



Child Protection Policy Statement and Guidelines

Person Responsible

Registered Manager

Author

Sarah O'Neil

Issue Date

February 2023

Version

2

Review Date

February 2026

Approved by

SMT

DOCUMENT HISTORY

Date	Author/Editor	Summary of Changes	Version No.
Oct 2020	Christopher Davies	First Version	1
09.02.2023	Sarah O'Neil	Version 1 reviewed and updated	2

Please note that the only valid version of the policy is the most recent one. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

CONSULTATION AND RATIFICATION SCHEDULE

Name of Consultative Body	Date of Approval
Senior Management Team	Oct 2020
Senior Management Team	Nov 2023
Senior Management team	Feb 2023

CROSS REFERENCE TO OTHER POLICIES/STRATEGIES

This policy should be read in conjunction with:
Protection of Vulnerable Adults Policy
Guidelines on the Administration of Medication: Appendix 5 –Guidelines on the Covert Administration of Medicines
Minimizing Restrictive Practice Policy
Recruitment and Selection Policy
Accident/Incident Reporting Policy
Disclosure and Whistleblowing Policy

KEYWORDS: child, protection, harm, abuse, CSE

CONTENTS

1. INTRODUCTION	1
2. CHILD PROTECTION POLICY STATEMENT	3
3. THE VULNERABILITY OF CHILDREN AND YOUNG PEOPLE WITH AUTISM.....	3
4. HOW HARM CAN BE IDENTIFIED.....	4
5. DEALING WITH A DIRECT ALLEGATION OF ABUSE BY A YOUNG INDIVIDUAL	5
6. INDEPENDENT FREELANCE EMPLOYEES/CONTRACTORS UNDERTAKING WORK FOR THE ORGANISATION	6
7. DEALING WITH A REPORT OF ABUSE AND/OR NEGLECT FROM A THIRD PARTY	6
8. MANAGING ALLEGATIONS MADE AGAINST CHILDREN/YOUNG PEOPLE BY THEIR PEERS	7
9. SAFE CARE.....	7
10. PROTOCOL FOR MANAGING BRUISING TO SERVICE USERS BODIES.....	7
11. CONFIDENTIALITY AND RECORD KEEPING.....	7
12. AVAILABILITY AND ACCESSIBILITY OF POLICY AND GUIDELINES.....	8
13. ALLEGATIONS MADE AGAINST EMPLOYEES OF SCOTTISH AUTISM	8
14. VOLUNTEERS	8
15. POLICY REVIEW STATEMENT.....	8

Appendices

Appendix 1	Unidentified Marks or Bruising Protocol
Appendix 2	Bruising Report Form & Body Chart
Appendix 3	Flow Chart 1 – Employees not implicated
Appendix 4	Flow Chart 2 – Employees implicated
Appendix 5	Defining & Identifying Harm

1. INTRODUCTION

Primecare Health Ltd is committed to developing and sustaining the well-being and safety of all children and young people within our services. It takes very seriously its responsibility to promote safe practice to protect children and young people from harm and neglect. This policy is written in accordance with the organisations responsibilities in relation to children and young people in terms of Protection of Children (Scotland) Act 2003, Children (Scotland) Act 1995 and Children and Young People (Scotland) Act 2014.

Getting it Right for Every Child (2005) is the Scottish Government's vision that children and young people in Scotland should become confident individuals, effective contributors, successful learners and responsible citizens. To this aim the Scottish Government states the following: *Children in Scotland require to feel safe and protected, nurtured in a supportive setting, healthy in mind and body, given opportunity to achieve access to play, respected and enabled to have their voice heard, to belong to their communities and to feel included and supported to overcome the social, educational, physical, environmental and economic barriers that create inequality.*

This policy statement and guidelines apply to all services within the organisation and all managers are responsible for ensuring that the guidance is fully and effectively implemented within service areas.

The nature of our services makes children/young people particularly vulnerable and therefore increases the need for protection, as well as the right to dignity, privacy, confidentiality and safety. These principles form the basis of our practice in our everyday work as well as in areas such as:

- intimate care
- use of physical intervention
- restrictive practice
- management of self-harm
- the way we speak to children and young people
- recording information
- sexuality
- religious persuasion
- race
- cultural and linguistic background

For the purposes of this policy and guideline, a child is defined as an individual under the age of 18 years. This is in line with the definition of a "child" within the *United Nations Convention on the Rights of the Child* and the *Protection of Children (Scotland) Act 2003*. The *Children (Scotland) Act 1995* defines a child as an individual under the age of 16 years unless certain circumstances apply including issues of harm, in which case child protection procedures may be extended to cover children with special needs (mental or physical disability) until the age of 18. In addition, The Children and Young People (Scotland) Act 2014 makes provision for young people to remain within their current care setting, if appropriate, until age 25.

