Erskine Stewart Melville
1694

Child Protection Policy

Responsible: Child Protection Co-ordinators
Last Updated: October 2026
Date for Renewal: June 2027 (Review)

INTRODUCTION

'Child Protection' is the process involved in the consideration, assessment and planning of action to safeguard a child or young person where an assessment indicates that they may be at risk of neglect, exploitation, or physical, mental or emotional harm. All children and young people, regardless of age, disability, gender, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse.

This policy outlines the roles, expectations, actions and responsibilities that all Erskine Stewart Melville (ESM) staff have to ensure that children ("children/child" refers to any student enrolled at ESM) are protected and receive the right support and services when they need them.

The child's welfare is of paramount consideration and regard will be given to the child's view, taking into account their age and maturity. Within our Schools, we aim to create an environment in which all pupils feel safe and protected and that adults working with children know and understand the signs that may suggest a child is suffering or is at risk of suffering harm and are confident in what actions to take.

'Getting It Right For Every Child' (GIRFEC) is the overarching framework for children's services across Scotland and professionals' collective approach and model for ensuring positive outcomes. At ESM, it is everybody's responsibility to do the right thing for each child and work towards a unified approach and safeguarding culture. Every child should receive the help and support they need, when they need it and their welfare is paramount.

PRINCIPLES UNDERPINNING THE PROCEDURES

This policy has been developed with reference to, and is underpinned by, the following guidance and procedures:

National Guidance for Child Protection in Scotland 2021 - updated 2023
Edinburgh and the Lothians Multi-agency Child Protection Procedures
national-framework-child-protection-learning-development-scotland-2024.pdf
United Nations Convention on the Rights of the Child (UNCRC)
Getting it Right for Every Child
The Promise Scotland
Trauma-Informed Practice: A Toolkit for Scotland
Neglect Toolkit
Prevent Duty Guidance for Scotland
Going Out There
Child Protection Scotland

ROLES, RESPONSIBILITIES AND TRAINING

SENIOR SCHOOL
Child Protection Co-ordinator: Thomas Gray-Timms, Senior Deputy Head (Wellbeing)
Deputy Child Protection Co-ordinator: Janet Fitzgerald, Deputy Head (Student Support)

JUNIOR SCHOOL
Child Protection Co-ordinator: Jill Roxburgh, Deputy Head
Deputy Child Protection Co-ordinator: Alison Lydon, Senior Deputy Head (Wellbeing)

- Child Protection is everyone's business. Everyone has a responsibility to ensure that children are safe and cared for. All staff and volunteers have a responsibility to be alert to the possibility of children being abused or neglected and have a responsibility to pass on their concerns to the Child Protection Co-ordinators (CPCs).
- Where necessary and appropriate, additional capacity to support Child Protection interventions and work is provided by promoted colleagues, linked to specific year groups in both the Junior and Senior Schools. All have Intensive Workforce Child Protection training, or equivalent, and carry out this work at the direction, and with the support, of the Child Protection Co-ordinator.

SENIOR SCHOOL

Head of Year (S1)	Hayden Lingard	Head of Year (S2)	Jo McLaren
Head of Year (S3)	Kara Strachan	Head of Year (S4)	David Foulds
Head of Year (S5)	Catherine Morrison	Head of Year (S6)	Iain Welsh

JUNIOR SCHOOL

Nursery	Rhona Watt, Head of Nursery
Primary 1	Alison Lydon, Senior Deputy Head (Wellbeing) and Deputy CPC
Primary 2, 3, 4	Martin Harkins, Deputy Head (Student Support)
Primary 5, 6	Jill Roxburgh, Deputy Head (Student Support) and CPC
Primary 7	Chris Watson, Senior Deputy Head (Learning)

