National Guidance for Child Protection in Scotland

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The Scottish Government
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NATIONAL GUIDANCE FOR CHILD PROTECTION IN SCOTLAND

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MINISTERIAL FOREWORD

The protection of Scotland’s children – to keep them happy, healthy, and safe from harm – is fundamental to the success of the Scottish Government’s aspirations for children and young people. We cannot expect our children to flourish and become responsible citizens, successful learners, confident individuals and effective contributors to society if they do not have the best start in life.

Since the Scottish Office guidance, Protection Children – A Shared Responsibility, was published in 1998, the child protection landscape in Scotland has developed considerably. New legislation, new areas of practice and new approaches have shaped the direction of activity at both national and local level. Online safety, child trafficking and the protection of children affected by parental substance misuse are some of the specific issues that have become the focus of our attention in recent years. But one of the most fundamental developments has been Scotland’s move towards children’s services that keep the interests of the child at the centre of every process, action and decision. The continuing development of the Getting it right for every child approach has been instrumental in this, and a strengthening emphasis on multi-agency planning and decision-making.

The revised National Guidance on Child Protection reflects this changed and changing landscape; and also the Scottish Government’s distinctive and strong commitment to working in partnership with practitioners across the child protection sector to best support local practice at national level.

I am proud to say that this guidance is a product of that approach. It has been developed by practitioners, for practitioners. And to that end, I hope that regardless of the nature of your contact with children and young people, that the guidance is helpful in shaping your local practices and procedures, and setting a common understanding of the standard of service our children deserve.

This guidance will be the lynchpin of our work going forward – in both continuing our multi-agency, early intervention approach to the delivery of children’s services; and crystallising a set of irrefutable principles for child protection practice that keeps the best interests of the child at the centre of everything we do. It will help us consolidate the excellent work that already goes on across the country in responding to concerns when they are raised. And it will challenge us in thinking how we can more effectively spot those children who fall under the radar and miss out on the early support and protection they need.

I commend this guidance to you. Regardless of how your work impacts on children and families, it is everyone’s job to make sure that our children have the best start in life. I hope that this guidance sets the framework within which we can all fulfil this responsibility.

Adam Ingram
Minister for Children and Early Years
INTRODUCTION

Purpose of the Guidance

1. Procedures and guidance cannot in themselves protect children; a competent, skilled and confident workforce, together with a vigilant public, can. Guidance provides the framework in which managers and practitioners can apply their skills collectively and effectively, with a shared understanding of the common objective – supporting and protecting children, particularly those who are most vulnerable.

2. One of the fundamental ways to improve outcomes for Scotland’s most vulnerable children is for agencies to work together. This national guidance sets out common standards for services in Scotland to guide work in child protection, to make clear how agencies should work together, responding to concerns early and effectively, and to make sure that practice is consistent and of high quality. This guidance is based on the principles of Getting it right for every child (GIRFEC).

3. This document is intended to provide a national framework within which agencies and practitioners at local level – individually and jointly – draw up and agree on their own ways of working together to safeguard and promote the welfare of children. This guidance replaces the previous version, Protecting Children – A Shared Responsibility: Guidance on Inter-agency Co-operation, which was published in 1998.

4. While this guidance is intended to serve as a practical reference point for practitioners and agencies, it should not be regarded as exhaustive or exclusive. Nor does this guidance constitute legal advice. Users of this guidance should consider whether there is a need also to consult with others, including their legal advisers, if they have concerns about the welfare of a child.

Who is the Guidance for?

5. This guidance is for all public services, agencies, professional bodies and organisations, and individuals working within an adult and child service provider context facing, or potentially facing, child protection issues. Children and their families come into contact with services at various points for different reasons and with different needs. Often those needs are met by the family themselves or a single agency, but for some of our most vulnerable children and families, the complexities of their needs will require a collective and co-ordinated approach. Where children and their families have multiple needs, the application of different skills and roles will be required. Services that work with children and/or their families cannot work in isolation from one another. Protecting children and meeting their needs requires recognising when to be concerned about their safety and understanding when and how to share these concerns, how to investigate and assess such concerns and ultimately, what steps are required to address those concerns and ensure the child’s safety and well-being.
6. The guidance, therefore, applies to all whose work involves contact with children and/or their families, across departments and agencies as well as being relevant to those working in the statutory, third and other sectors. These might be individuals working in health, education, police, social work services and third sector support services, along with others whose work brings them into contact with, or have access to information about, children and families.

7. The guidance provides a national framework for services and local inter-agency fora such as Chief Officer Groups and Child Protection Committees to develop further in their local multi-agency protocols, training plans and procedures. The guidance also aims to serve as a useful resource for practitioners on particular areas of practice and signposts where additional information can be found.

8. As well as other national policies that are referenced throughout the guidance, this guidance should be read in conjunction with the following key documents:

- Guide to Getting it right for every child;
- Early Years Framework;
- Protecting Children and Young People: Interim Guidance for Child Protection Committees for Conducting a Significant Case Review;
- Protecting Children and Young People: Framework for Standards;
- Protecting Children and Young People: Children’s Charter; and

Content of the Guidance

9. This guidance is in four parts.

- **Part 1 – The Context for Child Protection** addresses the definitions, key principles, standards and legislative framework that underpin the approach to keeping children safe and promoting their welfare.

- **Part 2 – Roles and Responsibilities for Child Protection** outlines the core responsibilities of services and organisations including statutory and non-statutory services, third sector organisations, and church and faith communities. The role and functions of Child Protection Committees are addressed here as well as the key responsibilities of Chief Officers. Effective leadership and staff development and training are also outlined as are the connections with other strategic planning fora.

- **Part 3 – Identifying and Responding to Concerns about Children** provides a framework for identifying and managing risk and outlines the common stages of responding to concerns about a child’s safety. This includes early gathering of information, joint decision-making and planning, joint investigations and medical examinations and assessment, and child protection case conferences.
Part 4 – Child Protection in Specific Circumstances gives additional information for dealing with specific conditions that may impact adversely on children as well as addressing operational considerations in certain circumstances. Whilst a range of special or specific circumstances have been included, the national guidance does not provide detailed guidelines on areas of practice/policy that are contained elsewhere; but rather, where appropriate, signposts to relevant policies and materials or provides a framework of standards that local policies will need to consider.

The Guidance in Context

10. Child protection has to be seen in the context of the wider Getting it right for every child (GIRFEC) agenda and the Early Years Framework. All children and young people have the right to be cared for and protected from harm and abuse and to grow up in a safe environment in which their rights are respected and their needs are met. Children and young people should get the help they need, when they need it and their welfare is always paramount.

11. The Scottish Government has set out a vision that all Scotland's children and young people will be: successful learners; confident individuals; effective contributors; and responsible citizens. GIRFEC promotes action to improve the well-being of all children and young people. Eight areas of well-being have been identified as areas in which children and young people need to progress in order to do well now and in the future, through the following set of Well-being Indicators: healthy; achieving; nurtured; active; respected; responsible; included; and, above all in this context, safe.

12. GIRFEC has a number of key components:¹

- a focus on improving outcomes for children, young people and their families based on a shared understanding of well-being;
- a common approach to gaining consent and sharing information where appropriate;
- an integral role for children, young people and families in assessment, planning and intervention;
- a co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the Well-being Indicators;
- streamlined planning, assessment and decision-making processes that lead to the right help at the right time;
- consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland;
- a Lead Professional to co-ordinate and monitor multi-agency activity where necessary;

¹ The GIRFEC implementation guidance will be published in the early summer.
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- maximising the skilled workforce within universal services to address needs and risks at the earliest possible point;
- a confident and competent workforce across all services for children, young people and their families; and
- the capacity to share demographic, assessment and planning information electronically within and across agency boundaries.

13. Closely linked to GIRFEC, the Early Years Framework seeks to maximise positive opportunities for children to get the best start in life. It addresses the needs of those children whose lives, opportunities and ambitions are being constrained by Scotland’s historic legacies of poverty, poor health, poor attainment and unemployment. At the heart of this approach is a shift to early proactive intervention in the lives of children that provides a supportive environment for children and the earliest possible identification of any additional support that may be required.

14. Within these two cornerstones of Scottish Government policy, the need to keep children safe is paramount. In the vast majority of cases, this role is played by parents and families. For many other children and families, early, proportionate intervention can provide the necessary support to prevent problems escalating. However, in some instances, parents and carers, either through acts of omission or commission, can cause significant harm to a child. In such instances, responses under child protection measures will be required.

15. In the past decade, increasing awareness of the potential negative impact on children from parental issues such as alcohol and drug misuse, domestic violence and mental health problems, has risen significantly. Equally, our understanding of the potential harm to children caused by child trafficking, internet grooming and sexual exploitation has also increased. This guidance, therefore, also addresses a number of areas that, whilst not necessarily linked to familial responsibility, can and do result in significant harm to children and require a strategic response from local services.

16. Child protection has, in the past, traditionally been seen as the domain of statutory services, in particular, social work services and the police, which both have a legal responsibility to investigate child protection concerns. Increasingly, it is recognised that this is a shared role among all agencies which interface with the public, both within an adult and child service provider context.

17. Services and/or agencies which perhaps previously understood their role as to „pass on” concerns about children are now expected to recognise and actively consider potential risks to a child, irrespective of whether the child is their „client”, patient or service user. All services that work with children and/or their adult carers, are expected to identify and consider the child’s needs, share information with other agencies and work collaboratively with other services (as well as the child and their family) to improve outcomes.

18. Messages from research and Her Majesty’s Inspectorate of Education (HMIE) and Social Work Inspection Agency (SWIA) inspections of services to protect children have assisted in identifying „good” practice in child protection. Alongside
significant case reviews, they have contributed to our understanding of what pitfalls to avoid. The need for comprehensive and robust assessments, good communication and information-sharing, sound decision-making and outcome-focused planning and intervention have all been recurring themes in the past decade.

19. At the same time, there is a clear set of responsibilities placed with Chief Officers and senior managers to deliver robust, co-ordinated strategies and services to protect children and provide an agreed framework for practitioners and managers alike to achieve the common objective of keeping children safe.

20. Perhaps most significantly, the need for interventions to be outcome-focused and not process-led has been an increasing theme of policies and service provision. It is critical that this approach underpins how all who work with children consider issues of child protection. In line with GIRFEC, at all stages of intervention, practitioners should reflect on a series of questions that should shape how they respond to concerns:

• What is getting in the way of this child or young person’s well-being?
• 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 agency do to help this child or young person?
• What additional help, if any, may be needed from others?²

By keeping these questions in mind, keeping children at the centre will be more than rhetoric and become the baseline by which we must measure any involvement in a child’s life.

² Getting it right for every child: The approach in practice, Section 4, Scottish Government, 2008.
PART 1

THE CONTEXT FOR CHILD PROTECTION
KEY DEFINITIONS AND CONCEPTS

21. A clear and consistent understanding of the different concepts and terminology in child protection is essential. If action to support and protect children is to be informed and effective, what we mean by ‘child’, ‘child abuse’ and ‘neglect’, and even ‘child protection’ should be transparent and shared. Consequently, this chapter of the guidance sets out the definitions and concepts of key terms within child protection processes.

Who is a Child?

22. A child can be defined differently in different legal contexts. There are a number of different pieces of legislation that apply different age limitations to a child.

• Section 93(2)(a) and (b) of the Children (Scotland) Act 1995 defines a child in relation to the powers and duties of the local authority. Young people between the age of 16 and 18 who are still subject to a supervision requirement by a Children’s Hearing can be viewed as a child. Young people over the age of 16 may still require intervention to protect them.

