

Dads Rock takes seriously any form of abuse, poor practice and fraud that may take place in the workplace and places importance on maintaining high standards of honesty, openness, integrity and accountability within our services. We will support all staff and volunteers who make a disclosure (whistleblowing) where the disclosure is a genuine concern made in good faith.

Whistleblowing is where an individual raises a concern about malpractice or wrongdoing or provides information about illegal or dishonest practices within an organisation. Under the Public Interest Disclosure Act (1998) employees are allowed to make a "protected disclosure". For further information on this, please refer to the Dads Rock Whistleblowing policy.

Appendix 1 - Legislation relating to children and young people:

- [UN Convention on the Rights of the Child](#)
- [Children Act \(Scotland\) 1995](#)
- [Children and Young People Act \(Scotland\) 2014](#)
- [Getting it Right for Every Child \(GIRFEC\)](#)
- [Protection of Vulnerable Groups \(Scotland\) Act 2007](#)
- [Part V of the Police Act 1997](#)
- [National guidance for Child protection 2014](#)
- [OSCR strategy and guidance](#)
- [Scottish Governance Code - DRAFT \(pdf\)](#)
- [SCVO Safeguarding Guidance](#)
- [Safer recruitment guidance for social care providers](#)
- [National Guidance on Underage Sexual Activity \(Scottish Government 2010\)](#)
- [Child Sexual Exploitation Definition and practitioner briefing paper \(Scottish Government 2016\)](#)
- [Children and Young People \(Scotland\) act 2014 National Guidance on Part 12: Services in relation to children at risk of becoming looked after, etc](#)
- [Revised Prevent Duty Guidance for Scotland 2015](#)
- [Responding to Female Genital Mutilation \(FGM\) In Scotland - Multi Agency Guidance 2017](#)

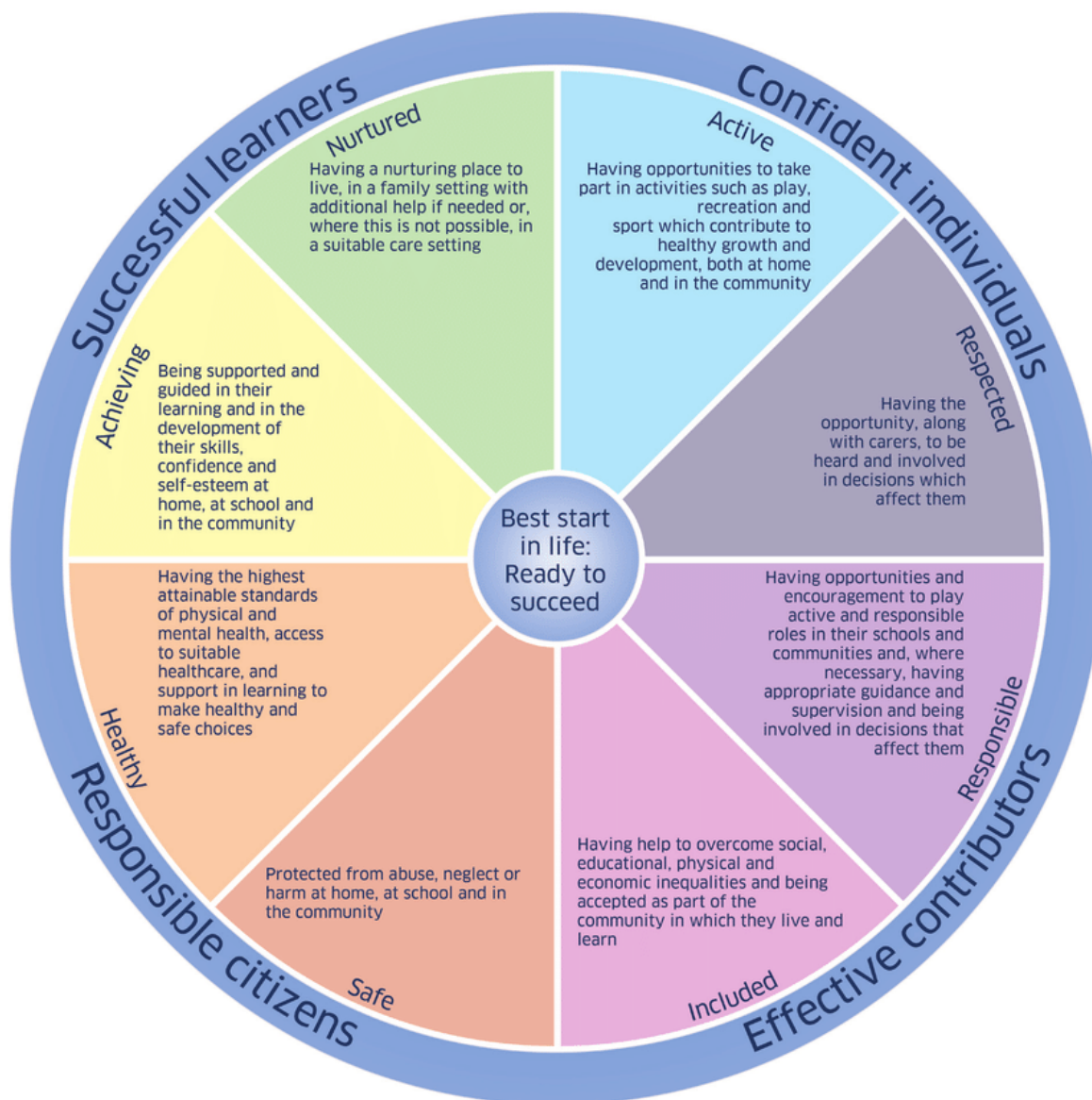
Appendix 2 - Legislation relating to Adults at risk