- All staff will adhere to the ESM Code of Conduct, ESM Disciplinary Policy and the GTCS Code of Professionalism and Conduct. Guidelines regarding Safer Working Practices in Child Protection are detailed in **Appendix 2.**
- Protection of Vulnerable Groups (PVG) pre-employment checks will be carried out for all new staff as part of the ESM Safer Recruitment Policy. PVG checks will also be carried out for all volunteers and third-party contractors in line with the ESM Safeguarding Protocol. All staff must be PVG scheme members. Depending on their role, they must be registered with the appropriate professional body if applicable, eg GTCS, SSSC.
- All Child Protection Co-ordinators, Leadership Teams, senior Guidance staff and Wraparound Care Managers receive Intensive Workforce Child Protection training. This training is delivered every two years by an external City of Edinburgh Council trainer or a substitute agency, to keep staff up-to-date and informed of changes in practice.
- Every two years, all staff must undertake General Workforce Child Protection training, appropriate to their role and level of responsibility. All staff will receive Child Protection and Prevent training as part of their induction programme.
- All staff are required to complete an annual Child Protection and Prevent training update.

RECOGNISING, REPORTING, RECORDING AND RESPONDING TO CHILD PROTECTION CONCERNS

Dial 999 if a child is in immediate danger or requires urgent medical assistance.

Anyone who becomes aware of a potential Child Protection concern should report the circumstances at the earliest possible opportunity following the steps on the Wellbeing and Child Protection Concern flowchart on page 5. It is not necessary to be certain that a child has been harmed or is at immediate risk of harm before reporting a concern. See Appendix 1 for signs of possible harm.

Any member of staff or volunteer who becomes aware of a Child Protection concern must record the basic facts as soon as possible. Ensuring the notes:

- Are factual, recorded as soon as possible and certainly on the same day
- Are in the child's own words
- Provide a context

When a child discloses abuse or concern:

- Stay calm and listen
- Go slowly
- Reassure them that they have not done anything wrong
- Be supportive, but you cannot promise confidentiality
- Gather essential facts
- Use open-ended questions
- Avoid leading questions
- Tell them what will happen next (where appropriate)
- Share their concerns with the Child Protection Co-ordinator as soon as possible

Questions should include **who** is involved, **what** happened, **where** and **when**.

Who	✓	Who did it?
	X	Was it mummy/baby-sitter/John?
What	✓	What happened?
	X	Did 'such-and-such' happen?
Where	✓	Where did it happen?
	X	Did he/she come into your bedroom?
When	✓	When did it happen?
	X	Did it happen last night?
How	X	
Why	X	

PROACTIVE MEASURES TO KEEPING OUR PEOPLE SAFE

Child Protection Policy
A copy of the ESM Child Protection Policy is available on our website erskinestewartmelville.com and on Firefly. A hard copy of the Child Protection policy should be available at every reception, and available to anybody who requests it.

Arrangements for Keeping Children Safe in Our Schools
Our comprehensive overview of processes relating to Child Protection and Wellbeing is available on Firefly, and staff are encouraged to familiarise themselves with this document. A hard copy of the document should be available at every reception, and available to anybody who requests it.

Child Protection Training
Weekly Child Protection Training is facilitated online by a Child Protection Co-ordinator or Deputy Child Protection Co-ordinator.

Visitors
All visitors should digitally sign in at Reception. It is the responsibility of the host member of staff to ensure that this has happened and that the visitor is escorted whilst on ESM campuses. Prior due diligence should have been carried out by the host member of staff, as per The Visiting Speaker Protocol.

