



# Fettes College

## Child Protection Policy 2025-2026

Updated June 2025  
Review Date June 2026

Responsibility:  
CMH, Deputy Head (Pastoral)  
CMD, Child Protection Coordinator  
ERD, Head of Pastoral Care (Prep)

## Child Protection Policy

Our Child Protection Policy is set in the framework of the Scottish Government's [Getting it Right for Every Child \(GIRFEC\)](#), [The Children and Young People \(Scotland\) Act 2014](#), [The National Guidance For Child Protection in Scotland 2021](#), [Edinburgh and the Lothians Multi-Agency Child Protection Procedures](#) and [The UN Convention on the Rights of the Child](#).

The following rights of children, outlined in the **United Nations Convention on the Rights of the Child**, are reflected in this policy:

- Article 3 – All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.
- Article 19 – You have the right to be protected from being hurt and mistreated, in body or mind.
- Article 27 – You have the right to food, clothing, and a safe place to live and to have your basic needs met. You should not be disadvantaged so that you cannot do many of the things other kids can do.
- Article 33 – You have the right to protection from harmful drugs and from the drug trade.
- Article 34 – You have the right to be free from sexual abuse.
- Article 36 – You have the right to protection from any kind of exploitation.
- Article 37 – No one is allowed to punish you in a cruel or harmful way.
- Article 39 – You have the right to help if you have been hurt, neglected, or badly treated.

Although, legally, a child is defined as a person under the age of 18, this policy also covers any student at Fettes College even if they are 18 or older.<sup>1</sup>

**Child protection is the responsibility of all staff at Fettes College.** Child protection refers to the processes involved where there are concerns that a child may be at risk of harm, which may be from abuse or neglect. Child protection procedures are initiated when police, social work or health professionals determine that a child may have experienced or be at risk of significant harm.

Where a child is thought to be at risk of harm, the primary concern will be for their safety and staff must contact the Child Protection Coordinator (CPC) or Deputy Child Protection Officers (DCPO) in the first instance. **If in doubt, pass it on.**

The staff of a school have a vital role to play in identifying the signs and dealing with known or suspected cases of abuse and neglect. There are opportunities within the context of school life for observing signs which could otherwise pass unnoticed. Staff must know the signs of abuse and neglect and the action required to be taken when they are identified. In a boarding school we have a particular responsibility to ensure that the children in our care are safe and secure. All staff must be familiar with the content of these guidelines. It is practice at Fettes College to follow mandatory reporting procedures for all safeguarding concerns.

### Forms of Abuse and Neglect

Abuse and neglect may involve inflicting harm or failing to act to prevent harm. Children may be abused at home; within a family or peer network; in institutions; and in the online and digital environment. Those responsible may be previously unknown or familiar, or in positions of trust. The abuse may have been a single event or an accumulation of concerns.

---

<sup>1</sup> <https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/pages/4/>

- **Physical abuse** is the causing of physical harm to a child. It may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating, or when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.
- **Sexual Abuse** 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. 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 ways. Child sexual exploitation is a form of child sexual abuse, which 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. It does not always involve physical contact and can occur through the use of technology.
- **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. 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; or seeing or hearing the abuse of another.
- **Neglect** is the 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. 'Persistent' means there is a pattern which may be continuous or intermittent which has caused, or is likely to cause significant harm. There can also be single instances of neglectful behaviour that cause significant harm. Neglect indicates the need for both support and protection. The GIRFEC SHANARRI indicators set out the essential wellbeing needs, and neglect of any of these can impact on healthy development. Neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); seek consistent access to appropriate medical care or treatment; ensure the child receives education; or respond to a child's essential emotional needs.
- **Criminal exploitation** refers to the action of an individual or group using an imbalance of power to coerce, control, manipulate or deceive a child 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. It may feature: physical contact; violence or the threat of violence; the sale of illegal drugs; moving or storing drugs or money; or the use of technology. The victim may have been criminally exploited, even if the activity appears consensual.

- **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** is an extreme form of physical, sexual and emotional assault upon girls and women, which 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 conducted on children and are a criminal offence in Scotland. FGM can be fatal and is associated with long-term physical and emotional harm.
- **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 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'.

### **Recognising concerns**

A child protection concern may be identified by the child themselves or a third party for many reasons, such as the following:

- a child may be worried, anxious or upset about an event/set of circumstances, including socio-economic circumstances;
- a third party (such as a friend, parent or member of staff) may have noticed a change in the child's behaviour, demeanour or developmental progress or have concerns about their health;
- a third party may have concerns about the impact on the child of an event or set of circumstances.

### **Possible signs of abuse and neglect:**

It is important to remember that lists such as the one below are neither definitive nor exhaustive. These are general indicators that the child may be troubled but not necessarily about abuse. The child may have some of these problems or none at all. It is the combination, frequency and duration of signs that will alert you to a problem. Try to notice all changes in usual behaviour.

### **PHYSICAL ABUSE**

- Bruising is the most common presenting feature of physical abuse in children.
- Unexplained injuries or burns, particularly if they are recurrent.
- Improbable excuses given to explain injuries.
- Refusal to discuss injuries.
- Untreated injuries, or delay in reporting them.
- Excessive physical punishment.
- Arms and legs kept covered in hot weather.
- Fear of returning home.
- Aggression towards others.
- Running away.