• At the same time, the United Nations Convention on the Rights of the Child applies to anyone under the age of 18. However Article 1 caveat this by saying that is unless majority is attained earlier under the law applicable to the child.

23. Although the differing legal definitions of the age of a child can be confusing, the priority is to ensure that a vulnerable young person who is, or may be, at risk of significant harm is offered support and protection. The individual young person’s circumstances and age will, by default, dictate what legal measures can be applied to protect that young person should they need it. For example, the Adult Support and Protection (Scotland) Act 2007 can be applied to over-16’s. This only further heightens the importance of local areas having very clear links between their Child and Adult Protection Committees and clear guidelines in place for the transition from child to adult services. Those between 16 and 18 are potentially vulnerable to falling between the gaps and local services must ensure that staff offer ongoing support and protection, as required, via continuous single planning for the young person.

24. For the purposes of this guidance, a child is taken to mean under the age of 18, and a ‘young person’, whilst falling under the legal definition of a child, is taken to mean an older adolescent child.

Parents and Carers

25. A ‘parent’ is defined as someone who is the genetic or adoptive mother or father of the child. A mother has full parental rights and responsibilities. A father has parental responsibilities and rights if he is or was married to the mother (at the time of the child’s conception or subsequently) or if the birth of the child is registered after 4 May 2006 and he is registered as the father of the child on the child’s birth
certificate. A father may also acquire parental responsibilities or rights under the Children (Scotland) Act 1995 by entering into a formal agreement with the mother or by making an application to the courts.

26. A „carer“ may be a „relevant person“ within the Children’s Hearings System and is defined as any person who has parental responsibilities or rights in relation to a child, or any person who ordinarily has charge of, or control over a child refer to Children (Scotland) Act 1995 s 93(2)(b). Relevant persons have extensive rights within the Children’s Hearing system, including the right to attend Children’s Hearings, receive all relevant documentation and challenge decisions taken within those proceedings.

27. Regulation 10 of the Looked After Children (Scotland) Regulations 2009, provides that a local authority may make a decision to approve a „kinship carer“ as a suitable carer for a child who is looked after by that authority in terms of section 17(6) of the Children (Scotland) Act 1995. This can be a person who is related to the child, or a person who is known to the child and with whom the child has a pre existing relationship („related“ means related to the child either by blood, marriage or civil partnership). Before making such a decision, the authority must, so far as reasonably practicable, obtain and record in writing the information specified in Schedule 3 of the Regulations and, taking into account that information, carry out an assessment of that person’s suitability to care for the child. Local authorities’ duties are designed here to ensure that they do not make or sustain placements which are not safe or in a child's best interests.

28. Informal kinship care refers to care arrangements made by parents or those with parental responsibilities with close relatives, or in the case of orphaned or abandoned children by those relatives providing the care. A child cared for by informal kinship carers is not „looked after“. The carer is not a foster carer, nor is assessment of the carer by the local authority a legal requirement.

29. Private fostering refers to children placed by private arrangement with persons who are not close relatives. „Relative“ in this context means mother, father, brother, sister, uncle, aunt, grandparent, of full blood or half blood or by marriage or, if the child’s parents have never married, include the birth father and any person who would have been defined as a relative had they been married.

What is Child Abuse and Child Neglect?

30. 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 on the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger.

31. While it is no longer necessary to identify a specific category of abuse when adding a child’s name to the Child Protection Register (as described in more detail in the section below on the Register), it is still helpful to consider and understand the different ways in which children can be abused. The following definitions indicate
how the abuse can be experienced by a child but are not exhaustive, as the individual circumstances of abuse will vary from child to child.

Physical Abuse

32. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after. This situation may be described as fabricated or induced illness by the carer (as described in more detail in the relevant section in the Indicators of Risk chapter).

Emotional Abuse

33. Emotional abuse is where persistent emotional ill treatment of a child causes severe and persistent adverse effects on the child’s emotional development. 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. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is present in all types of ill treatment of a child, though it may occur independently of the other forms of abuse.

Sexual Abuse

34. 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, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

Neglect

35. 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 unresponsiveness 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 a child has significantly failed to reach normal growth and developmental milestones and where physical and genetic reasons have been medically eliminated.
What is Child Protection?

36. "Child protection" is when a child requires protection from ‘child abuse’ or ‘child neglect’. For a child to require protection, it is not required that child abuse or neglect has taken place, but rather a risk assessment has identified a significant likelihood or risk of abuse or neglect. Equally, in instances where a child may have been abused or neglected but the risk of future abuse has not been identified, the child and their family may require support and recovery services but not a response under child protection measures.

37. There are circumstances where abuse may have taken place but formal child protection procedures may not be required, for example, where the family have themselves taken protective action. Children who are abused by strangers would not necessarily require a child protection plan, unless the abuse occurred in circumstances that resulted from familial responsibility. For example, if a young child is abused by a stranger, a child protection plan may be required only if the family were in some way responsible for the abuse occurring in the first instance or were unable to adequately protect the child in the future without the support of a child protection plan being in place.

The Concepts of Harm and Significant Harm

38. The concept of ‘significant harm’ is a complex matter and subject to professional judgement based on an assessment of the child’s and family’s circumstances. Significant harm can result from a specific incident, a series of incidents or an accumulation of concerns over a period of time. It is essential that when considering the presence of significant harm, the impact or potential impact on the child takes priority and not simply the alleged abusive behaviour.

39. In order to understand the concept of significant harm, it is helpful to consider first the definitions being applied.\(^3\)

- ‘Harm’ means the ill treatment or the impairment of health or development of the child, including, for example, impairment suffered from 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 by a child is ‘significant’ is determined by comparison of the child’s health and development with what might be reasonably expected of a similar child.

40. Where there are concerns about harm to a child, these concerns must be shared and considered by the relevant agencies to allow the determination as to whether the harm is significant.

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41. There are no absolute criteria for judging what constitutes significant harm. To assess the severity of ill treatment, it may be important to take account of: the degree and extent of physical harm; the duration and frequency of abuse and neglect; the extent of premeditation; and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child’s physical and psychological development.

42. To understand and identify significant harm, it is necessary to consider:
   • the nature of harm, in terms of maltreatment or failure to provide adequate care;
   • the impact on the child’s health and development;
   • the child’s development within the context of their family and wider environment;
   • any special needs, such as a medical condition, communication impairment or disability, that may affect the child’s development or vulnerability and care within the family;
   • the capacity of parents or carers to meet adequately the child’s needs; and
   • the wider and environmental family context.

43. The views of the child must also be thoroughly considered. The child’s reactions, perceptions, wishes and feelings should be ascertained and taken account of according to the child’s age and understanding. To do this depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, impairment, or their particular psychological or social situation. This should also include indirect communication from children such as observation of behavioural changes and the need to balance what children might say against their need to be loyal to their parents or carers (who may also hold some power over the child). Any accounts of adverse experiences coming from children must be as accurate and complete as possible and recorded fully.

Risk

44. Understanding risk is critical to child protection. Elsewhere in this guidance, identification and management of risk is addressed, but with respect to defining ‘risk’, the literature is significant in its sheer volume. The number of different definitions of risk are varied and, at times, contradicting. In the context of this guidance, risk is the likelihood or probability of a particular outcome given the presence of adverse factors in a child’s life. Risk is part and parcel of everyday life: a toddler learning to walk is likely to be at risk from some stumbles and scrapes but this does not mean the child should not be encouraged to walk. Thus, ‘risks’ may be deemed to be acceptable or are minimised as much as possible by the parents/carers or early intervention of universal services. At other times, the child may require a response by a number of services as part of a co-ordinated intervention. Only where risks cause, or are likely
to cause, significant harm to a child would a response under child protection be required. Some children will have been exposed to actual harm and the assessment of risk is the extent to which they are at risk of repeated harm or the effects of continued exposure over time.

The Child’s Plan and the Lead Professional

45. This guidance is rooted in the Getting it right for every child approach, which is described in more detail in the next chapter. Under the GIRFEC approach, when two or more agencies need to work together to provide help to a child or young person and family, there will be a ‘Lead Professional’ to co-ordinate that help. Where those working with the child and family have evidence that suggests a co-ordinated plan involving two or more agencies will be necessary, then a ‘child’s plan’ should be drawn up.

46. This should be set in the context of a single plan of action, managed and reviewed through a single meeting structure even if the child is involved in several processes, such as being looked after or having a co-ordinated support plan. The Lead Professional should integrate (rather than layer) the contributions that the variety of professional expertise and specialist assessments can make to understand and meet a child’s needs. They should also set out actions designed to improve the outcomes for the child.

47. Where a child may be at risk of significant harm, the primary concern will be in respect of safety and the planning process must reflect this. The Chair of the single meeting should ensure a focus on the specific concerns about the safety of the child, the actions designed to reduce risk, and the questions of whether referral to the Children’s Reporter is required. The child protection case conference is the term applied to the single meeting in respect of a child about whom there are concerns about significant harm (this is described in more detail in the chapter on Responding to Concerns about Children).

48. The Lead Professional will be responsible for ensuring an agreed multi-agency child’s plan is produced. The plan will be based on an assessment of needs and will incorporate any current plans by individual agencies. The plan will identify when a review is needed and the Lead Professional will arrange for the production of materials for the review if this is to take place at a meeting. Materials will be circulated to everyone involved, especially the child and family.

49. In child protection cases, the role of the Lead Professional will normally be the local authority social worker and where the child is believed to be at risk of significant harm, the child’s plan will be known as the ‘child protection plan’ for the duration of the period they are deemed to be at risk of significant harm.

50. As a result, the role of the Lead Professional is to:
    • be the usual point of contact with the child and family to discuss the plan, how it is working and any changes in circumstances that may affect the plan;
• be a main point of contact for all practitioners who are delivering help to the child;
• make sure that the help provided is consistent with the child’s plan and that services are not duplicated;
• work with the child and family and relevant practitioners to make sure that the child’s and family’s views and wishes are heard and properly taken into account and, when necessary, link the child and family with specialist advocacy;
• support the child and family to make use of help from practitioners and agencies;
• monitor how well the child’s plan is working and whether it is improving the child’s situation;
• co-ordinate the provision of other help or specialist assessments which may be needed, with advice from other practitioners where necessary, and make arrangements for these to take place;
• arrange for relevant agencies to review together their involvement and amend the child’s plan when necessary; and
• make sure the child is supported through key transition points and ensure a careful and planned transfer of responsibility for these roles when another practitioner becomes the Lead Professional, for example, if the child’s needs change or the family moves away.

The Child Protection Register

51. Local authorities are responsible for maintaining a central register, known as the Child Protection Register, of all children – including unborn children – who are the subject of an inter-agency child protection plan. The Child Protection Register has no legal status but provides an administrative system for alerting practitioners that there is sufficient professional concern about a child to warrant an inter-agency child protection plan. Local authority social work children and family services are responsible for maintaining a register of all children in their area for whom a child protection plan is in place. The local authority may have its own register or may maintain a joint register with other authorities. The Child Protection Register provides a central point of rapid enquiry for practitioners concerned about a child’s safety or care.

52. The decision to place a child’s name on the Register should be taken by a child protection case conference when there are reasonable grounds to believe or suspect that a child has suffered or will suffer abuse or neglect, and a child protection plan is needed to protect and support the child. A child should be placed on the local Child Protection Register when:
• the child is at risk of significant harm; and
• their safety and welfare is considered to require an inter-agency child protection plan.
53. When placing a child on the Register, it is no longer necessary to identify a category of registration relating to the primary type of abuse and neglect, as has been the case previously. Instead, the child’s name and details should be entered on the Register, a record of the key areas of risk to the child and the child protection plan for the child. The local authority should inform the child’s parents or carers and, if they have sufficient age and understanding, the child, orally and in writing, about information held on the Register and who has access to it. Details of dealing with dissent and dispute resolution can be found in the section on child protection case conferences.