It is important that all Employees understand their duty of care and implement these Guidelines whenever there is a concern that a young individual could be at risk of harm.

When considering the care and protection needs of children and young people, Primecare Health Ltd recognises the tensions that can result when working to support an individual's right to self-determination and personal choice balanced with their right to be protected from abusive and exploitative relationships. However, the first priority of all employees should always be to ensure the safety and protection of all children and young people.

All employees must work within the organisation's policies and procedures as well as in accordance with inter-agency guidelines in terms of assessment, case management, recording and sharing of information. The organisation will work with all relevant agencies to ensure that the welfare of the young individual is paramount and that clear lines of communication and joint working are practiced.

The organisation recognises its obligations in respect of confidentiality, and information will be shared as appropriate in line with organisational policy, procedures and relevant legislation. However, this approach will recognise that the protection of children and young people is paramount. This is in line with the guidance "It's Everyone's Job that I'm Alright" (2002).

All employees have a professional responsibility to report behaviour of families, parents, and other employees, other children/young people and employees where there is a concern that such behaviour is harmful or puts a young individual at risk of harm.

All managers have a responsibility to exercise clear decision making in accordance with the organisations child protection procedures as well as ensuring host/local authority child protection processes are followed.

It will be the responsibility of the Registered Managers as lead Child Protection Officers, to ensure each area within the organisation has a copy and adheres to the relevant local authority interagency guidelines for child protection.

Underpinning legislation and guidelines for reference:

Social Work Scotland Act (1968)

Protection of Children (Scotland) Act 2003

Children (Scotland) Act 1995

Public Service Reform Act 2010

Organisational Policies – Grievance; Disciplinary; Whistle-blowing; & Raising Concerns at Work.

Data Protection Act 1998

National Care Standards for School Care and Accommodation Service 2005

National Care Standards for People with Learning Disabilities 2005

Freedom of Information Act 2000

It's Everyone's Job that I'm Alright 2002

Scottish Social Services Council – Codes of Conduct 2007, Revised Codes of Practice for Social Service Employees and Employers (the Codes) 2016.

Protecting Children and Young People – Framework for Standards 2004

Getting it Right for Every Child 2005

Protecting Children – A Shared Responsibility 2003

Keeping Children Safe 2003

National Guidance for Child Protection in Scotland 2014

Children and Young People (Scotland) Act 2014

National Risk Framework 2012

Child Protection Guidance For Health Professionals 2013

2. CHILD PROTECTION POLICY STATEMENT

Primecare Health Ltd will:

- Ensure that all employees (meaning both paid employees and volunteers) understand their moral and contractual obligations to protect children and young people from harm and exploitation.
- Ensure that all employees understand their responsibility to work to the standards and procedures detailed in the organisation's policies and procedures relating to the care and protection of children and young people.
- Employees will ensure they are appropriately registered with SSSC and adhere to Codes of Practice.
- Ensure that all policies and procedures are fairly and consistently implemented.
- Robustly follow Safer Recruitment Guidance from Care Inspectorate
- Ensure that all employees understand their obligations to immediately report care or protection concerns about a young individual (or an employee member's conduct towards a young individual) to a manager, who will have responsibility for reporting to the Registered Manager/Operations Manager. Registered Manager/Operations Manager must ensure an immediate referral to Police Scotland (prior to other notifications) if a criminal act has occurred.
- Registered Manager/Operations Manager will have overall responsibility for reporting child protection concerns.
- Ensure that all managers understand their obligation to refer child protection concerns to the external protection agencies (i.e. Police and/or Social Work).
- Provide opportunities for all employees to develop their skills and knowledge in relation to the care and protection of children and young people.
- Ensure that all individuals are appropriately and sensitively supported to express their ideas, views and concerns on a wide range of issues, including protection issues.
- Ensure appropriate support is provided to any individual who discloses harm.
- Ensure that the parents/employees of any individuals are fully aware of their rights to express any concerns they may have about care and protection issues relating to their child.
- Endeavour to keep up-to-date with national developments relating to the care and protection of young individuals that we support.
- Provide all new employees with mandatory Child Protection Training. Employees working directly with young individuals will receive this training within three months of commencing employment; all other employees will receive this training within six months. Training will include information on signs and indicators of abuse as well as the process to follow where there is a concern that a young individual is being harmed or is at risk of harm.
- Ensure annual refresher Child Protection training is delivered to all Employees.