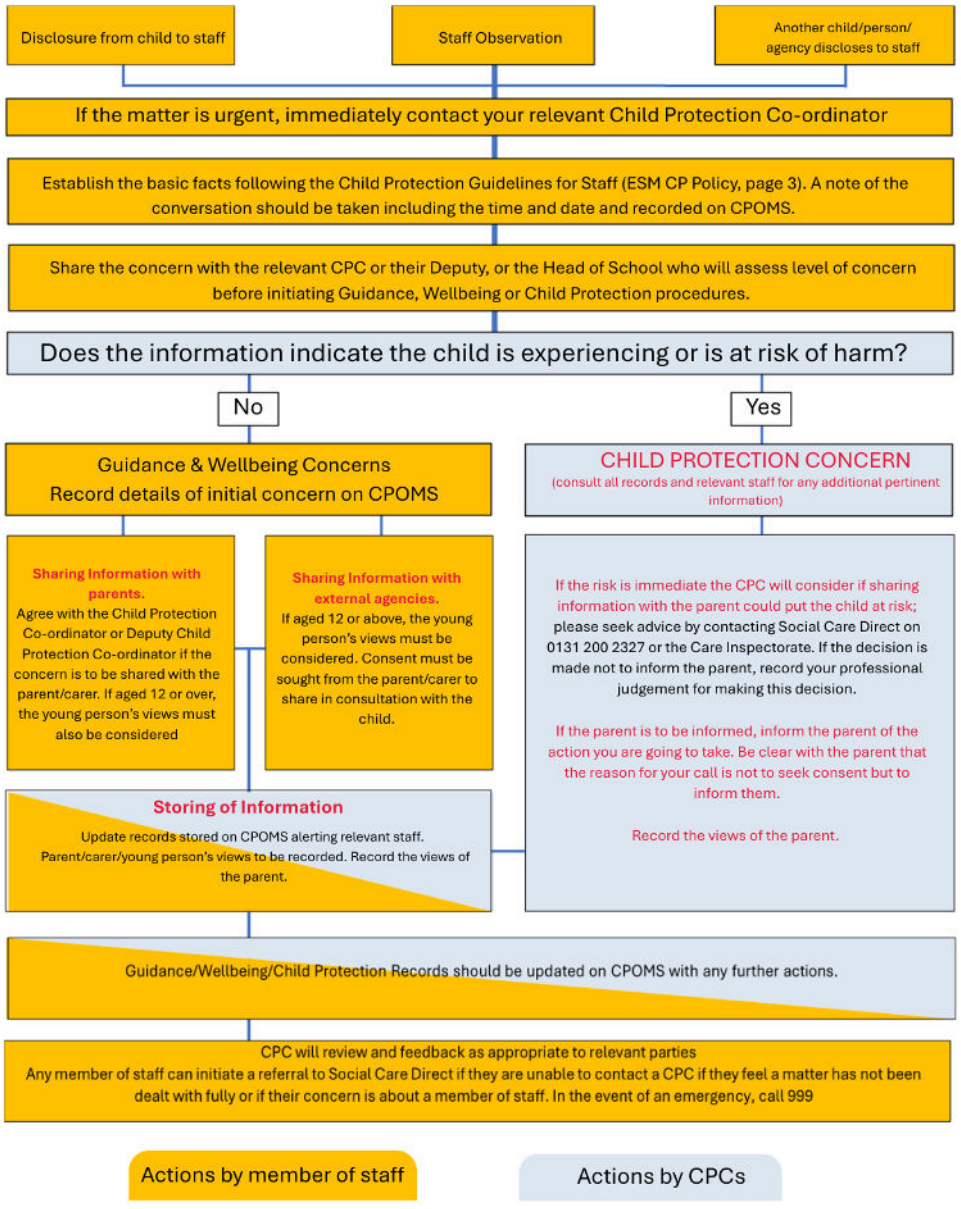
It is the responsibility of Reception staff to issue visitor badges and safeguarding postcards to visitors that detail key messages and contacts, should they be required. Visitors will receive further safeguarding information via email when they sign in. All visitors should sign out at the end of their visit.

SIGNAGE

Child Protection Team and Medical Staff
The names and photographs of those adults with promoted responsibility for Child Protection should be displayed in all learning environments along with the details of the school medical staff. This information should also be displayed in staff-only areas, such as offices, bases, kitchens and prep rooms. These posters are available on Firefly and in hardcopy from the school office.