## **PHYSICAL NEGLECT**

- Constant hunger.
- Poor personal hygiene.
- Constant tiredness.
- Poor state of clothing.
- Frequent lateness and/or unexplained non-attendance at school.
- Untreated medical problems.
- Low self-esteem.
- Poor peer relationship.
- Stealing.

## **FAILURE TO THRIVE**

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

## **EMOTIONAL ABUSE**

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

## **SEXUAL ABUSE**

It is important to remember that in sexual assault there may well be no behavioural or physical signs.

### **Behavioural**

- Lack of trust in adults or over-familiarity with adults.
- Fear of a particular individual.
- Social isolation - withdrawal or introversion.
- Running away from home.
- Girls taking over the mothering role.
- Reluctance/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'.
- Sleep disturbance (nightmares, irrational fears, bed wetting, fear of sleeping alone, needing a nightlight).
- 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.
- Criminal activity.
- Psychosomatic factors, e.g. recurrent abdominal pain or headache.
- Having unexplained/abundance of sums of money and/or possessions.
- Sexual promiscuity.

### Physical/Medical

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

Children from minority ethnic groups, international students, and those with additional support needs may be more vulnerable, due to barriers they may face, especially around communication.

### Staff Action

If you suspect a risk of harm, you must follow these guidelines:

If a child makes a disclosure to you:

- **Do not give a guarantee of confidentiality.** Tell them **why** and **with whom** you will share the information.
- Keep calm and listen with care.
- Question to establish the basic facts without interrogating. Use: Who? What? Where? When?
- Ensure the child's feelings are expressed.
- Reassure the child (that they are not to blame).
- Take the allegation seriously. Do not show disbelief or be judgmental.
- Do not introduce personal information from your own experiences or those of other children.
- Do not make comments about the person against whom the allegation is being made.
- Create a concern on the **iSAMS Pastoral Manager** and **contact a member of the CP team on the same day.**

If you have a concern from something you have noticed or comments from a third party (rather

than a direct disclosure), staff must: **Observe, Record and Report.**

- R** Respond without showing signs of disquiet, anxiety or shock.
- E** Enquire casually about how an injury was sustained or why a child appears upset.
- C** Confidentiality must not be promised.
- O** Observe carefully the behaviour or demeanour of the person expressing concern.
- R** Record in detail what you have seen and heard.
- D** Do NOT interrogate or enter into detailed investigations. Encourage the child to say what he or she wants until enough information is gained to decide whether or not a referral is appropriate.

Then **REPORT** to the Child Protection Coordinator on the same day as the concern arises.

A member of the CP team will lead a risk assessment meeting, to consider:

- **Is the child at immediate risk of harm?**
- **What is placing this child at immediate risk?**
- **What needs to happen to remove this risk now?**
- **Is the harm significant, and do Child Protection procedures (contacting social work or the police) need to be instigated?**
  - The extent to which harm is 'significant' will relate to the severity or anticipated severity of impact upon a child's health and development, which is a matter for professional judgment. This is based on experience, training and information about a child and their context.
  - If the concern is regarding underage sexual activity, the 'Under-age Sexual Activity – Risk Assessment Screening Framework' will be conducted with the student(s) involved and a member of staff.

All child protection concerns are brought to the attention of the Head immediately, with an update provided in a weekly meeting, and reviewed in the Safeguarding Committee meetings four times per year. Parties are informed of subsequent decisions and actions, where necessary.

### **Students' Child Protection Awareness Training**

At the start of each academic year, the Child Protection team visit every vertical boarding house, and talk to the students about:

- The CP team:
  - Are part of the pastoral team of the school, responsible for students' wellbeing, especially the significant concerns, such as abuse.
  - Respond to a safeguarding concern and what the procedure involves.
  - Will be present if students have a disciplinary meeting with either the Head or one of the Deputy Heads, to make notes and ensure the process is fair.
- Information about who can help:
  - The roles of different staff at Fettes.
  - Some external agencies and charities who can provide specialised support.
- The school's confidentiality guidelines.
- The ICT policy and keeping safe online, including cyber-bullying, sexting, grooming, pornography.

### **Staff Child Protection Awareness Training**

The Child Protection Coordinator and Deputy Child Protection Officers attend relevant updates

and training, together with the Head and Deputy Head (Pastoral) and the school's Safeguarding Governors. All new and existing staff are given CP training upon arrival at the College and the Prep School and training is provided for all staff every year by the CPC/DCPOs or by external advisors.

### **Monitoring and Complaints**

This policy is reviewed on an annual basis to evaluate its effectiveness and eliminate unlawful discrimination. Anyone who feels that the School has breached this policy should appeal in accordance with the School's Complaints Policy.

### **The Child Protection Teams:**

#### **Senior:**

- **Child Protection Coordinator:** Clare McDonnell
- **Deputy Child Protection Officers:** Andrew Archibald and Colin Dundas
- **Level 4 CP trained senior team:** Carolyn Harrison, Deputy Head (Pastoral) and Helen Harrison (Head)
- **Safeguarding Governor:** Lindsay Paterson

#### **Prep:**

- **Child Protection Coordinator:** Emma Davies
- **Deputy Child Protection Officer:** Dave Hall
- **Level 4 CP trained senior team:** Charlie Minogue and Rebekah Dallas
- **Safeguarding Governor:** Hugh Bruce-Watt

Updated June 2025

Review Date June 2026

Responsibility – CMH, Deputy Head (Pastoral) & CMD, Child Protection Coordinator



## **Fettes College**