3. THE VULNERABILITY OF CHILDREN AND YOUNG PEOPLE WITH AUTISM

The vulnerability in young individuals with learning disabilities can be increased because of:

- a) Individuals having intimate care needs.
- b) Individuals being supported by a number of employees .

- c) The need to sometimes use interventions such as medication and physical intervention, which may be harmfully applied.
- d) A sense of powerlessness due to dependency on others.
- e) Communication differences which may make it hard to disclose, complain or to be understood.
- f) Differences with social interactions and limited life experiences which can lead to a lack of awareness in relation to personal boundaries (e.g. physical, sexual and neglect) and of what is considered to be acceptable and unacceptable behaviour.
- g) Young individuals who self-harm may mask underlining harm.

It is crucial that all employees are aware of the above and explore their own attitudes, behaviour and values which may impact in a negative and potentially harmful way on their relationships with young individuals.

Child Sexual Exploitation – Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a young individual into engaging in sexual activity in return for something received by the young individual and/or those perpetrating or facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.

Applying the definition: if someone takes advantage of an imbalance of power to get to a young individual to engage in sexual activity, it is CSE if:

1. The young individual receives, or believes they will receive, something they need or want (tangible or intangible gain or the avoidance of harm) in exchange for the sexual activity.

And/or

2. The perpetrator/facilitator gains financial advantage or enhanced status or power from the abuse.

Where the victim who is offered, promised or given something they need or want, the exchange can include both tangible (money, drugs or alcohol, for example) and intangible rewards (status, protection or perceived receipt of love or affection, for example). It is critical to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young individual does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a young individual who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

Where the gain is solely on the part of the perpetrator/facilitator, it must be something more than sexual gratification to constitute CSE (as opposed to another form of sexual abuse). This could be money, other financial advantage (reduced cost drugs/alcohol or discharge of a debt for example), status or power.

4. HOW HARM CAN BE IDENTIFIED

All employees should understand that harm may be identified in a number of ways, usually through:

- a) employees raising concerns
- b) the recognition of particular signs and indicators;
- c) a direct allegation of abuse made by a young individual;
- d) a report from a third party relating to the care and protection needs of a young individual.

5. DEALING WITH A DIRECT ALLEGATION OF ABUSE BY A YOUNG INDIVIDUAL

When allegations are raised by a young individual, employees should be mindful of their responsibility to follow the following guidance:

When dealing with an allegation of harm, employees should take the following steps:

- a) Immediately ensure the safety of the young individuals
- b) **Listen attentively** to what the young individual is telling you – employees should try not to interrupt, distract the young individual and/or put words into their mouth. Employees should ensure they do not ask leading questions/conduct an interview with the child and be clear that they listening and only recording the information from the young individual.
- c) **Ensure the young individual has appropriate communication** such as Makaton/Boardmaker/ sign along to give them opportunities to disclose.
- d) **Be aware of non-verbal communication** which includes being aware of facial expressions and how concern/interest is shown. Employees should not sit in a way that threatens or stand over the young individual.
- e) **Do not promise confidentiality** - Employees should not agree to keep secret any information which implies that the young individual could be at risk of harm. It should be explained that while every effort will be made to respect a desire for confidentiality, if there is cause for concern, it will be necessary to pass this information on.
- f) **Affirm the individual's feelings** – Employees should show empathy in an appropriate manner and reassure that the young individual has done the right thing in 'telling'.
- g) **Treat the allegation very seriously** – Employees should report it immediately ensuring the relevant designated manager for child protection (Registered Manager/Operations Manager) is aware and can report to external authorities.
- h) **Record what has been said/observed as soon as possible** – using Incident Recording Form and send to the designated manager (Registered Manager/Operations Manager) for child protection.
- i) **Where concerns are raised regarding potential harm from parents/Employees** – communication and action will be determined by Social Work and/or the Police. In these circumstances Managers and Employees should not disclose events to parents/Employees and await further guidance from Social Work and Police.
- j) **Where concerns are raised not concerning parents/Employee** – Employees should ensure parents/Employees members are made aware of events immediately.
- k) **Support for Young individual** – appropriate support (as per the individual's needs) should be made available to young individuals who allege harm.
- l) **Ask for support** – Employees should be offered support whenever they have had to respond to child protection concerns.