'Keeping Everyone Safe on Site'
Staff-only spaces should also display this poster which details practical steps to keeping the school campus as safe as possible. These are available on Firefly and in hardcopy from the school office.

Wellbeing and Child Protection Concern Flowchart



SAFEGUARDING AND SUPPORTING CHILDREN WHO EXPERIENCE WELLBEING CONCERNS

Emotional and Mental Health Concerns, including Eating Disorders

ESM will work with children, their families and, when appropriate, external services to support children and their wellbeing. The school recognises that some mental and emotional health concerns may impede their physical and social development, as well as result in elevated levels of risk to their safety.

This may include, but is not limited to:

- Self-harming behaviours – cutting, burning, head banging, pinching, hair pulling, skin picking
- Risk taking and/or harmful sexual behaviours
- Increased levels of distress
- Disordered eating and/or the development of an eating disorder which results in unsafe weight loss or gain
- Suicidal Ideation and behaviours
- Relationship breakdowns or changes with friends and family, including social withdrawal.

In consultation with families, the appropriate referrals will be made to the relevant professional services to better support the wellbeing of the child, taking account of the risk factors and protective factors pertaining to the GIRFEC Wellbeing Indicators: Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible and Included.

The following in-school supports may include, but are not limited to:

- One-to-one support from the child's Guidance leader or Class Teacher
- One-to-one support from a Wellbeing Support Assistant
- One-to-one support from our Lead Teacher: Neurodiversity
- Referral to our counselling service, Place2Be
- Reduced or flexible timetable
- Timeout cards and movement passes
- Encouragement to join a club or society
- Supervised eating

As a school, we recognise the fluid nature of concerns affecting children and young people, and how they may escalate from wellbeing to child protection concerns, or reduce where appropriate support is in place. Therefore, where there is a lack of, or hindrance to, appropriate support, urgency or intervention, the school will take appropriate action, including raising child protection concerns.

Child Planning and Multi-agency GIRFEC approach

A Child's Plan may be initiated where a child requires targeted or intensive support to address wellbeing or child protection concerns. The Child's Plan is usually initiated through discussion between relevant practitioners, led by the practitioner best placed to coordinate support. Within the Junior School, this responsibility will typically sit with a member of the Senior Leadership Team or Head of Inclusion. Within the Senior School, the Lead Professional will be the staff member best placed to co-ordinate support. Where multiple services are involved, a Lead Professional will be identified to coordinate the Child's Plan. The Lead Professional will be the practitioner with the most appropriate expertise and involvement in relation to the child's needs; this may be an education, health or social work professional.

Child's Plans should have definitive timescales, reviews and, where possible and appropriate, the views and perspectives of the child should be sought and detailed. A copy of the Child's Plan will be held in the student's Document Vault on CPOMS.

Whistleblowing and Child Protection

All members of staff have a professional responsibility to raise concerns when they believe that the conduct of a colleague, volunteer, contractor or other adult working with children may place a child or young person at risk of harm, or where safeguarding practice appears unsafe or inappropriate. Staff should feel able to raise such concerns without fear of adverse consequences and should follow the School's Whistleblowing Policy and Child Protection procedures to raise concerns. Concerns relating to the conduct of an adult towards a child must be reported promptly to the Child Protection Co-ordinator or a member of Senior Leadership and must not be investigated independently by the member of staff who notices or reports the concern.

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Concerns may relate to ongoing suspicions or worries, singular incidents of concern and/or any other (pattern of) behaviour which compromises professional boundaries, professional integrity, the safety of child or the good reputation of the school. Colleagues are encouraged through Child Protection training to raise concerns immediately;

These may relate to;

- Inappropriate contact with a child; physical, sexual or via technology
- Familiarity with a child that oversteps professional boundaries
- Relationships that deprecate or demean children, or aspects of their character and identity
- Understanding
- A colleague, contractor or visitor who has a behaved in a way inside or outside of school that renders their contact with children and young people inappropriate.