Removing a Child from the Child Protection Register

54. When the practitioners who are working with the child and family decide that the risk to the child has been removed or reduced to an acceptable level the local authority should remove the child from the Child Protection Register. A decision to remove a child’s name will be made by a review case conference with representation or views from all the agencies working with the child.

55. Removal of a child’s name from the Register should not necessarily lead to a reduction or withdrawal of services or support to the child and family by any or all of the agencies. The risk of significant harm to the child may have been removed or reduced but the child may continue to require a variety of services from any or all of the agencies to meet their needs and promote their welfare and this should be part of the single planning process for the child. At the point of deregistration, consideration should be given to whether the Lead Professional will need to be changed, and if so, arrangements made for the transfer to be agreed. The child protection plan will, following de-registration, become a child’s plan.

Making Use of the Register

56. The Register should be maintained by social work services. It should be held separately from agency records or case files and in secure conditions. Social work services should appoint a person to maintain and manage the Register – generally known as the Keeper of the Child Protection Register. The Keeper of the Register should make sure that all agencies know how to obtain access to information from the Register at any time. There should be 24-hour access to the Register for all practitioners who need to make an enquiry about a child and online access by partner agencies wherever possible.

57. Local areas should have in place mechanisms and arrangements for practitioners making an enquiry to the Register, including criteria for when this should be done and by whom. There is an expectation that the eCare system, currently under development, will provide the IT functionality for information on child protection registers to be shared across areas and agencies. However, until the system is available for all authorities, local protocols should be in place to make sure information is shared and every relevant system and organisation is alerted when there is a child protection concern.

58. The Scottish Government maintains a list of current Keepers of Child Protection Registers in Scotland and contact points for Child Protection Registers in
other parts of the UK. Local authorities should notify the Scottish Government of any changes so that the list can be kept up-to date. All practitioners should notify the Keepers of local Registers of any changes in the details about children named on the Register.

59. The Keeper of the Register will be responsible for attempting to trace a registered child whose whereabouts becomes unknown, including notifications and alerts to other areas and services.

Adjusting to Temporary Moves of Children who are the Child Protection Register

60. When families move between authority areas – whether temporarily or permanently – the original authority should notify the receiving authority immediately, then follow up the notification in writing for placing child’s name temporarily on Register.

61. If the child is temporarily residing in another local authority, arrangements must be agreed about the monitoring/supervision required whilst the child is in that area and implementation for the child protection plan. Determining responsibility for the monitoring may be dependent on a number of practical considerations, for example, distance. Consultation between the two authorities is essential. Where agreement cannot be reached about monitoring agreements between authorities, the matter must be immediately passed to senior managers for resolution.
PRINCIPLES AND STANDARDS FOR CHILD PROTECTION

Core Principles

62. Core principles, values and shared standards of practice form the foundation for effective, collaborative child protection activity. Whilst different agencies will have differing codes of practice and responsibilities, a shared approach in our values and standards allows clarity and purpose to single agency, multi-agency and inter-agency working.

63. This chapter considers the fundamental principles that underpin all the documents and approaches that relate to child protection, the relevant legislation as well as Getting it right for every child (GIRFEC), the UN Convention on the Rights of the Child, the Children’s Charter and the Framework for Standards. It sets out what these principles and standards mean in practice, in particular, the issues around sharing information and engaging with children and their families.

64. Child protection has to be seen within the wider context of supporting families and meeting children’s needs through GIRFEC. GIRFEC:
   • places children’s needs first;
   • ensures that they are listened to and understand decisions which affect them; and
   • ensures that they get the co-ordinated help required for their well-being, health and development.

   It requires that all services for children and young people – social work, health, education, police, housing and third sector services – adapt and streamline their systems and practices to work together better to support children and young people, including strengthening information-sharing. The approach encourages earlier intervention by practitioners to avoid crisis situations at a later date and ensures that children and young people get the help they need when they need it. With its emphasis on shared assessment based on common language, it facilitates information-sharing and stresses the importance of understanding risks and needs within a framework of the child’s whole world and well-being.

65. Parents, carers, families and communities have the primary role in safeguarding and promoting the well-being of children, and parents and carers are often best placed, and ultimately responsible, for ensuring their child’s needs are met. Agencies and services should encourage and support parents, carers, families and communities in carrying out that role. All staff who work with children and/or their carers have a role to play in ensuring a child’s needs are met; this can be through the provision of direct support or by identifying when a child and/or their family may require additional support from another agency or service. Early intervention and support can prevent a problem from escalating into a crisis and ultimately, provide positive outcomes for children.
United Nations Convention on the Rights of the Child

66. These principles, enshrined in legislation and practice in child protection, are derived from Articles of the United Nations Convention on the Rights of the Child, ratified by the UK Government and endorsed by the Scottish Government. Whilst not directly enforceable in domestic Scottish courts, it is Scottish Government policy to implement the Convention wherever possible. The principles of the UN Convention include:

- each child has a right to be treated as an individual;
- each child who can form a view on matters affecting them have the right to express those views if they so wish;
- parents should normally be responsible for the upbringing of their children and should share that responsibility;
- each child has the right to protection from all forms of abuse, neglect or exploitation;
- so far as is consistent with safeguarding and promoting the child’s welfare, public authorities should promote the upbringing of children by their families; and
- any intervention by a public authority in the life of a child must be properly justified and should be supported by services from all relevant agencies working in collaboration.

67. In support of these principles three main themes appear in Scottish children’s legislation:

- the welfare of the child is the principal consideration when their needs are considered by Courts, Children’s Hearings and local authorities;
- the child’s views taking appropriate account of age and understanding should be taken into account when major decisions are to be made about their future; and
- no Court should make an Order relating to a child and no Children’s Hearing should make a supervision requirement unless it considers that to do so would be better for the child than making no Order or supervision requirement at all.

The Children’s Charter

68. The Children’s Charter, drawn up by children and young people themselves, identifies the following key expectations children have of staff working with them:

- Get to know us
- Speak with us
- Listen to us
- Take us seriously

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4 Children (Scotland) Act 1995.
• Involve us
• Respect our privacy
• Be responsible to us
• Think about our lives as a whole
• Think carefully about how you use information about us
• Put us in touch with the right people
• Use your power to help
• Make things happen when they should
• Help us be safe

Framework for Standards

69. The Framework for Standards is the means for translating the commitments made to children in the Children’s Charter into practice. In working with children and their families, all practitioners should strive to adhere to the following best practice standards.

Children get the help they need when they need it

70. Intervention should be proportionate and timely, and a holistic approach should be taken to identifying and responding to a child’s needs, as well as any risks they may face. Preventative work and the provision of universal services, such as health and education, should ensure a timely response to a child and their family. Agencies working with children and their families should consider not just immediate needs but also longer term needs that may arise. Child protection enquiries may highlight significant unmet needs for support and services among children and families. These should always be explicitly considered, even where concerns are not substantiated about significant harm. Equally, family support services should always be alert to potential indicators of abuse and neglect.

Professionals take timely and effective action to protect children

71. Practitioners should be alert to a child’s needs and when concerned about a child should seek all the information they require to inform their assessment of a child’s circumstances. Practitioners should be clear about whom they should discuss their concerns with and what action may be required to best support and protect the child. Joint planning and intervention across agencies should be carried out so that risks are thoroughly assessed; this should include any protective factors in the child’s life.

Professionals ensure children are listened to and respected

72. Children should have their views listened to and their views should always inform any decisions made about them. Children and their carers should be able to expect honesty, explanations for actions or decisions taken and an opportunity, wherever possible, to express their views. In some instances, the needs of the child
will require urgent, immediate action to ensure their protection. In the majority of cases, however, the child will be able to remain in the care of their family. It is especially important, therefore, that practitioners strive to achieve a working relationship with the carers to ensure the best welfare of the child.

73. When involved in child protection work, the agencies involved should ensure:

• the family/carers are provided with full information, wherever possible about the nature of the concerns;

• the child and carers are given an opportunity to give or withhold consent to interviews, medical examinations, etc;

• the child and family are consulted about and receive explanations for any actions/decisions taken – this may need to be given in writing or explained more than once as the stressful nature of enquiries can mean information is not understood on first telling;

• children and their family should be involved, wherever possible, in planning to meet a child’s needs, both in the short and longer term – children and their families are often best placed to know ‘what works’ for them and practitioners should listen carefully to a child’s and family’s views about this;

• the religious and cultural upbringing of the child and family are taken into consideration when any decisions are being taken; and

• where a child has learning disabilities or communication impairments, consideration must always be given to the best way to involve and communicate with the child.

*Agencies and professionals share information about children where this is necessary to protect them*

74. Sharing relevant information is an essential feature of protecting children. The issue is discussed in more detail elsewhere in the guidance, but here, it is important to set out the over-arching principles. Although those providing services to adults and children may be concerned about the need to balance their duties to protect children from harm and their general duty towards their patient or service user, the over-riding concern must always be the welfare of the child. Whenever possible, consent should be obtained before sharing personal information with third parties but concerns about a child’s safety must always over-ride the ‘public interest’ in maintaining confidentiality or obtaining consent from families. The safety of the child is always the paramount consideration.

75. Children and their families should be made aware how information may be held and with whom it may be shared. Agencies should have clear and robust mechanisms for the recording and storage of information about a child and their family. *More detailed guidance on information-sharing can be found later in this guidance.*
Agencies and professionals work together to assess needs and risks and develop effective plans

76. By its very nature, practitioners involved with a potential child protection concern will first and foremost need to ensure the safety of the child, initially by assessing any risks, then by taking any immediate steps required to address those risks. Although the child’s safety must be the primary consideration, agencies also need to take a wider view on the overall needs of the child and family in line with the GIRFEC approach. Positive strengths and protective factors must be considered and assessments should clearly identify the impact on the child. Any subsequent plans for intervention, including child protection plans, should be clearly focused on improving outcomes for the child. All agencies involved, along with the child and family, should clearly understand the roles and contributions everyone will make to ensure the successful delivery of the plan. Timescales for intervention should be clear and those involved with the plan should be alert to changes in circumstances and how this may affect the child and family.

Professionals are competent and confident

77. All staff that work with children and or their families, must understand their role in meeting children’s needs and be alert to concerns about a child’s welfare. Practitioners who work with children and their families should be able to demonstrate collaborative practice, both with other agencies and with children and their families. Specialist skills and training should be available to staff undertaking joint investigations and assessments. Training should recognise and support the unique contribution each service has to make to meeting children’s needs and protecting them, but equally, multi-agency training should be widely available for local services and should also include managers and leaders.

Agencies work in partnership with members of the community to protect children

78. All services who work with children and or their families have a responsibility to promote child safety and ensure members of the public know who to contact if they have a concern about a child. This may include raising public awareness and promoting community responsibility for child protection. Child protection needs to be seen as the responsibility of not just the statutory agencies but also the community in which children live. Local services should make their services accessible, transparent and accountable to the general public.

Agencies, individually and collectively, demonstrate leadership and accountability for their work and its effectiveness

79. Effective service delivery requires effective leadership at both a strategic and operational level. Chief Officers have a responsibility to ensure the appropriate mechanisms are in place for the delivery of their service and that the appropriate links between planning and strategic fora are established and operating effectively. Services need to ensure they have robust quality assurance and self-evaluation mechanisms in place so that the impact of service delivery can be measured. Practitioners involved in the area of child protection often face complex and
demanding challenges and senior managers must have an understanding of their staff’s needs.