On receiving a report of an allegation of harm, the employee should expect to receive assurances from the Registered Manager/Operations Manager that the appropriate child protection procedures will be implemented immediately. When a Employees member is not satisfied with the Registered Manager/Operations Manager response to their concern, the Employees member should attempt to discuss this with them. If concerns remain, the Employees member has every right to make their own report to the child protection agencies and to discuss this action and concern with the organisation's Senior Management Team.

Where the Registered Manager/Operations Manager is not available, concerns should be raised with then Director **in accordance with local protection procedures.**

6. INDEPENDENT FREELANCE EMPLOYEES/ CONTRACTORS UNDERTAKING WORK FOR THE ORGANISATION

Where an allegation is made against an independent freelance employee/contractor, the organisation will make a referral to Social Work and the Police. The primary concern of the organisation will be the protection of the young individual. Primecare Health Ltd has the right to suspend the contract with any freelance employee/contractor whilst an external investigation is being carried out by the appropriate external agency.

7. DEALING WITH A REPORT OF ABUSE AND/OR NEGLECT FROM A THIRD PARTY

If concerns about the care and protection needs of a young individual are raised by a third party, it is essential to ensure the young individual's wellbeing in the first instance. All communication regarding the concern should be dealt with sensitively.

The Employees member who receives the report should explain that the concerns will be dealt with according to the organisation's child protection procedures.

If a third party decides to withdraw their concerns at this point, they should be informed that where the information has indicated that a young individual could be at risk of harm, the information will have to be passed on to Police and Social Work.

Steps to be taken when an allegation/concern of possible abuse is reported which DOES NOT implicate Employees

Allegations of abuse which do not implicate Employees from within the organisation must be reported immediately to a manager. The manager will notify Registered Manager/Operations Manager who will follow the procedure outlined in **Appendix 1: Flow Chart 1.**

Steps to be taken when an allegation/concern of possible harm is reported which may implicate Employees

Allegations of harm which may implicate Employees from within the organisation, must be reported immediately to a manager who will notify Registered Manager/Operations Manager who will follow the procedure outlined in **Appendix 2: Flow Chart 2** which

summarises the steps the organisation will take whenever a concern arises (including a care and protection concern) about Employees's conduct towards a young individual.

The Registered Manager will also notify the Operations Manager. The Registered Manager/Operations Manager will notify the Care Inspectorate and the SSSC where a member of Employees is subject to an investigation.

8. MANAGING ALLEGATIONS MADE AGAINST CHILDREN/ YOUNG PEOPLE BY THEIR PEERS

Primecare Health Ltd recognises that harm can take place between children and young individuals i.e. peer to peer. Wherever an Employees suspects this type of harm may be happening they should report their concerns to a manager who will report to Registered Manager/Operations Manager.

When harm is believed to be perpetrated by a young individual it is important to ensure assumptions are not made that somehow it is less distressing or harmful to a child if the perpetrator is another young individual.. The Registered Manager will refer concerns to Social Work and Police and will work closely with all partners to ensure the safety and wellbeing of all individuals.

9. SAFE CARE

The organisation recognises the tension between meeting the emotional wellbeing of young individuals whilst ensuring they are protected from harm and neglect. Where it is appropriate and there is clear purpose, young individuals will be emotionally supported by having, for example, physical contact from Employees. This will be agreed by relevant parties with consent recorded within the young individuals plan.

10. PROTOCOL FOR MANAGING BRUISING TO INDIVIDUALS BODIES

Primecare Health Ltd takes seriously its duty of care to service users therefore all incidents of bruising should be reported to a manager and will be investigated.

It is important that Employees are vigilant when supporting young individuals and record details of any accidents/incidents/ daily living occurrences that could cause them bruising utilising Appendix 3. It is however acknowledged that many young individuals enjoy time alone therefore it is not always possible to observe situations that could lead to bruising and or injury. This also applies to young individuals that manage their own personal care, in such circumstances Employees may not notice bruising on a Young Individuals body.