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Where the concern relates to a Child Protection Co-ordinator, senior leader, or where a member of staff believes that a safeguarding concern has not been appropriately addressed, the concern should be escalated through the appropriate senior leadership or governance route set out in the School's Whistleblowing Policy.

Concerns, allegations, consequent investigations and possible disciplinary processes should be recorded and conducted officially, with transparency and in line with ESM's investigation and disciplinary procedures.

Commented [WR3]: Sorry all- is this in relation to above paragraph as in CPC or SLT concerns - If it is, then perhaps this needs to be in the same paragraph? If not, and it is more about the process - we state further up that staff should approach the CPC or SLT - If it is simply to state that concerns will be recorded - I wonder if we should say **will be** recorded .....and **will be** lodged with HR?

Appendix 1

Definitions of Abuse and Signs of Possible Harm

Types of child abuse - Child Protection Scotland

It is important to remember that lists such as the one below are neither definitive nor exhaustive. The information must be used in the context of the child's whole situation and in combination with a range of other information related to the child and their circumstances.

These are general indicators that the child may be troubled, though not necessarily about abuse. The child may have some of these problems or none. It is the combination, frequency duration of signs that will alert you to a problem. Try to notice all changes in their presentation, demeanour and/or behaviour.

There can be an overlap between all the different forms of child abuse, and all or several can co-exist.

What is child abuse and child neglect?

- Abuse and neglect are forms of maltreatment.
- Abuse or neglect may involve inflicting harm or failing to act to prevent harm.
- Children may be maltreated at home; within a family or peer network; in care placements; institutions or community settings; and in the online and digital environment.
- Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members.
- Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use.

PHYSICAL ABUSE

Physical abuse is the causing of physical harm to a child or young person.

Physical abuse may involve:

  - hitting
  - shaking
  - throwing
  - poisoning
  - burning or scalding
  - drowning or suffocating

- Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.
- There may be some variation in family, community or cultural attitudes to parenting, for example, in relation to reasonable discipline.
- Cultural sensitivity must not deflect practitioners from a focus on a child's essential needs for care and protection from harm, or a focus on the need of a family for support to reduce stress and associated risk.

Physical Indicators of Physical Abuse

- Unexplained injuries or burns, particularly if they are recurrent

- Untreated injuries, or delay in reporting them
- Excessive physical punishment
- Arms and legs kept covered in hot weather

Behavioural Indicators of Physical Abuse

- Refusal to discuss injuries
- Improbable excuses given to explain injuries
- Aggression towards others
- Fear of returning home
- Running away

When considering the possibility of non-accidental injury, it is important to remember that the injuries may have occurred for other reasons, eg genuine accidents or medical disorders.

NEGLECT

- Neglect consists in persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development.
- There can also be single instances of neglectful behaviour that cause significant harm.
- Neglect can arise in the context of systemic stresses such as poverty, and is an indicator of both support and protection needs.
- 'Persistent' means there is a pattern which may be continuous or intermittent which has caused, or is likely to cause, significant harm.
- However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful.
- Early signs of neglect indicate the need for support to prevent harm.
- The GIRFEC SHANARRI indicators set out the essential wellbeing needs.
- Neglect of any or all of these can impact on healthy development.
- Once a child is born, neglect may involve a parent or carer failing:
    - to provide adequate food, clothing and shelter (including exclusion from home or abandonment)
    - to protect a child from physical and emotional harm or danger
    - to ensure adequate supervision (including the use of inadequate caregivers)
    - to seek consistent access to appropriate medical care or treatment
    - to ensure the child receives education
    - to respond to a child's essential emotional needs.