- [Adult support and protection \(Scotland\) Act 2007](#)
- [Health and Social Care Standards: My support, my life \(2018\)](#)
- [Mental Health \(Care and treatment\) \(Scotland\) Act 2003](#)
- [Social Work \(Scotland\) Act 1968](#)
- [Mental Health \(Scotland\) Act 2015](#)
- [National Health Service and Community Care Act 1990](#)
- [Community Care and Health \(Scotland\) Act 2002](#)
- [Regulation of Care \(Scotland\) Act 2001](#)
- [Public Services Reform \(Scotland\) Act 2010](#)
- [Equality Act 2010](#)
- [Forced Marriage etc. \(Protection and Jurisdiction\) \(Scotland\) Act 2011](#)
- [Vulnerable Witnesses \(Scotland\) Act 2004](#)
- [Public Health etc. \(Scotland\) Act 2008](#)
- [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)
- [Children \(Scotland\) Act 1995](#)
- [Protection of Children and Prevention of Sexual Offences \(Scotland\) Act 2005](#)
- [Sexual Offences \(Scotland\) Act 2009](#)
- [Children and Young Persons \(Scotland\) Act 2014](#)
- [Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#)
- [Matrimonial Homes \(Family Protection\) \(Scotland\) Act 1981](#)
- [Human Rights Act 1998](#)
- [Local Government \(Scotland\) Act 1973](#)
- [Vulnerable Witnesses \(Scotland\) Act 2004](#)
- [Protection of Vulnerable Groups \(Scotland\) Act 2007](#)
- [Data Protection Act.1998](#)
- [Race Relations \(Amendment\) Act 2000](#)

Appendix 3 - GIRFEC

Wellbeing

The idea of ‘well being’ is at the core of GIRFEC. The approach uses eight areas of wellbeing in which children and young people need to make progress in order to do well now and in the future. These eight indicators of wellbeing are illustrated below in the Wellbeing wheel.