11. CONFIDENTIALITY AND RECORD KEEPING

Personal information about young individuals and their families held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the persons concerned. **Confidentiality is not an option when young individuals are at risk of harm.**

All Employees are expected to adhere to Primecare and SSSC codes of practice to ensure the young individuals welfare. Information about harm or risk of harm may be offered in confidence but the recipient cannot keep such information to him or herself.

All records relating to child protection concerns will be managed by the Registered Manager in a way which conforms to the requirements of the *Data Protection Act 1998*. Primecare Health Ltd Confidentiality Policy provides further guidance on this issue.

12. AVAILABILITY AND ACCESSIBILITY OF POLICY AND GUIDELINES

All Employees will be made aware of how to access a copy of the policy through the Primecare Employee Section Website. Copies of the policy will be made available to all young individuals on request. The organisation will also take all reasonable steps to make this guidance accessible in alternative formats where this is requested by individuals.

13. ALLEGATIONS MADE AGAINST EMPLOYEES OF PRIMECARE HEALTH LTD

Any suspicion or complaint that an Employee has been involved in harming a young individual or has put them at risk of harm, must be reported immediately to Registered Manager who will report to the Operations Manager.

Registered Manager and Operations Manager will review all information submitted and take appropriate action to ensure the safety and wellbeing of young individuals. This may include the suspension of the Employee to allow for full investigation into matters.

The Employee will be fully informed regarding the actions taken by Primecare Health Ltd and given access to appropriate support through HR Department.

14. POLICY REVIEW STATEMENT

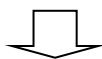
This policy will be reviewed every three years or earlier if required due to legislative updates.



Protocol for Managing Unidentified Marks or Bruising On Individuals Bodies

It is vital that all Employees working with young individuals are vigilant and record and report any situation which could result in bruising or marking on a young individuals body eg physical intervention, observation of bumps, accidents etc.

On noticing bruising / marking on a young individuals body, Employees should immediately report this to a Senior AP / On Call. Employees should complete an Incident Form and accompanying body chart.



The Senior AP / On Call will respond by carrying out a preliminary investigation to identify the source of the bruising / marking



Where the bruising/marking can be traced to an incident / accident / daily living occurrence, a review of the individuals risk assessments and / or support plans may be necessary



Where the individuals bruising / marking cannot be traced to an incident / daily living occurrence the issue should be escalated to a protection concern and the organisation's Adult / Child Protection procedures should be followed