Physical Indicators of Neglect:

- Poor hygiene
- Squinting
- Unsuitable clothing
- Untreated injury or illness
- Lack of dental care
- Height and weight significantly below age level

Behavioural Indicators of Neglect:

- Unusual school attendance
- Chronic absenteeism
- Chronic hunger, tiredness or lethargy
- Assuming adult responsibilities

- Reporting no caretaker at home

Faltering Growth
- Refers to an inability to reach normal weight and growth or development milestones in the absence of medically discernible physical and genetic reasons. This condition requires further assessment and may be associated with chronic neglect

Malnutrition
Lack of nurturing and lack of stimulation can lead to serious long-term effects:
- Greater susceptibility to serious childhood illnesses
- Reduction in potential stature
- For very young children the impact could quickly become life-threatening.
- Chronic physical and emotional neglect may also have a significant impact on teenagers

EMOTIONAL ABUSE

- Emotional abuse is persistent emotional ill treatment that has severe and persistent adverse effects on a child's emotional development.
- 'Persistent' means there is a continuous or intermittent pattern which has caused, or is likely to cause, significant harm.
- Emotional abuse is present to some extent in all types of ill treatment of a child, but it can also occur independently of other forms of abuse.
- It may involve:
  - conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person
  - exploitation or corruption of a child, or imposition of demands inappropriate for their age or stage of development
  - repeated silencing, ridiculing or intimidation
  - demands that so exceed a child's capability that they may be harmful
  - extreme overprotection, such that a child is harmed by prevention of learning, exploration and social development
  - seeing or hearing the abuse of another (in accordance with the Domestic Abuse (Scotland) Act 2018)

Physical Indicators of Emotional Abuse:
- Low self-esteem
- Continual self-deprecation
- Sudden speech disorder
- Significant decline in concentration
- Socio-emotional immaturity
- Compulsive stealing
- Running away
- Indiscriminate friendliness

Behavioural Indicators of Emotional Abuse
- 'Neurotic' behaviour (e.g., rocking, head-banging)
- Self-mutilation
- Extremes of passivity or aggression

SEXUAL ABUSE

Not all children are able to tell parents or carers that they have been assaulted. Changes in behaviour may be a signal that something has happened. It is important to remember that in cases of sexual assault, there may be no physical or behavioural signs.

It is important to be aware that sexual violence and sexual harassment can occur between two children of any sex. They can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

- Child sexual abuse (CSA) is an act that involves a child under 16 years of age 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.
- These procedures must be applied when there is concern about the sexual exploitation or trafficking of a child.
- 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, in watching sexual activities, using sexual language towards a child, or encouraging children to behave in sexually inappropriate way.

For those who may be victims of sexual offences aged 16-17, child protection procedures should be considered.

- Child sexual exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person under 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator.
- The victim may have been sexually exploited even if the sexual activity appears consensual.
- Child sexual exploitation does not always involve physical contact. It can also occur through the use of technology.
- Children who are trafficked across borders or within the UK may be at particular risk of sexual abuse.

Behavioural Indicators of Sexual Abuse

- Lack of trust in adults or over-familiarity with adults
- Fear of a particular individual
- Social isolation, withdrawal or introversion
- Sleep disturbance (nightmares, irrational fears, bed-wetting, fear of sleeping alone)
- Running away from home
- Child taking over the parental role
- Reluctance or refusal to participate in physical activity or to change clothes for activities
- Low self-esteem
- Drug, alcohol or solvent abuse
- Display of sexual knowledge beyond child's years
- Unusual interest in the genitals of adults or children or animals
- Expressing affection in an age-inappropriate way, e.g. 'French kissing'
- Fear of bathrooms, showers, closed doors

- Abnormal sexualised drawing
- Fear of medical examinations
- Developmental regression
- Poor peer relations
- Inappropriate or sexually harmful behaviours
- Compulsive masturbation
- Stealing
- Psychosomatic factors, eg recurrent abdominal pain or headache
- Having unexplained/abundant sums of money and/or possessions
- Sexual promiscuity