**Equality and Diversity**

80. The over-arching principles of equality and diversity within Scottish legislation and policy apply here as well. No one should be denied opportunities because of their race or ethnicity, their disability, their gender or sexual orientation, their age or religion. Access to, and delivery of, child protection services should be fair, consistent, reliable and focused on individual outcomes and enablement. Service users should be listened to, have a say, be respected and responded to. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief, gender reassignment or on the basis of pregnancy and maternity. Public authorities have responsibilities under the Equality Act 2010 for ensuring that discrimination does not occur and promoting equality of opportunity. They are also subject to a proactive duty to promote race, disability, gender, sexual orientation, gender reassignment, age, religion and belief, and pregnancy and maternity equality.
INFORMATION-SHARING AND RECORDING

81. As highlighted in the section on core principles, sharing appropriate information is an essential component of child protection and care activity. To secure the best outcomes for children, practitioners need to understand when it is appropriate to seek or share information, how much information to share and what to do with that information. Practitioners also need to consider with whom information can, and should, be sought and/or shared – this applies not only between different agencies, but also within agencies. At the same time, children and their families have a right to know when information about them is shared and where possible, their consent should be sought – although where there are concerns about the risk of harm to a child or where there are wider crime prevention or public safety implications, or such action would prejudice any subsequent investigation, consent is not required prior to information being shared.

82. Local areas should ensure there are robust information-sharing protocols in place and practitioners understand their responsibilities in relation to the sharing, storing and retrieving of information. Local data-sharing partnerships and others responsible for providing guidance/decisions about information-sharing should be involved in the production of any local protocols.

83. This chapter will address the issues surrounding the sharing and recording of information across and between services, and with children and their families. It distinguishes between the type and extent of information that might be shared in order to support a child and that needed to protect a child.

General Principles of Information-sharing

84. Building on the core principles set out in the previous chapter, there are several principles in relation to information-sharing to protect children at risk of harm.

- The safety, welfare and well-being of a child are of central importance when making decisions to lawfully share information with or about them.

- Children have a right to express their views and have them taken into account when decisions are made about what should happen to them. For children with a communication impairment, learning disability or where English is not their first language, consideration should always be given to how to support a child with this.

- The reasons why information needs to be shared and particular actions need to be taken should be communicated openly and honestly with children and, where appropriate, their families. A child and their parents and carers should have access to the records unless doing so would place a child or other persons at risk of harm, or prejudice any subsequent investigation.
• In general, information will normally only be shared with the consent of the child (depending on age and maturity). **However, where the child is at risk of harm, or where there are wider crime prevention or public safety implications or such action would prejudice any subsequent investigation, information may need to be shared without consent** – although the intention to share and the reasons for this will normally be notified to the child and be recorded.

• At all times, information shared should be relevant, necessary and proportionate to the circumstances of the child, and limited to those within the child’s personal network of support and the practitioners or agencies who need to know.

• Information shared should be accurate, up-to-date and necessary for the purpose for which it is being shared and shared securely. Those disclosing or receiving information should advise partners of errors or inaccuracies of which they are aware. When sharing information there needs to be a distinction made between, fact, hearsay and opinion.

• When gathering information about possible risks to a child, information should be sought from all relevant sources, including services which may be involved with other family members. Relevant historical information should also be sought and considered as appropriate. Those asked for information should apply the same principles when considering their response to such requests.

• When information is shared, a record should be made of when it was shared, with whom, for what purpose, in what form and whether it was disclosed with or without consent. Similarly, if a decision is taken not to share information, this decision should be recorded. Where there is dissent or dispute, this should also be recorded.

• Practitioners should have clear guidance from their agencies to assist them in sharing information. This should include advice on sharing information about adults who may pose a risk to children, action to be taken where there is dissent or dispute over sharing information and clear whistle-blowing policies for agencies. Practitioners should have a clear understanding of their statutory power to collect, use and share information as required.

**Confidentiality and Consent**

85. Privacy and confidentiality governed by legal provisions that aim to safeguard personal information, within includes:

• the UN Convention on the Rights of the Child (1989);

• Human Rights Act 1998;

• the Data Protection Act 1998; and

• professional codes of conduct.

86. The same legal provisions also provide for sharing of information for purposes such as public protection, crime prevention and crime detection.
Legal Framework

Common law duty of confidentiality

<table>
<thead>
<tr>
<th>Principle</th>
<th>Exemption</th>
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<tr>
<td>The common law requires that information may not lawfully be disclosed when given in certain circumstances of confidentiality. A breach of confidentiality may be demonstrated where the information:</td>
<td>The duty of confidentiality is not absolute and should not be a bar to information sharing. Disclosure can be justified if:</td>
</tr>
<tr>
<td>• has a „quality of confidence“ i.e. should not already be in the public domain and has sensitivity and value;</td>
<td>• the information was not confidential in nature;</td>
</tr>
<tr>
<td>• is given in circumstances given raise to an „obligation of confidence“ on the part of the person to whom the information has been given e.g. the clinician; and</td>
<td>• the person to whom the duty is owed has consented to the disclosure;</td>
</tr>
<tr>
<td>• is used in a way that was not authorised.</td>
<td>• there is an overriding public interest in disclosing; and</td>
</tr>
<tr>
<td></td>
<td>• disclosure is required by a court order or other legal obligation.</td>
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</tbody>
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87. Information held in confidence can therefore be disclosed without the individual’s consent, where it can be demonstrated that:

• it needs to be shared by law;
• it is needed to prevent, detect or prosecute serious crime;
• there is a risk of death or serious harm;
• it is in the interests of the person’s health;
• it is in the interests of the person concerned;
• there is a public health interest; and
• there is a public interest.

Public interest criteria include:

• protecting vulnerable members of the community;
• maintaining public safety;
• apprehending offenders;
• preventing crime and disorder;
• detecting crime; and
• administering justice.
### Data Protection Act 1998

<table>
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<tr>
<th><strong>Principle</strong></th>
<th><strong>Exemption</strong></th>
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| The Data Protection Act 1998 (DPA) prevents personal information being used for purposes other than that for which it has been collected. The Act outlines eight principles of good information handling, specifically the data should be:  
  - obtained and processed fairly and lawfully;  
  - obtained for one or more specified purposes;  
  - adequate, relevant and not excessive in relation to the purpose or purposes processed;  
  - accurate where possible and kept up-to-date;  
  - kept for no longer than is necessary;  
  - processed in accordance with the rights of the data subject;  
  - stored using appropriate measures against accidental loss, destruction or damage to personal data; and  
  - not transferred to a country outside the European Economic Area unless that country ensures and adequate level of protection for the rights and freedoms of data subjects. | Section 29 of the DPA provides that information can be disclosed without gaining an individual's consent where failure to gain the information would be likely to prejudice:  
  - the prevention or detection of crime;  
  - the apprehension or prosecution of offenders; and  
  - the collection or assessment of any tax or duty.  
The conditions for sharing 'personal information', which is most likely to apply in child protection enquiries is when it is necessary for:  
  - the administration of justice;  
  - the exercise of any functions conferred on any person by or under any enactment;  
  - the exercise of any functions of the Crown, a Minister of the Crown, or government department; or  
  - the exercise of any other functions of a public nature exercised in the public interest by any person.  
Section 1 of the order also permits sharing of 'sensitive personal' data that is:  
  - in the substantial public interest;  
  - necessary for the purposes of the prevention or detection of any unlawful act (or failure to act); and  
  - must necessarily be carried out without the explicit consent of the data subject being sought so as not to prejudice those (crime prevention/detection) purposes. |

### The Human Rights Act, 1998

Article 3 states that: "No one shall be subjected to torture or to inhuman or degrading treatment or punishment". Article 3 is an absolute or unqualified right, which means that it must be respected in all circumstances. This Convention right could be relevant to sharing information about children, vulnerable adults or certain violent or sexual crimes.

Article 8.1 states that: "Everyone has the right to respect for his private and family life". As with many Convention rights, the right is qualified. Article 8.2 states: "there shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals or for the protection of the rights and freedoms of others".

Organisations may only share information where they have a power to do so. This may be restricted to situations where the information-sharing:

- can be undertaken as part of the agency’s statutory function (where applicable); and
- can be justified as part of an agency’s duty to comply with the Human Rights Act.

In instances of suspected significant harm to a child, this would involve the application of the Human Rights Act. Further information on information-sharing for the public sector can be found in Data Sharing: Legal Guidance For The Scottish Public Sector (Scottish Executive, 2004).


The Convention on the Rights of the Child was adopted by the United Nations General Assembly in 1989 and sets out the basic rights of all children.

Constitution has 54 Articles. The Articles that are about individual rights include:

- the right to survival;
- development of the fullest potential;
- protection from all forms of abuse, neglect and exploitation; and
- protection from dangerous drugs.

This Convention Right could be relevant to sharing information about children or young persons who are at risk of abuse, neglect or exploitation or where there are concerns that a parent/carers substance abuse is adversely affecting a child.

Therefore, when information needs to be shared and it is appropriate to ask for consent, information can be shared when consent has been given.
92. In circumstances when information needs to be shared and it is either inappropriate to ask for consent or consent has been refused, relevant and proportionate information can be shared in the interests of public safety, for the prevention of disorder, the prevention or detection of crime, or the protection of health, morals or the rights and freedoms of others.

93. **However, if a child is considered to be at risk of harm, relevant information must always be shared.**

### Recording and Analysing Information

94. Decision-making depends on sufficient, succinct, accurate and accessible records. In all recording there should be a distinction made between facts and opinions. Records should include note of:

- dates of staff contacts with children and families;
- the child’s views and feelings;
- actions and decisions and their rationale;
- outcomes of interventions;
- the child’s plan or child protection plan where the child is believed to be at risk of significant harm; and
- a chronology of significant events to the child maintained.

Chronologies can assist in identification of a pattern of events or accumulation of concerns (or positive developments). However, they should be reviewed and monitored by managers with a quality assurance role. Care should be taken to ensure chronologies are cross-referenced with relevant information from other agencies.

95. Records should be structured to reflect the GIRFEC Well-being Indicators and analysis in relation to the dimensions of the My World Triangle as appropriate in each case (*as described in more detail in the chapter on Identifying and Managing Risks*).

### Storage and Retention of Records

96. Good information-sharing depends on the quality of record-keeping and processes for storing and retaining information. All agencies should have clear procedures for the recording and handling of personal information, including management of the interface between electronic and manual records. Procedures should also be in place for the storage, retrieval, retention and disclosure of information. Where there are arrangements for the sharing of files or electronic information – for example, in an integrated assessment as part of a single planning process – there should be clear protocols in place to support this.
97. It is important that local procedures provide clear guidance on how different media of information (for example, verbal, written or electronic) should be recorded and/or stored. The procedures also need to address the issue of protective markings and the secure storage of information by their own and other services or third parties. The length of time records will be retained will be influenced by both legislative and regulatory requirements and local services should ensure processes are in place to conform to these standards. All staff should understand their responsibilities for the recording, storage and sharing of information.

98. Public access to information is governed by the Freedom of Information (Scotland) Act 2002 (FOI), which came into force in 2005. FOI gives the public a right of access to information held by public authorities in Scotland with some reservations to protect personal privacy. FOI is fully retrospective and applies to all information, not just information created or filed since the Act came into force. Staff should be aware that any information they record may be the subject of an information access request under FOI. If a member of staff receives an FOI request, they should refer this to the appropriate person within their agency.