Note

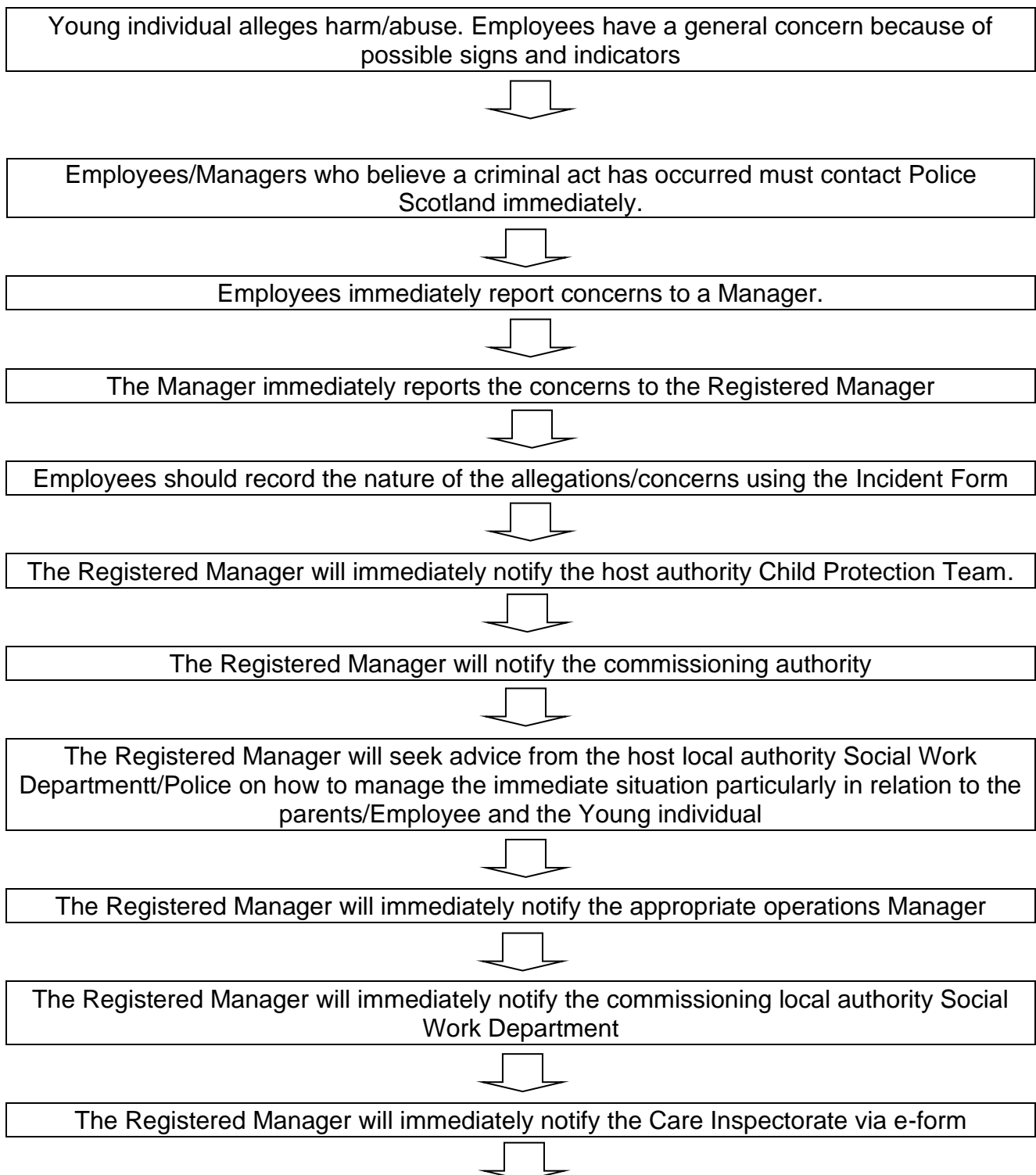
- Registered Managers are to ensure the above protocol meets with their respective Local Authorities approval.
- Where bruising or marking on a Young Individuals body is being investigated under the Child / Adult Protection procedures, a GP's appointment should be made as soon as possible to ascertain if the bruising / marking is accidental / non accidental.
- Known birth marks / skin disorders should be recorded in individuals support plans so as not to confuse with possible protection concerns.
- Where individuals are prone to bruising it would be good practice to discuss this with their GP.
- It is acknowledged that it may not always be possible to notice bruising / marking on an individual if they are independent with personal care tasks. This should feature as part of their safeguarding risk assessment which should be agreed and signed off by parents, guardians and care managers.



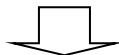
CHILD PROTECTION POLICY

Flowchart 1

Steps to be taken by the Registered Manager when an allegation of possible harm or risk of harm and abuse is reported which **does not** implicate an employee.



Having obtained guidance from the relevant external agencies, appropriate and sensitive support is offered to the Young individual and where appropriate to his/her parents/Employees



The Registered Manager will keep records of all correspondence with the Police/Social Employee within the Child Protection concerns file

Note:

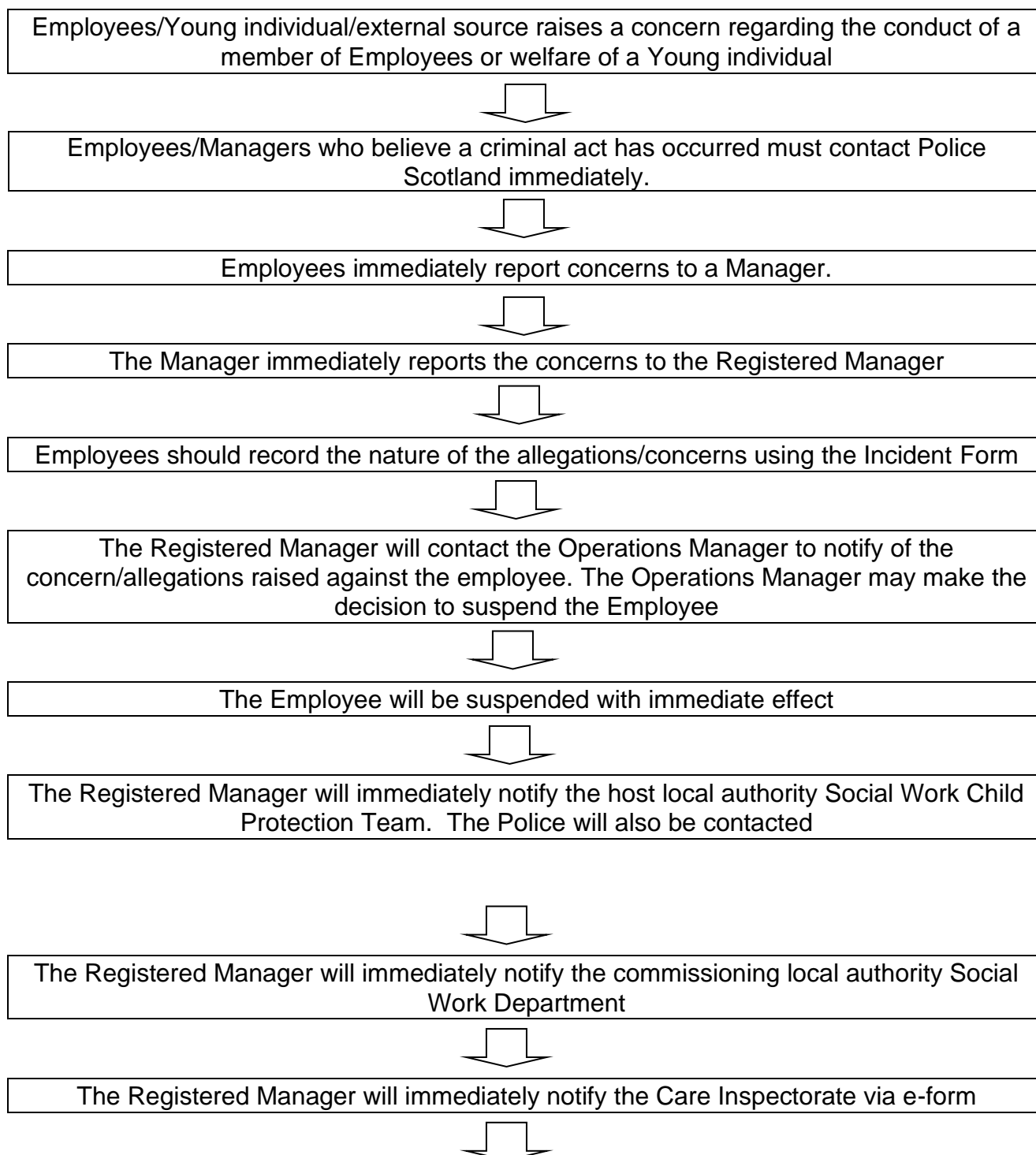
- It is the responsibility of the Registered Manager to source a copy of the Inter Agency Child Protection Guidelines for each of the local authorities with whom they work.
- Where the Registered Manager/Operations Manager is unavailable, the Director should follow the local guidance as detailed above



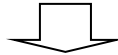
CHILD PROTECTION POLICY

Flowchart 2

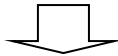
Steps to be taken by the Registered Manager when concerns of harm or abuse or risk of harm and abuse arise about the conduct of Employees towards a Young individual



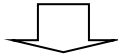
The Registered Manager will immediately notify the SSSC or other relevant registration bodies.



The Registered Manager will notify the Young individual's parents/Employee



The organisation will await feedback from the host authority/Police regarding the investigating



If the local authority/Police decide not to take further action, Primecare Health Ltd reserves the right to carry out their own investigation in accordance with the disciplinary procedures

Note:

- It is the responsibility of the Registered Manager to keep the Care Inspectorate, SSSC, Commissioning Authority and the Young individual's parents/Employees updated on the progress of an internal investigation.
- It is the responsibility of the Registered Manager to source a copy of the Inter Agency Child Protection Guidelines for each of the local authorities with whom they work.
- If the Police/Social Work decide not to progress with an investigation and where the organisation undertakes its own investigation, a disciplinary hearing will take place regardless of whether the Employees decides to resign.
- The Care Inspectorate and the SSSC or other relevant registration bodies will be notified of the outcome of the disciplinary hearing by the Registered Manager.
- Where the Registered Manager/Operation Manager is unavailable/out of hours, the Director, should follow the local guidance as detailed above.
- The Registered Manager is responsible for keeping records of all correspondence with the host/commissioning authorities/Police/SSSC or other relevant registration bodies and the Care Inspectorate.