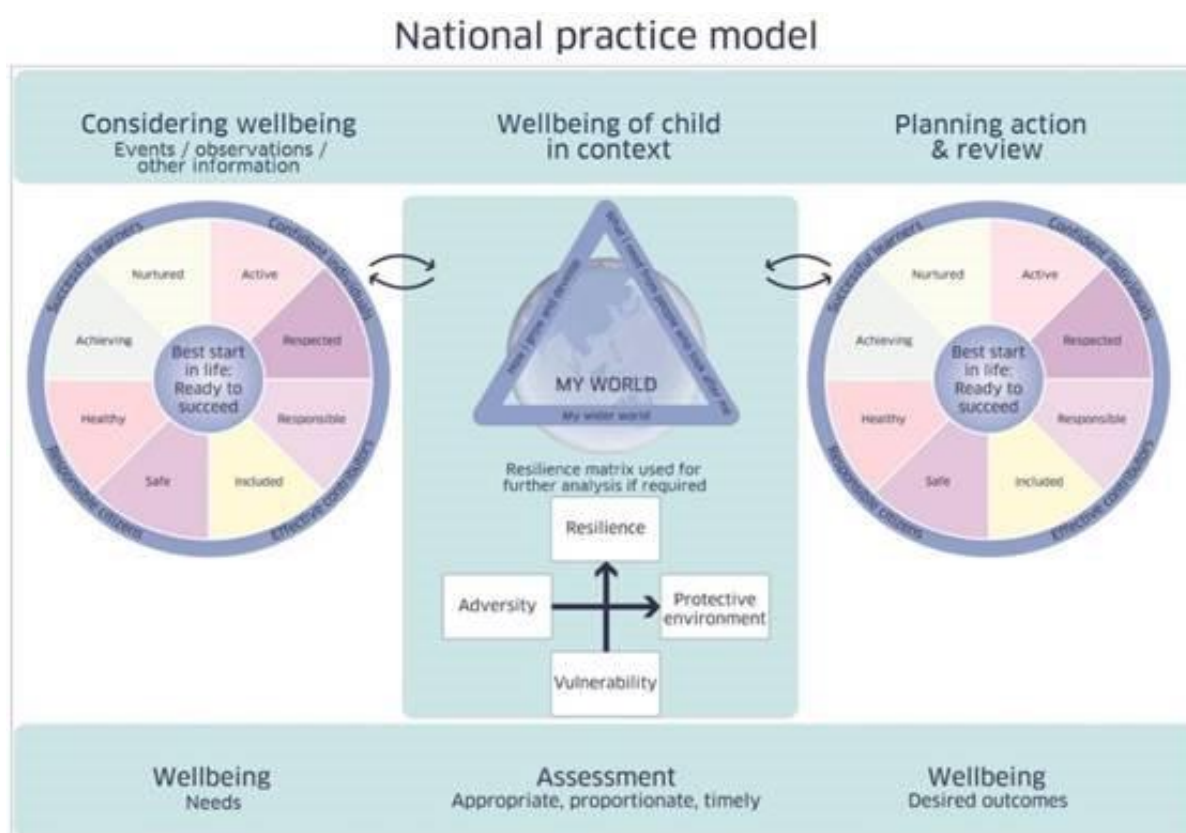


Appendix 4 - National Practice Model

When assessment, planning and action are needed, practitioners can draw on the GIRFEC National Practice Model. This can be used by a single agency, such as Dads Rock, or multiple agencies when for example education, health, social care and housing services are working together with a child. The National Practice Model is illustrated below.

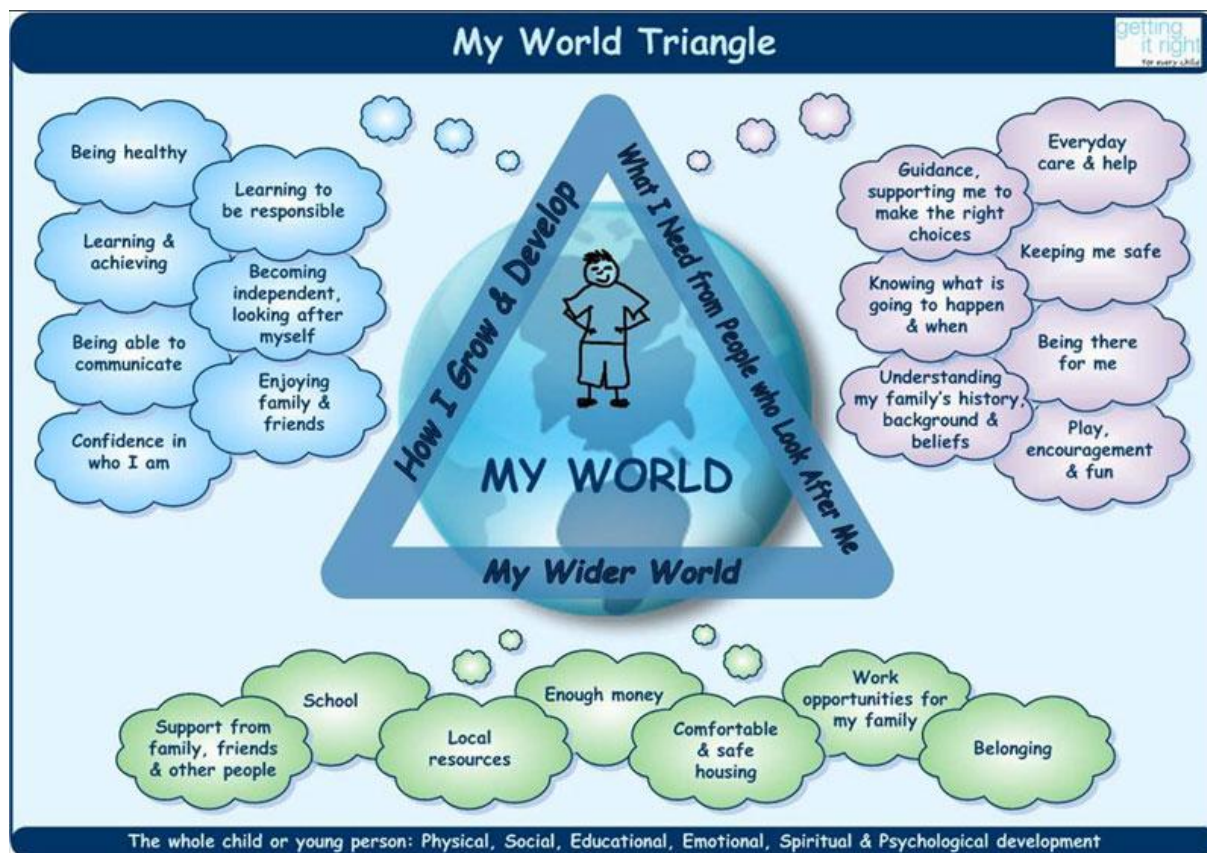
Five key questions when there are concerns about the wellbeing of a child or young person:

- What is getting in the way of this child or young person's wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my service do to help this child or young person?
- What additional help, if any, may be needed from others?



Appendix 5 - My World triangle

When working with children or young people in Dads Rock the My World Triangle can be used at every stage to think about the whole world of the child or young person.



On the Wellbeing Wheel and in the My World Triangle 'keeping me safe' is about:

- Protection from physical, social and emotional dangers such as bullying.
- The caregiver is able to protect the child consistently and effectively.
- Seeking help and solutions to domestic problems such as mental health needs, violence and offending behaviour.
- Taking an interest in the child's friends and associates, use of the internet, exposure to situations where sexual exploitation or substance misuse may present risks, staying out late, staying away from home etc.
- Encouraging the young person to find out about risks and become confident about being safe.
- Ensuring that the child's concerns are being listened to, and acted upon.

Appendix 6 - Suggested structure and process for fact-finding investigations

This format provides a structure for investigations and can be adapted to meet the needs of your particular task. Obviously, if the fact finding investigation uncovers actual or suspected criminal activity this should be referred to police.

1. Executive summary

The main points, findings and conclusion summarised for quick reading in 3–5 paragraphs. This should be the first section on page one. 2.

2. Purpose of the report

Clearly identify the remit. Agree this with the person commissioning the report and get it in writing. Is it just to report findings (what happened) or to make recommendations too (what needs to be done to address the findings)?

3. The process of producing the report

Details about who has written it and the process e.g. who was interviewed and when, supporting information such as the write-ups of the interviews, other agencies who contributed, examination of case records and files, telephone calls etc.

4. Two or three key questions for the investigation to address

It is useful to identify three to five key questions for the investigation to address. Write them down. This helps to maintain the focus and ensures that at the conclusion the investigation achieves what it set out to do.

5. Background and contextual information

Brief history of the circumstances and support/care provided for the person who uses our services; description of the service provided; description of the abilities and needs of the person who uses our services; perhaps details about the alleged perpetrator(s) if known

6. Detailed description of the alleged harmful event: WHO, WHAT, WHERE, AND WHEN.

Write this up in detail. Sources will include interviews with the people who use our services, employees, witnesses and significant others.

7. Assessment of the impact of the alleged harmful event on the person who uses our services.

Identify the emotional, psychological, social and physical impact on the person who uses our services e.g. withdrawal, injuries, changes in mood and behaviour that are out of character, effect on mental health and relationships, impact of loss of property or money etc. Use the person who uses our services' own words to describe the impact on them.

8. Chronology of events, actions and decisions

Insert a two column table that summarises the (1) main events and what happened when and where with (2) day, date and time. This enables an at-a-glance summary of events and can be used like a map to find your way around the report. (Otherwise It is too easy to lose track of what happened, who was involved and when).

9. The facts that were established

State what facts were established using your three to five key questions. Identify what facts are: 1. Substantiated: on 'the balance of probabilities' harm occurred and a particular person(s) was, or was not, identified as being responsible. Or the facts fully support the findings 'beyond all reasonable' doubt. 2. Unsubstantiated: on 'the balance of probabilities' it is not known whether harm has occurred. Therefore it is not known who was responsible either. In such cases it is often one person's word against another's with no witnesses to confirm either account. 3. False: the facts prove beyond reasonable doubt that harm did not occur and/or the person did not perpetrate it. The reported harm is thus false or malicious.

10. Possible explanations for key questions

Suggest possible explanations based on the above section

11. Additional findings

Opportunity to make other observations that may be strictly out with the original remit but have emerged and are relevant

12. Next steps

The Service Manager decides how to convert the findings into recommendations and produce an action plan. Consider the findings for the particular service area and for Dads Rock as a whole.

13. Action plan

In addition to ensuring the prevention of further harm to the individual, there should be wider recommendations for the whole organisation. This will identify who will do what by when, resources needed and arrangements for monitoring to ensure that change has been lasting