Sharing of Information across Areas when a Child Moves

99. Where there is a change in a child’s circumstances and they move to another authority, the originating authority is responsible for forwarding information, including any increased levels of risk resulting from the move, to the receiving local authority.

100. Where active involvement with a child and their family is felt to be minimising risk and the family then move, thus raising concerns about risk, the original authority must refer to the receiving authority and send the child’s case file to receiving authority. When involvement with the family has recently commenced or terminated, the details of the concerns should be made known to the authority in which the family now reside as soon as possible.

101. Concerns must be communicated to the receiving authority and a written notification provided, even where initial contact was made by other means. This notification should provide information on the history of involvement and risks, including the most recent intervention plan and any progress made.

102. Where there is a significant history held by the original authority, a meeting between social workers from both authorities should be considered, as a follow up to the written referral.
LEGISLATION

103. Since the last full review of child protection guidance in 1998, there has been a range of legislative changes. As well as focusing on legislation passed since the last review, it is also worth revisiting some of the core legislation. The relevant legislation is set out here and presented in the following categories:

• the duties conferred on services to investigate and respond to concerns about a child’s welfare, as well as the responsibilities of local authorities to develop community planning processes with partner agencies;

• „over-arching’ legislation (for example, Data Protection) where some aspects have a particular relevance; and

• other legislation including offences relating to children and young people and legislation relating to civil law or administrative arrangements, arranged in thematic order.

Duties to Protect

104. The legal duty to investigate and report in relation to child care issues is derived from two sources: the Police (Scotland) Act 1967 which provides the mandate for police officers; and the Children (Scotland) Act 1995, of which section 53 provides the mandate for local authorities and section 56 for Reporters to the Children’s Hearing.

Police (Scotland) Act 1967

105. Although updated and amended by subsequent legislation, many of the current standard police powers emanate from this legislation. Powers to arrest and detain, duties to investigate and report (including the duty towards children), and the nature and organisation of the police service in Scotland are all contained within this legislation.

Children (Scotland) Act 1995

106. This remains one of the primary pieces of legislation providing the range and scope of local authority intervention in the lives of children and their families. The duties of the local authority within this legislation are, in the main, discharged by statutory social work services.

Social Work (Scotland) Act 1968

107. Although amended many times over the years, this legislation provides the primary mandate for social work intervention in Scotland. It is the legislation that creates the duty under section 12 to „promote social welfare’. While this has been added to by the Children (Scotland) Act 1995 to specify „children in need’, the over-arching mandate remains that it is the duty of the local authority to ensure that such services are made available across their jurisdiction as could be considered consistent with this duty.
Local Government in Scotland Act 2003

108. Part 2 of this legislation, which is concerned mainly with issues of community planning, contains details of the duty on local authorities to establish and maintain a process of community planning which will include within its functions the scope for developing Child Protection Committees.

109. Part 3 of the Act deals with the power of local authorities to enhance well-being and again this can be interpreted as being relevant to the establishment of Child Protection Committees.

Education (Additional Support for Learning) (Scotland) 2004 and 2009

110. This legislation replaces the system created by the Education (Scotland) Act 1980 for the recording and assessment of special educational needs for children. The process of creating a “Record of Needs” in the 1980 legislation has been replaced with a system of co-ordinated support plans for each child identified as having significant additional support needs. Under section 9 of the 2004 Act, where it has been established that a local education authority has responsibility for the child’s education and the child has additional support needs, they have a duty to provide a co-ordinated support plan for the child. This legislation has been amended by the Act of 2009.

Over-arching Legislation

Data Protection Act 1998

111. While this legislation impacts on all aspects of social work intervention, some sections have a particular importance for child protection situations. The basic principles of the Act remain relevant in terms of the conditions in which any data can be “processed” and it is the responsibility of the Data Controller within any organisation to ensure that the key principles set out in the Act are adhered to by all staff. Of particular note in the child protection context are those sections of the Act that relate to confidentiality, sharing of information and disclosure of sensitive information. More information on this legislation can be found in the chapter on information-sharing.

Human Rights Act 1998

112. All legislation passed by either the UK or Scottish Parliament should adhere to the principles of the European Convention on Human Rights. Insofar as it is possible, primary legislation and subordinate legislation must be read and given effect in a way which is compatible with the Convention Rights. Sometimes there may be a potential conflict of interest between children and adults and a balancing of competing rights will be required. More information on this legislation can be found in the chapter on Principles and Standards.
UN Convention on the Rights of the Child

113. Ratified by the UK Parliament in 1990, this Convention serves to inform all subsequent child-care legislation. The rights of the child to wherever possible, express a view and have this taken into account and the right to have their interests seen as the primary interest are important aspects of this Convention. More information on this Convention can be found in the chapter on Principles and Standards.

Other Relevant Legislation

Legislation Defining Offences against Children

Sexual Offences (Amendment) Act 2000

114. This legislation deals with issues arising from offences committed against children by persons in a „position of trust‟. For the purposes of the Act, this encompasses any person who is looking after a child under the age of 18 who is being detained by order of a court and looked after and accommodated by the local authority, in a range of settings including hospitals and residential schools. The offences in question relate to a range of „sexual activity‟ with the young person undertaken in the knowledge that the young person was under the age of 18. The Act also lowers the age at which some sexual acts are lawful, in some cases from 18 to 16 or 21 to 16.

Protection from Abuse (Scotland) Act 2001

115. While the primary focus of this legislation is women subjected to domestic violence and the potential legal remedies available to them, utilising aspects of this legislation can assist attempts to safeguard the interests of children, particularly given what is now known about the impact of abuse upon children. The primary remedy offered by this legislation is that of powers of arrest being attached to an interdict regardless of the relationship between the abused and the abuser.

Criminal Justice (Scotland) Act 2003

116. This wide-ranging piece of legislation has important sections that relate to children and young people both in terms of the Children’s Hearings system and the interpretation of what constitutes legally justifiable physical punishment. Following a consultation exercise in 2000, where opinions were very divided, it became clear that there was no consensus across Scottish society on what had been portrayed as the „smacking ban‟. What section 51 does, however, clarify is that it is an offence to punish a child in any manner that involves “a blow to the head, shaking or the use of

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an implement". Where any such offence is committed, the defence of reasonable chastisement does not apply.

117. Sections 52 and 53 relate to changes in terms of the reporting restrictions on Children’s Hearings and also the amount of information that the Principal Reporter can make available to child victims and relevant persons where the offender is also a child.

118. Section 16 addresses issues around the rights of victims to be advised of the release dates etc of offenders. This may be of relevance to children in circumstances where the perpetrator of offences against them has received a significant prison sentence.

**Prohibition of Female Genital Mutilation (Scotland) Act 2005**

119. This legislation makes an important statement about what is considered to be acceptable conduct in respect of female circumcision and other related matters. More information on this legislation can be found in the chapter on Indicators of Risk in the section on female genital mutilation.

**Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005**

120. This important legislation introduced a number of new offences including an offence of "grooming", a child under the age of 16 for sexual purposes and meeting such a child following prior contact for the purposes of engaging in some form of illegal sexual conduct. This latter offence is often linked to previous contact via online chat-rooms where adults may pose as young people and arrange face to face meeting for the purpose of sexual contact. (For more information on this issue, see the section on online child safety in the chapter on Indicators of Risk.)

121. Under sections 10-12, arranging or facilitating any sexual services from a young person under the age of 18 is an offence as is attempting to control a young person for the provision of such services, including pornography. In the case of the production of pornographic images, the previous upper limit was 16.

122. The legislation also introduced Risk of Sexual Harm Orders (section 2) that aim to protect children and young people from persons who may not have been convicted of any criminal offence but who have engaged in some level of sexually explicit behaviour or communication in respect of a child under 16. This is a civil matter and the Order would be sought by the Chief Police Officer from the Sheriff. It is not intended as a substitute for criminal process but rather as a means of protecting children at an earlier stage.

123. This Act also extended the powers available under the Sexual Offences Act 2003 to allow courts to impose a Risk of Sexual Harm Order at the time of conviction for a sexual offence.

124. Section 15 of the Act removed the time bar of one year that previously existed on raising an action for unlawful sexual intercourse with a girl aged 13-16. This allows victims to come back long after the offence was committed and raise and
seek a criminal prosecution. There are obvious evidential issues involved but it does allow, for example, a person who was the victim of child sexual abuse to seek legal redress at a time in their life when they are better able to deal with the issues raised. Previously, such prosecutions were time barred.

**Sexual Offences (Scotland) Act 2009**

125. This Act translated a number of common law offences into statutory offences – for example, rape – and clarified the issue of consent, introducing a new definition of „free agreement“. A number of what are described as „protective“ offences are introduced to allow for the protection of individuals by virtue of their age or mental capacity who may not be deemed able to engage in „free agreement“ to sexual activity. The Act introduced in sections 42-45 a new offence relating to a breach of a position of trust in respect of a child. The Act provides clear guidance as to what constitutes a position of trust in these circumstances. It updated and amended the provisions of the UK Sexual Offences (Amendment) Act 2000.

126. Section 55 also allows for a Scottish resident to be convicted of an offence committed abroad if it would be deemed a criminal offence in Scotland. It is no longer necessary for the behaviour to be illegal in the country where it occurs. Unlawful sexual intercourse with a 12 year old somewhere in Asia, for example, would be able to be prosecuted in Scotland.

**Legislation on Managing Adults Who May Pose a Risk to Children**

**Police Act 1997**

127. Part V of this legislation provides the responsibility and authority for „disclosure checks“ on individuals by local authorities or third sector organisations as well as other organisations depending on the nature of the work being undertaken; this is further supported by the Police Act 1997 (Criminal Records) (Scotland) Regulations 2006. The legislation allows such bodies to seek to obtain Criminal Record Certificates (known generally as „disclosures“) on any person who is likely to undertake direct work with children and other vulnerable groups. For such purposes, disclosure of previous criminal convictions have to be obtained at an „enhanced“ level – i.e. spent convictions under the terms of the Rehabilitation of Offenders Act 1974 are also included together with any other information considered relevant by police and other authorities. Under the legislation, checks are undertaken on foster carers, employees and any person, not holding any form of parental rights in respect of a child who may be entrusted with their regular care.

**Protection of Children (Scotland) Act 2003**

128. The primary focus of this legislation is the power to allow Scottish Ministers to establish a *Disqualified from Working with Children List*. In any circumstance where an organisation considers that someone who has access to children in a paid or voluntary capacity has harmed a child or put a child at serious risk of harm, they have a legal obligation to notify Scottish Ministers. It is not a requirement that the person concerned has been convicted of a criminal offence in respect of said child or children. Section 11(3)(a), for example, created an offence for an organisation to
knowingly engage someone whom they know to have been disqualified from working in a child care position. This legislation will shortly be repealed and replaced by the Protection of Vulnerable Groups (Scotland) Act 2007.

**Protection of Vulnerable Groups (Scotland) 2007**

129. The Protection of Vulnerable Groups (Scotland) 2007 (PVG) Act is Scotland's response to the principal recommendation of the Bichard Inquiry following the tragic murders in Soham in 2002. Towards the end of 2010, the Scottish Government will introduce a new membership scheme to replace and improve upon the current disclosure arrangements for people who work with vulnerable groups. The PVG Scheme is designed to deliver a fair and consistent system that will help to ensure that those who have regular contact with children and protected adults through paid and unpaid work do not have a known history of harmful behaviour. The scheme is intended to be quick and easy to use, reducing the need for PVG Scheme members to complete a detailed application form every time a disclosure check is required and strike a balance between proportionate protection and robust regulation and make it easier for employers to determine who they should check to protect their client group.