APPENDIX 4

1. DEFINING HARM

“All children and young people in Scotland have the right to be cared for and protected from harm and to grow up in a safe environment in which their rights and needs are respected. The welfare of the child is paramount...everyone involved in working with children has a fundamental duty of care towards them”

Framework for Standards – Scottish Executive 2004

Harm can be categorised into the following 'types':

- a) **Physical Harm** – includes hitting, slapping, pushing, kicking, and inappropriate use of physical intervention.
- b) **Sexual Harm** – includes rape and sexual assault or sexual acts against the young individual. Sexual abuse is categorised into contact and non-contact abuse. This may include using or showing children or young people pornographic materials such as videos or photographs.
- c) **Psychological (emotional) Harm** – includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- d) **Neglect and acts of omission** – includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- e) **Pharmacological Harm** – this includes the withholding of key medication or giving too much medication, or not following protocols for as required medication.
- f) **Financial or material Harm** – includes theft, fraud, exploitation and pressure in relation to financial decisions including possessions or benefits.
- g) **Discriminatory Harm** – includes racism, sexism and harassment because of a child's disability, age, sexuality, religious belief, socio-economic status etc.
- h) **Institutional Harm** – includes isolated or on-going incidents of poor or unsatisfactory care practice and/or pervasive ill treatment and gross misconduct. Institutional harm can be perpetrated through 'taken for granted' almost unconscious ways of doing things and through organised abusive acts which are wilfully perpetrated by those in positions of trust and power.
- i) **Information** – failure to adhere to the relevant guidance as outlined in the Data Protection Act.
- j) **Child Sexual Exploitation** – Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity in return for something received by the child and/or those perpetrating or facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.

Applying the definition: if someone takes advantage of an imbalance of power to get to a young individual to engage in sexual activity, it is CSE if:

- I. The young individual receives, or believes they will receive, something they need or want (tangible or intangible gain or the avoidance of harm) in exchange for the sexual activity.

And/or

- II. The perpetrator/facilitator gains financial advantage or enhanced status or power from the abuse.

Where the victim who is offered, promised or given something they need or want, the exchange can include both tangible (money, drugs or alcohol, for example) and intangible rewards (status, protection or perceived receipt of love or affection, for example). It is critical to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young individual does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

Where the gain is solely on the part of the perpetrator/facilitator, it must be something more than sexual gratification to constitute CSE (as opposed to another form of sexual abuse). This could be money, other financial advantage (reduced cost drugs/alcohol or discharge of a debt for example), status or power.

- k) **Restrictive Practice** – In its broadest sense, restraint is taking place when the planned or unplanned, deliberate or unintentional actions of care Employees prevent a person from doing what he or she wishes to do and as a result places limits on his or her freedom of movement. Restraint is defined in relation to the degree of control, consent and intended purpose of the intervention.
- l) **Digital Harm** – although digital harm is not an act of harm in its own right it can be used as a mode of contact by a person wishing to bully, sexually exploit, groom or harm another individual.

Any or all these types of harm may be perpetrated as a result of deliberate intent, negligence or ignorance.

All allegations will be reported to Police and Social Work to enable them to determine the best course of action.

Peer Harm

The nature of some young individuals is such that it may result in behaviour that challenges others. This behaviour can be directed towards other young individuals. Managers and Employees will ensure appropriate measures are in place to minimise the risk of harm to/from others. Where the safety of young individuals cannot be assured an urgent multi-disciplinary review will be called.

2. HOW TO IDENTIFY POSSIBLE INDICATORS OF HARM

The following information is not exhaustive. Employees who are in regular contact with young individuals are well placed to observe and recognise outward signs of harm or risk of harm.

Possible indicators of harm or risk of abuse may include:

- a) subtle changes in body language
- b) signs of increased stress and anxiety, changes to emotional wellbeing

- c) increased withdrawal and loss of concentration
- d) signs of physical injury such as unexplained bruises, grazes, swellings and bleeding
- e) lack of self-esteem/belief
- f) increased tendency to become uncooperative and aggressive
- g) Changes to sleep pattern
- h) In receipt of unexplainable new gifts
- i) Displaying inappropriate sexualised language/behaviour
- j) Sexually Transmitted Disease
- k) Pregnancy
- l) Increase or changes to self-harm pattern
- m) Change in usage of digital technology

Harm can manifest a variety of signs and indicators. Employees must be vigilant and be aware of these signs in their day to day work.