Physical Indicators of Sexual Abuse

- Sleeplessness, nightmares, fear of the dark
- Bruises, scratches, bite marks to the thighs or genital areas
- Itch, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- Pain on passing urine or recurrent urinary infection
- Stained underwear
- Unusual genital odour
- Poor personal hygiene
- Anxiety/depression
- Eating disorder, eg anorexia nervosa or bulimia
- Discomfort/difficulty in walking or sitting
- Pregnancy, particularly when reluctant to name father
- Sexually transmitted diseases or infections
- Soiling or wetting in children who have been trained
- Self-mutilation/suicide attempt

CHILD CRIMINAL EXPLOITATION

- Criminal exploitation refers to the action of an individual or group using an imbalance of power to coerce, control, manipulate or deceive a child or young person 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 the activity appears consensual.
- Child criminal exploitation may involve physical contact and may also occur through the use of technology.
- It may involve gangs and organised criminal networks.
- Sale of illegal drugs may be a feature.
- Children and vulnerable adults may be exploited to move and store drugs and money.
- Coercion, intimidation, violence (including sexual violence) and weapons may be involved

CHILD TRAFFICKING

- Child trafficking involves the recruitment, transportation, transfer, harbouring or receipt, exchange or transfer of control of a child under the age of 18 years for the purposes of exploitation.
- Transfer or movement can be within an area and does not have to be across borders.
- Examples of and reasons for trafficking can include sexual, criminal and financial exploitation, forced labour, removal of organs, illegal adoption, and forced or illegal marriage.

FEMALE GENITAL MUTILATION (FGM)

- This extreme form of physical, sexual and emotional assault upon girls and women involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.
- Such procedures are usually conducted on children and are a criminal offence in Scotland.
- FGM can be fatal and is associated with long-term physical and emotional harm.

Physical Indicators of Female Genital Mutilation (FGM)

- Difficulty walking, sitting, standing
- Spending longer than normal in the bathroom
- Bladder or menstrual problems

Behavioural Indicators of Female Genital Mutilation (FGM)

- May talk about a "special procedure" or "special occasion to become a woman"
- Abroad for a longer period
- Unusual absence
- Reluctance to undergo normal medical examinations

FORCED MARRIAGE

- A forced marriage is a marriage conducted without the full and free consent of both parties and where duress is a factor.
- Duress can include physical, psychological, financial, sexual and emotional abuse.
- Forced marriage is both a child protection and adult protection matter.
- Child protection processes will be considered up to the age of 18.
- Forced marriage may be a risk alongside other forms of so called 'honour-based' abuse (HBA).
- HBA includes practices used to control behaviour within families, communities, or other social groups, to protect perceived cultural and religious beliefs and/or 'honour'.

Additional Risk Factors

The list below is not exhaustive but indicates potential additional risk factors to be considered:

- Domestic abuse
- Parental alcohol and/or drug misuse
- Disability
- Young Carer
- A family with whom it is difficult to engage (when services find it hard to engage)
- Child affected by parental mental health problems
- Child with mental health problems
- Being radicalised or vulnerable to the messages of terrorism/extremism
- Non-recent abuse (previously known as Historic Abuse)
- Criminal exploitation
- Child trafficking

Appendix 2

Safer Working Practices for All Staff – Child Protection

To help all staff protect themselves from possible allegations of abuse, the following points are offered for guidance. This list is neither formal nor exhaustive and should take into account the age and stage of development of the child.