130. During the first year after its 'go-live', the PVG Scheme will only be available for those joining the vulnerable groups' workforce for the first time, moving posts or whose circumstances have changed. The whole of the current workforce will be phased into the scheme over the following three years.

**Legislation on Criminal Proceedings and Witness Supports**

**Sexual Offences (Procedure and Evidence) (Scotland) Act 2002**

131. This legislation places restrictions on when an accused person is allowed to conduct his own defence and thereby cross-examine the defendant. The categories include a range of offences against children including unlawful sexual intercourse with a girl aged 13-16 and indecent behaviour towards a girl aged 12-16. The accused is also prohibited from pre-cognition of a child witness under oath and there are also specific bail conditions relating to attempting to obtain statements from the complainer. The extent of the powers under this legislation was extended further in the Vulnerable Witnesses (Scotland) Act 2004 to include non-sexual offences involving children under 12.

**Vulnerable Witnesses (Scotland) Act 2004**

132. Under this legislation, which amended some sections of the Criminal Procedure (Scotland) Act 1995, children who are called upon as witnesses are no longer required to undergo a competence test to ascertain whether they can demonstrate an understanding of the distinction between telling the truth or not. Equally important is that under section 6 (which inserts section 288E to the Criminal Procedure (Scotland) Act 1995), an accused cannot conduct his own defence where the child concerned is under 12 and the offence involves sexual assault or violence.
133. One of the most important aspects of this legislation is the introduction of a range of special measures which may be put in place to support the vulnerable child when giving evidence or being cross-examined. The Act covers criminal cases, civil cases and Children’s Hearings court proceedings. Standard special measures available to all child witnesses under the age of 16 are a live TV link, screens in the courtroom and the presence of a supporter in conjunction with either of these measures. Further special measures, available on application to the court, include evidence being taken in advance in the form of a prior statement (criminal cases only) or the taking of evidence by a commissioner.

134. It is important to note that a person under the age of 16, known as a ‘child witness’ is, per se, a ‘vulnerable witness’. The provision of standard special measures will always be considered for them.

135. There is extensive guidance available on the subject\(^7\). The 2004 Act underpins the acceptance that oral evidence is no longer the only means by which testimony can be given by children.

**Additional Legislation**

**Asylum and Immigration (Treatment of Claimants etc) Act 2004**

136. This is UK legislation and as such the subject matter is reserved. While the issues of immigration and asylum and the impact this may have on children and their families is a very broad topic, section 4 of this legislation relates to the offence of trafficking people for exploitation.

137. Immigration and asylum issues around unaccompanied children is a highly specialised aspect of the legislative framework for children and young people. The potential for exploitation and vulnerability is high and it is important that specialist legal advice is sought, even in situations that appear ‘straightforward’. There are complex and contested processes of age-testing that seek to clarify the ages of unaccompanied children who arrive in this country without identifiable information and paperwork. The Scottish Refugee Council can provide initial support and information to help guide workers through the complexities of these processes.

**Anti-social Behaviour (Scotland) Act 2004**

138. While the primary focus of this legislation may not be child protection in its most commonly regarded forms, it is important to remember the strong links between adult behaviour and outcomes for children and young people. This legislation allows for cases of anti-social behaviour to be referred to the Children’s Reporter and for ‘parenting orders’ to be applied to the parents of such children and young people. Bearing in mind the Kilbrandon principle of ‘need not deed’, this legislation could be the point of entry of some young people into the child protection arena.

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\(^7\) Supporting Child Witnesses Guidance Pack (part 1), Scottish Executive, 2003.
Adoption and Children (Scotland) Act 2007

139. While this legislation made a number of changes to the administration of the adoption process in Scotland, it is the introduction of the Permanence Order that may have the most relevance for child protection processes. This new order, which can be awarded to local authorities allows for a greater degree of flexibility around a core of more permanent decisions about a child’s care. The order allows responsibilities to be shared with carers by the local authority once the Permanence Order is in place and should be part of the single planning process for the child, responding to the differing needs and risks of the child or young person concerned. In situations where it has been decided that in order to safeguard and protect the child’s welfare, it is no longer appropriate to consider returning a child to its birth family, a Permanence Order may provide the necessary stability without the child being placed within an adoptive family.

The Mental Health (Care and Treatment) (Scotland) Act 2003

140. This introduced a number of principles which those discharging functions under the Act are required to have regard to, including a specific principle for the "welfare of the child". It requires that any functions under the Act in relation to a child with mental disorder should be discharged in the way that best secures the welfare of the child. In particular, it is necessary to take into account:

• the wishes and feelings of the child and the views of any carers;
• the carer's needs and circumstances which are relevant to the discharge of any function;
• the importance of providing any carer with information as might assist them to care for the patient;
• where the child is or has been subject to compulsory powers, the importance of providing appropriate services to that child; and
• the importance of the function being discharged in the manner that appears to involve the minimum restriction on the freedom of the child as is necessary in the circumstances.

141. The Act is universal and applies to everyone with a mental disorder, irrespective of age but it introduced specific provisions in relation to children and has clear links to the Children’s (Scotland) Act 1995. A range of powers and duties is in place for both health boards and local authorities to address the needs of children with mental health problems and with parent(s) who have mental health problems.

142. Key amongst specific provisions in the Act are:
• the requirement on health boards to provide certain services and accommodation for patients under 18 to help prevent young people being admitted to adult acute wards and improve the provision of specialist child focussed services;
• the requirement on health boards to enable mothers with post-natal depression and who are in hospital, through the provision of accommodation and services, to care for their child (of less than one year) in hospital, if they so wish;

• all those discharging functions under the Act have a duty to “mitigate adverse effect of compulsory measures on parental relations” requiring all reasonable steps to be taken to reduce any adverse effect on the relationship between a child and a person with parental responsibilities for that child – whether it is the parent or child who has the mental disorder; and

• education authorities have a duty to make arrangements for the education of pupils unable to attend school because they are subject to measures authorised by the Act or by other mental health legislation, in consequence of their mental disorder.
PART 2

ROLES AND RESPONSIBILITIES
FOR CHILD PROTECTION
COLLECTIVE RESPONSIBILITIES FOR CHILD PROTECTION

143. All agencies, professional bodies and services which work with children and their families have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is their „client”. Increasingly, they are expected to identify and consider the child’s needs, share information and concerns with other agencies and work collaboratively with other services (as well as the child and their family) to improve outcomes.

144. Accordingly, greater emphasis needs to be given to the role of all agencies and professional bodies which interface with the public, both within an adult and child service provider context. An awareness and appreciation of the role of others is essential for effective collaboration between organisations, professional bodies and the public. This chapter outlines the main collective responsibilities for child protection, including local communities and the general public as well as the key strategic forum for local inter-agency child protection partnerships, Child Protection Committees. The single agency roles and responsibilities of statutory organisations, professional bodies, and the independent and third sector in safeguarding and promoting the well-being of children are considered in the next chapter.

Local Communities and the General Public

145. Very often referrals concerning a child at risk of significant harm come from the general public. Children only sometimes make initial allegations to the statutory agencies; instead it is often a family member, friend or neighbour who first becomes aware of concerns about possible risks to a child. Agencies who work with families and children are in an ideal position to inform and educate the general public about the duties and responsibilities of agencies to protect children. Child protection needs to be seen as the responsibility of not just the statutory agencies but also the community in which children live. Local authority and other relevant agencies should disseminate information to the general public to promote a sense of shared responsibility. Practitioners must make it clear to members of the public that they have an obligation to pass information about child abuse and neglect to the statutory agencies and cannot guarantee confidentiality if the child is at risk of significant harm.

Child Protection Committees

146. Child Protection Committees were first established in each local authority area across Scotland in 1991. Since then, they have been subject to many reforms and review, in particular in 2005, when they were strengthened as part of the then Scottish Executive’s Child Protection Reform Programme. The national guidance for Child Protection Committees was published in 2005 and has been embedded in this revised guidance with some amendments.

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147. Child Protection Committees are locally-based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Their role, through their respective local structures and memberships, is to provide individual and collective leadership and direction for the management of child protection services across Scotland. They work in partnership with their respective Chief Officers’ Groups and the Scottish Government to take forward child protection policy and practice across Scotland.

148. This guidance is, therefore, deliberately directive and specific in its content to reflect the continuing significant importance of Child Protection Committees. It emphasises the need for a clear, co-ordinated and unambiguous approach to child protection across Scotland within the wider GIRFEC framework.

**Chief Officers’ Groups**

149. Chief Officers across Scotland are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their Child Protection Committees. Chief Officers are responsible for overseeing the commissioning of all child protection services and accountable for this work and its effectiveness. They are individually responsible for promoting child protection across all areas of their individual services and agencies, thus ensuring a corporate approach. This responsibility applies equally to the public, private and third sectors.

150. Across Scotland, local arrangements are now well established to meet local geographic and demographic demands and service user needs. Chief Officers are responsible for determining the most appropriate child protection arrangements for their respective area(s). Chief Officers’ Groups have strategic responsibility for their Child Protection Committees. Chief Officers’ Groups must be properly constituted so as to discharge their individual and collective strategic responsibilities. Chief Officers must ensure and recognise that members of Child Protection Committees have the necessary child protection skills and knowledge to enable them to fulfil their individual and collective responsibilities. Child Protection Committees are best placed to provide Chief Officers with the best possible professional advice in child protection matters.

151. Chief Officers will determine their own local membership and business arrangements. They will ensure they are transparent and accountable to Elected Members and Scottish Ministers. They will make certain that individually and collectively, they have a clear vision, shared values and aims, which promote the protection of all children, young people and families. Their partnership working will focus on providing better outcomes for vulnerable children and families. They will set up arrangements for gathering and presenting performance management and monitoring information that is relevant to achieving these outcomes in their areas. They will ensure that there is an interface with adult protection, offender management/MAPPA, Alcohol and Drug Partnerships and other planning fora. For further information on wider planning issues, see the chapter on Wider Planning Links.
Child Protection Committee Arrangements

152. Chief Officers must ensure that their Child Protection Committee is properly constituted, resourced and that its arrangements are robust, relevant and clearly focused and relevant to all members of Child Protection Committees, their sub-committees and partner agencies, and the wider public at large. Child Protection Committees must work within the wider planning frameworks so that their work, and child protection is fully integrated and effective.

153. Chief Officers are responsible for ensuring that these resources include dedicated finance to support the collective work and/or specific core functions and/or activities of their Child Protection Committees. Chief Officers will ensure that their Child Protection Committees have dedicated professional and administrative support staff.

154. Each Child Protection Committee will have in place an inter-agency Lead Officer to co-ordinate the inter-agency activities of the Child Protection Committee and its sub-committees. Each Child Protection Committee will have in place a dedicated Child Protection Training Officer or a shared resource in terms of delivering inter-agency child protection training.

155. Membership of the Child Protection Committee will be representative, inclusive and all members must fully understand their role, remit and purpose. Chief Officers’ Groups will appoint or agree the appointment of the Chair of their Child Protection Committee, including their contractual arrangements and/or terms of reference, role and remit. The Child Protection Committee Chair may be appointed from a single representative service or agency or Chief Officers may decide to appoint an Independent Chair. This remains at local discretion. Chief Officers will also appoint, or agree the appointment of, a Child Protection Committee Vice Chair and the wider Child Protection Committee membership.

156. Chief Officers will ensure that the Chair and Vice Chair fully understand their specific role, responsibility and remit and the Chair and Vice Chair should have an in-depth knowledge of child protection. They will agree their working arrangements, term of office and their reporting and accountability arrangements.