- Treat everyone with respect, do not rely on your 'good name' to protect you and do not believe 'it could never happen to me'.
- Restraint: Use of restraint carries risks and can be extremely damaging to children. It may, however, be the only realistic response in some situations and as a last resort (for example, to prevent a child running into a busy road or to prevent a violent act against another person). Adults should do everything they can to understand the child before using restraint, especially if the child is upset or frightened. Restraint should never hurt a child, and it should only ever happen for the shortest time possible. Restraint should never be used as a punishment, or as a way to make someone 'behave'.
- Any physical contact between a member of staff and a child should be a considered action and used only for the purposes of instruction/support when verbal or self-modelling is inappropriate, or it is necessary for health and safety reasons. It is advisable to have others within earshot and preferably within vision. Where 'hands-on' is necessary, you should seek the young person's permission appropriate to their age and level of understanding and explain to them what you are about to do and only with their consent.
- Avoid any physical horseplay (eg, wrestling or tickling) which the child, or indeed another member of staff, might misinterpret, no matter how innocent or well-intentioned your actions might be.
- Where possible, avoid being alone with a child or young person. Where circumstances make this unavoidable, try to ensure that others are within earshot and preferably within vision. Maintain a gap/barrier between you and the child. In exceptional circumstances, it may be necessary for a member of staff to transport a child in their personal vehicle, for which prior parental permission must be sought. A taxi may be a preferable option.
- Never make salacious, suggestive or demeaning remarks/gestures to, or in the presence of, children.
- If you suspect that a child is becoming inappropriately attached to you then you must share your concerns with your Head of Department, or CPC, or a member of the Senior Leadership Team.
- In circumstances where your relationship with, or feelings towards, a child or young person are placing you at risk of unprofessional behaviour, you are urged to seek advice and support from your Head of Department, or CPC, or a member of the Senior Leadership Team. It is a criminal offence to have sexual activity with a pupil at the school in which you teach (Sexual Offences (Scotland) Act 2009).
- Always respect a child's right to personal privacy.
- It is not appropriate to enter into communication with a pupil via social media or personal email/text messaging.
- If another member of staff is seen to behave inappropriately with a child, then you must not ignore it but share your concerns with a Child Protection Coordinator.

Appendix 3

Protocol for Ensuring the Safeguarding of Children At ESM

- The ESM Safeguarding Committee has responsibility for auditing and quality assurance of all Safeguarding and Child Protection matters. Members include: the Governor Responsible for Safeguarding, all CPCs, Child protection training lead from City of Edinburgh, a representative from Police Scotland and other members of the Schools' Senior Leadership teams.
- All CPCs attend the Wellbeing Policy Committee.
- All staff have access to a copy of the Child Protection Policy (on Firefly or via hard copy for external contractors) and should be familiar with the Child Protection procedures.
- All Visitors receive a visitors lanyard and will digitally sign-in and sign-out.
- Any child with information relevant to the Child Protection Register will have their records kept by the local authority.
- Child Protection records should be stored from the date of case closure (or from the 18th birthday if case closure unknown) plus 35 years.
- Wellbeing records should be stored from the date of leaving school (or from the 18th birthday if case closure unknown) plus 5 years.
- Looked After Children files should be stored for 100 years.
- Members of staff involved in organising overseas or residential excursions will be required to ensure that the School Visits Policy is adhered to. It is the responsibility of the relevant Head of Senior School and Head of the Junior School to ensure that these guidelines are followed.
- The Schools will seek assurances that, if appropriate, organisations used for work experience, community service and the Duke of Edinburgh Award scheme have a Child Protection policy which affords adequate protection for our pupils.
- Account will be taken of any relevant cultural differences in communication and context when supporting with Child Protection matters.
- All pupils receive age appropriate advice on issues relating to Child Protection concerning how to keep themselves safe.
- All Sixth Form students and Sixth Form Peer Mediators are given basic Child Protection training.
- The following policies on Firefly help to protect our children: Anti-bullying Policy, Photographs and Video Images on the Schools' Website statement, ICT Acceptable Use Policy, Confidentiality Policy and Social Media Policies. Online safety - all staff and pupils agree and sign the Internet Users' Policy.
- Scottish Candidate Numbers will be used when passing on Child Protection information to a new school to ensure that no child is lost from the system.
- When a child leaves ESM to be home-schooled, the relevant Local Authority must be notified. Or, if ESM has no notification of the school to which the child is moving, the CPC has a responsibility to make a referral to Children Missing from Education (CME) through the local authority. CME@edinburgh.gov.uk