157. Chief Officers will ensure that all members of their Child Protection Committee have the relevant delegated responsibility level and capacity to make decisions on behalf of the service or agency they represent. All Child Protection Committee members will have designated deputies who will attend the regular meeting in their absence and on their behalf.

158. Chief Officers will make certain that all members of their Child Protection Committee are properly inducted, have access to child protection training, particularly inter-agency child protection training, have protected time in which to fulfil their responsibilities before, during and after meetings and that the work of their Child Protection Committee is transmitted widely. The work of their Child Protection Committee must be widely understood and embedded into their respective service or agency’s child protection policy and practice arrangements. Work emanating from the Child Protection Committee must be properly implemented and monitored effectively so as to measure impact and outcomes.
159. Chief Officers will decide upon the local reporting arrangements for their Child Protection Committee and the requirement for an annual report and/or annual Plan, in addition to any other national and/or local planning and reporting requirements.

Functions of a Child Protection Committee

160. The functions of a Child Protection Committee are **continuous improvement**, **strategic planning**, **public information** and **communication**. The work of the Child Protection Committee must be reflected in local practice and meet local needs. The following describes in more detail the core business functions for Child Protection Committees and provides a working framework for their work. They are presented here in no particular order of priority or importance. This list should not be considered all-inclusive or exhaustive.

Continuous Improvement

161. Child Protection Committees have a key role to play in the continuous improvement of child protection policy and practice. A number of functions relate directly to this key role.

**Policies, procedures and protocols**

162. Child Protection Committees will design, develop, publish, distribute, disseminate, implement and regularly review and evaluate clear and robust inter-agency child protection policies, procedures, protocols and guidelines. Each Child Protection Committee will:

- encourage constituent services and agencies to have in place their own up-to-date child protection policies, procedures, protocols, guidelines and other relevant materials;
- ensure all services and agencies have robust whistle-blowing polices in place and that these are sufficiently disseminated and understood by all practitioners and managers;
- ensure that child protection policies, procedures, protocols and guidelines are developed around existing and emerging key issues, where there is agreement that this is required; and
- publish and regularly review their own inter-agency child protection guidelines, which must reflect national and local policy developments, including GIRFEC and the robust arrangements for the management of child protection case conferences.

**Management information and statistics**

163. Child Protection Committees will have an overview of management information and statistics from all key services and agencies about their work to protect children and young people. Each Child Protection Committee will:

- have an overview of management information and statistics relating to children and young people on the local Child Protection Register;
call for and receive regular management information and statistics reports, which include analysis of trends, as relevant to the key child protection issues for their area;

 analyse, identify and where appropriate, address the implications of the management information and statistics reports for services and agencies; and

 ensure that the management information and statistics reports inform the development inter-agency child protection policy and practice and advise Chief Officers as required.

This should be sufficient to monitor service provision, assess impact, identify strengths and weaknesses and make a strategic assessment of service need.

**Self-evaluation, quality assurance and continuous improvement**

164. Whilst individual services and agencies have responsibility for assessing and improving their own services and agencies, Child Protection Committees have responsibility for the development and implementation of inter-agency self-evaluation, quality assurance and continuous improvement mechanisms. Each Child Protection Committee will:

* promote self-evaluation as a continual process and not a single event;
* agree, implement and review their inter-agency quality assurance and continuous improvement mechanisms for inter-agency work, including self-evaluation against current standards and quality indicators and the procedures around significant case reviews;
* ensure that these inter-agency self-evaluation and quality assurance mechanisms for inter-agency work directly contribute to the continuous improvement agenda of services to protect children and young people; and
* publish regular inter-agency self-evaluation and quality assurance reports in demonstration of this requirement.

**Promotion of Good Practice**

165. Child Protection Committees have a responsibility to identify and promote good evidence-based policy and practice developments, address issues of poor policy and practice, and encourage learning from effective policy and practice developments. Each Child Protection Committee will:

* have robust mechanisms in place for the identification, consideration and undertaking of significant case reviews on behalf of the Chief Officers – this should include a vigorous evaluation process for actions identified from the review. *For further information on significant case reviews, see Protecting Children and Young People: Interim Guidance for Child Protection Committees for Conducting a Significant Case Review;*
* have in place mechanisms to identify and disseminate lessons from past and current practice, including learning from significant case reviews, inspection reports and other inquiry reports;
* ensure that these lessons directly inform inter-agency child protection planning, training and staff development; and
identify networks, mechanisms and opportunities to share these lessons more widely across services and agencies and between Child Protection Committees across Scotland.

Training and Staff Development

166. Training and staff development for those working with children and families must be undertaken at both a single agency and inter-agency level, particularly in respect of child protection. Child Protection Committees are responsible for the design, development, promoting, commissioning and overview of all inter-agency child protection training.

167. Child Protection Committees are also responsible for the evaluation and quality assurance of inter-agency child protection training in terms of its impact. Child Protection Committees will publish, implement and regularly review and evaluate an inter-agency child protection training strategy. Each Child Protection Committee will:

• have an overview of all available single agency child protection training and consider the implications for inter-agency child protection training;
• plan, review and quality assure all inter-agency child protection training and development activities;
• have in place and review, at least annually, a programme for all inter-agency child protection training; and
• ensure relevant, effective and consistent inter-agency training is provided for all practitioners, managers, non-statutory agencies and the Child Protection Committee themselves.

(For more information on training please see the chapter on Leadership.)

Strategic Planning

168. Child Protection Committees are the key local partnerships in terms of the planning of child protection policy and practice. This needs to be done in conjunction with other planning mechanisms and priorities, in particular the integrated children’s services planning and community planning arrangements. The contribution of Child Protection Committees to strategic planning falls into the following two broad categories.

Communication, collaboration and co-operation

169. Effective communication, collaboration and co-operation, both within and between practitioners and across all services and agencies, remain essential to the effective protection of children and families. Each Child Protection Committee will:

• demonstrate effective communication and co-operation at Child Protection Committee and Sub-Committee level;
• actively promote effective communication, collaboration and co-operation between all services and agencies;
• identify and, wherever possible, resolve any issues between services and agencies in relation to the protection of children and young people;
• demonstrate effective communication with other inter-agency partnerships and bodies;
• demonstrate effective communication about the work of the Child Protection Committee with staff in constituent services and agencies; and
• identify opportunities to share knowledge, skills and learning with other Child Protection Committees via national and local networks and fora across Scotland.

Planning and connections

170. Child Protection Committees need to be clear about their links with other multi-agency planning partnerships and structures. Each Child Protection Committee will:
• clearly identify the key links that are required to be made with other bodies and ensure that they are made;
• ensure that Child Protection Committee plans and priorities are clearly linked to other national and local plans;
• in conjunction with other bodies, identify issues where either joint working would be beneficial or duplication could be avoided and ensure that action is taken to address these issues; and
• have in place, and regularly review the effectiveness of, joint protocols around particular identified issues.

171. While this list is not exhaustive, these connections will include:
• Chief Officers’ Group;
• all services and agencies represented on the Child Protection Committee, sub-committees and/or groups including local authority, NHS, police and SCRA;
• Elected Members Committees;
• Adult Protection Committees;
• adult services (for example, mental health, criminal justice or learning disabilities)
• sex offender management and MAPPA;
• children’s services planning;
• community planning;
• Child Protection Committees in other areas;
• Community Safety Partnerships;
• Alcohol and Drug Partnerships or their equivalent;
• Domestic Abuse Partnerships;
• community care planning structures;
• Child Care Partnerships;
• the third sector;
• youth justice;
• the Scottish Government;
• the Scottish Ambulance Service;
• the Crown Office and Procurators Fiscal Service; and
• NHS Child Protection Action Groups.

Public Information and Communication

Public information

172. Child Protection Committees will determine the level of public awareness, understanding and knowledge of, and confidence in, child protection systems within their area and address any issues as required within their business and/or improvement plans.

173. Child Protection Committees will produce and disseminate public information about protecting children and young people. Each Child Protection Committee will design, develop, publish, distribute, disseminate, implement and regularly review and evaluate a public information and communications strategy that includes the following elements:

• raising basic awareness and understanding of child protection issues within communities, including children and young people;
• promoting the ethos that “child protection is everyone’s job” in keeping with GIRFEC; and
• providing information about how members of the public can report concerns about a child and what could happen.

Involving children and young people and their families

174. Child Protection Committees will ensure that the perspectives of children, young people and their families will be clearly evidenced in the work of the Child Protection Committee, in accordance with GIRFEC principles. It is vital that this area is not addressed in a tokenistic manner. Each Child Protection Committee will:

• be able to demonstrate that its work is informed by the perspective of children and young people as appropriate to their age and understanding, including the most vulnerable and those with direct experiences of child protection services;
• review and develop their strategies for doing so; and
• ensure that children and young people are involved in the design, development and implementation of the Child Protection Committees’ public information and communication strategies.

175. There are a number of ways of doing this. It is not possible to be prescriptive about the methods to be employed, but for illustration, these could include:

• drawing on the experience of the third sector in eliciting the views of children and young people;
• receiving regular reports from Children’s Rights Officers on the views of children and young people;
• commissioning independent surveys, either individually or collectively with other Child Protection Committees on the views of children and their families;
• improving decision-making and recording practices to ensure that the views of children and families are better able to be gathered together and reflected;
• promoting the establishment of community-based advocacy services for children and young people; or
• ensuring that the views of children and young people are accounted for through the application of inter-agency quality assurance mechanisms.
SINGLE AGENCY ROLES AND RESPONSIBILITIES

176. All agencies which work with children and their families have a shared responsibility for protecting children and safeguarding their welfare. Each has a different contribution to make to this common task, while working together in accordance with GIRFEC principles. Identifying concerns, sharing relevant information, contributing to risk assessments and child protection plans as well as in some instances, actively contributing to the investigation into concerns or providing specialist advice or support are just some of the key roles services can contribute. Local services should ensure that policies are in place clearly outlining the responsibilities of all staff in relation to child protection and that staff are sufficiently trained and resourced to carry out these responsibilities. All services and professional bodies should have clear policies in place for identifying and sharing concerns and information about a child or young person’s well-being, as well as helping to respond to those concerns. The following chapter considers the roles and responsibilities of these agencies and individuals under two groupings: public/statutory services; and other community and related services.

PUBLIC/STATUTORY SERVICES

Local Authority Social Work Services

Children and Family Services

177. Local authorities have a duty to safeguard and promote the welfare of children in need in their area and, insofar as is consistent with that duty, promote the upbringing of children by their families by providing a range and level of services appropriate to the child’s needs. When the local authority receives information which suggests that a child may be in need of compulsory measures of supervision, social work services will make enquiries and give the Children’s Reporter any information which they have been able to discover about the child. Local authorities also have a clear responsibility towards children looked after in their area. Social work services, along with education services and other services, have a corporate parenting responsibility towards children and young people looked after in their care.

Criminal Justice Social Work Services

178. Local authorities’ criminal justice social work services also have responsibilities for the supervision and management of risk from adults who have committed offences against children as well as other high risk offences. Criminal justice staff may be directly involved in the risk assessment, supervision and intervention of adult offenders against children. Alternatively, through the course of their involvement with other service users, concerns about a child’s welfare may come to light – for example, in instances of domestic abuse or substance misuse. All criminal justice staff should be aware of their responsibilities to consider the needs of a child in these contexts and must be aware of their duty to share any such concerns and any information relevant to the identification and management of risk to a child.
Adult Support Services

179. Adult services can include a range of specialist provisions for particular groups, including the elderly, mental health services, disability and adults at risk and in need of protection. Although the services will invariably be offered to the adult, all staff should be aware of the circumstances in which child’s needs should be identified and considered. Adult services have a responsibility to identify concerns over a child or young person’s well-being and have procedures in place for reporting them appropriately and helping to respond to these concerns. Adult services, along with their colleagues in children and families services, should ensure there is strong transitional planning for young people entering their services and this should be accordance with the single planning for the young person.

Youth Justice

180. Youth justice staff work with children and young people involved in offending behaviour, a number whom may be in need of protection or who have been victims of abuse previously. Such young people may still require support with their experiences of abuse as well as assistance managing their offending behaviour. Youth justice staff may be involved in contributing to the risk assessment for a young person as well as any support or protection plan.

Police

181. The police have a general duty to protect the public and investigate on behalf of the Procurator Fiscal, where they believe that a criminal offence may have been committed. They will give the Procurator Fiscal any information which will assist them to decide whether a criminal prosecution should take place. The police should refer a child to the Children’s Reporter if they believe that a child may be in need of compulsory measures of supervision.

182. Child protection is a fundamental part of the duties of all police officers. Patrol officers attending domestic violence incidents, for example, should be aware of the effect of such violence on any children normally resident within the household and community safety officers contribute to prevention and personal safety programmes for children and young people.

Specialist Family Protection Units

183. All police forces in Scotland have dedicated child protection officers to tackle the abuse of children. The police are responsible for the gathering of evidence in criminal investigations. This task can be carried out in conjunction with other agencies, but the police are ultimately accountable for the product of criminal enquiries. Under the Children (Scotland) Act 1995, the police have powers to ensure the immediate protection of children believed to be suffering from, or at risk of, significant harm.
184. The police will work closely with colleagues from social work services and medical practitioners in the investigation of child abuse and neglect. The police hold important information about children who may be at risk of significant harm as well as those who cause such harm. They will share this information and intelligence with other organisations when this is necessary to protect children. Whenever possible, the police should attend and contribute to child protection case conferences, however, the active involvement of police as part of the core group in developing the child protection plan is unlikely to be necessary unless their involvement is crucial to the successful implementation of the plan.

185. The police also play a significant role in the assessment and management of high risk offenders, including those who offend against children. As part of their duties in this area the police will share information and relevant intelligence as appropriate.

Health Services

186. Health practitioners are responsible for the physical and psychological well-being of their patients and have a duty to work with statutory agencies when there are concerns about risk of harm to a child. They may be the first to be aware that families are experiencing difficulties in looking after their children and should share information about any concerns arising from suspicions of abuse or neglect with the social work services, the police or the Children’s Reporter at an early stage. They will also be asked to help with enquiries into alleged or suspected abuse or neglect. Health practitioners are an integral part of inter-agency child protection plans and provide support and assistance to families. Providers of health services for children should ensure that providers make arrangements for services which contribute to the prevention of child abuse and neglect as well as the management of health care in child protection cases. Health practitioners who work with adult patients should also be alert to the indicators of harm to children.

187. The following list of health practitioners is not intended to be exhaustive and all staff working in a health care setting should be aware of their responsibilities in identifying and sharing concerns about a child’s care or protection. Although health practitioners should collaborate with the local authority, this does not exempt them from instigating multi-agency investigations under their duty of care.

Maternity Services

188. Maternity services, and midwives in particular, have a significant role in identifying risk factors to the child during the mother’s pregnancy, birth of the child and in the post-natal period, both in the hospital and community. Midwives should be alert to risk factors for the mother and the infant including, but not limited to, substance misuse, domestic abuse and mental health in pregnant women including risk of post-natal depression. Midwives and staff in hospital settings, including paediatric hospital services, can assess the emotional attachment of infants with their carers and offer early intervention and support to expecting and new parents.
Community Nursing Services for Children

189. Health visitors play a key role in the prevention and early identification and intervention of child protection and care concerns. After the midwife’s post-natal care ends, a health visitor will become a child’s named person until a child begins full-time primary education. Health visitors provide consistent, knowledgeable and skilled contact for families and will assess children’s development and plan with parents and carers to ensure their needs are met. As a universal service, they are often the first to be aware that families are experiencing difficulties in looking after their children and can play a crucial role in supporting a child and their family.

190. The school nurse can contribute to prevention and early detection of child abuse by health promotion, for example: involvement with teachers in Personal, Social and Health Education; monitoring the health of the school population; liaising effectively with teachers and other practitioners; and developing health profiles of the school populations so that nursing services are targeted where they are most needed. In situations where child protection concerns arise, the school nurse should always be alerted and where appropriate involved.

General Practitioners

191. The role of the general practitioner (GP) and the practice team in child protection includes prevention, early recognition and detection of concerns, assessment and ongoing care and treatment. Surgery consultations, home visits, treatment room sessions, child health clinic attendance, drop-in centres and information from staff such as health visitors, midwives, school nurses and practice nurses may all help to build up a picture of the child’s situation, and can alert the team and the GP if there is some concern. GPs need to understand their roles and responsibilities towards children and ensure the practice team understands their responsibilities if they have a concern about a child or adult who may place children at risk and how this may be shared. GPs can provide particular support to children and their families and should wherever possible contribute to the child protection case conference and/or the child protection plan.

Paediatricians

192. Paediatricians working in the hospital or community can come into contact with child abuse in the course of their work. All paediatricians have a duty to identify child abuse and neglect and need to maintain their skills in the recognition of abuse and be familiar with the procedures to be followed if abuse or neglect is suspected.

193. In their contacts with children and families, paediatricians should be sensitive to clues suggesting the need for additional support or enquiries. Consultant paediatricians, in particular, will be involved in difficult diagnostic situations, differentiating those where abnormalities may have been caused by abuse from those that have a medical cause. Along with forensic medical examiners, paediatricians with further training will be involved in specialist examinations of children suspected of abuse or neglect. Forensic paediatricians have particular clinical skills, including examination of children who allege sexual abuse using the
colposcope, interpretation of injuries, report writing and appearing as expert witnesses.

Accident and Emergency Services

194. Accident and emergency staff may frequently be the first contact in cases of suspected or actual child abuse and neglect. This includes both NHS 24 staff, who are often the first to hear a report of harm to a child or young person, as well as the ambulance service, as they are often the first responder and may witness possible harm to children. The (Ambulance) Emergency Dispatch Centres also record and register all calls and can act as the initial hub for emergency medical responses or notifications.

195. All staff must be alert to carers who seek medical care from a number of sources in order to conceal the repeated nature of their child's injuries and should have robust arrangements in place to address this. If a child presents repeatedly, even with slight injuries, in a way that staff find worrying, further consultation and investigation should take place according to local procedures. Staff should also be aware of the signs of self-harming within young people, particularly if repeated presentations are identified. It is essential for all children and young people attending the department that there are arrangements for obtaining medical and nursing advice from the paediatric department and that these are covered in local guidelines.

Mental Health Services

196. Child and adolescent services have an active role to play in identifying concerns about children and young people. Child and adolescent mental health teams can have a clear role in the assessment and support of abused children. They may be actively involved in the implementation of a child protection plan to provide therapeutic support to the child or young person and their family. Alternatively, through their treatment of a child or young person, they may be instrumental in the detecting of child protection concerns.

197. Health practitioners working with adults with mental health problems or more severe mental illness should always be aware of how the parents'/carers' mental state impacts on any children in the family. They should liaise with colleagues in children’s services if they have concerns that their patient is unable to provide adequate emotional support or physical care for the children. They should discuss with statutory agencies or a paediatrician with child protection responsibility if they have concerns that their patients’ mental state could place children at risk of significant or immediate harm, for example, a severely-depressed or psychotic patients who presents a serious risk to others.

Adult Health Care Providers

198. All health staff, whether working in a generic or specialist field of practice that encompasses both services to children and adults, have a duty of care to the welfare of children and young people. For those services that work in the adult care sector, these principles still apply and staff and professional bodies must be aware of their
responsibilities to identify and share concerns over a child’s welfare. Although the services will invariably be offered to the adult, all staff should be aware of the circumstances in which child’s needs should be identified and considered. Adult health services have a responsibility in identifying concerns over a child or young person’s well-being, having procedures in place for reporting them appropriately and helping to respond to these concerns.

**Dental Care Practitioners**

199. Dental care practitioners will often come into contact with vulnerable children and are in a position to identify possible child abuse or neglect from examinations of injuries or oral hygiene. The dental team should have the knowledge and skills to identify concerns regarding a child’s welfare and know how and with whom to share concerns over a child’s care.

**Other Hospital Services**

200. Other staff may come into contact with child protection concerns, for example, medical and nursing staff in hospital specialisms such as Paediatric Surgery, Orthopaedics and Plastic Surgery. Staff assessing and treating children and young people with abdominal, bony or thermal injuries should be alert to unusual patterns of injuries which are not consistent with explanations offered or if they have concerns regarding the presentation, including delay in seeking healthcare. Ward staff should be aware of their responsibilities to share concerns if they observe behaviour that may be harmful to a child or young person, for example, at visiting times.

201. All staff should consider discussing any concerns with the paediatrician with responsibility for child protection.

**Addiction Services**

202. Addiction services, whether based within a health or social work services setting or in a community-based joint addiction team, have an important role to play in the protection of children. All addiction staff should identify where children are present in the household or are cared for by adults with substance use problems. Where a child is identified, consideration can then be given to how the substance misuse of the parent or carer impacts on the child. Where concerns are identified, local guidelines should clearly identify the processes and with whom these concerns should be shared.

**Education Services**

203. Education practitioners and school staff play a crucial role in the support and protection of children. Teachers are likely to have the greatest level of day-to-day contact with children, are well placed to observe physical and psychological changes in a child which might indicate abuse and can contribute a great deal to the assessment of vulnerable children. Education staff may be the first to be aware that families are experiencing difficulties in looking after their children and should share
information about any concerns arising from suspicions of abuse or neglect with the social work service, the police or the Children’s Reporter at an early stage via their established reporting mechanisms. They may also be asked to help with enquiries into alleged or suspected abuse or neglect. Teachers can often be trusted adults who children and young people may turn to for help and who will take them seriously.

204. Where concerns arise about a child’s safety, education staff will share information about these concerns with the social work service, the police or the Children’s Reporter. If a child becomes missing from education (that is the child is of school age but is not on a school roll or being educated otherwise and has not attended school for a substantial period of time, usually four working weeks) education services within local authorities will conduct local investigations to try and locate the child. If these are not successful then the local authority may make a referral to Children Missing From Education (CME) within the Scottish Government. CME (Scotland) will assist local authorities by co-ordinating wider searches across the range of local authorities, other organisations and outside Scotland. For more information about CME (Scotland) go to: www.scotxed.net.

205. Education practitioners also have an important role in delivering personal safety programmes in schools. These can equip children with the skills, knowledge and understanding to help keep themselves safe. Education services also have responsibilities towards children educated at home and should ensure the arrangements in place for detecting and responding to any concerns are sufficiently robust.

206. As well as mainstream education provision education often provide a range of other services, sometimes in tandem with other agencies – for example youth work staff and Community Learning and Development. In such instances staff would share the same responsibilities as their colleagues in schools for sharing and responding to concerns about a child’s safety and well-being.

Nursery/Family Centre Establishments

207. As part of local authority education services, nursery and family centre establishments share the same responsibilities as their colleagues in schools for identifying and responding to concerns over a child’s welfare. Pre-5 establishments can offer an enormous support to vulnerable children and their families and may often be the first to be aware that families are in need of additional supports or identify concerns about possible harm to a child. They may also be the first point of contact for a parent or carer who requires support. Often they will play a crucial role in providing support and effective intervention to a child and their family once concerns have been indentified, as well as ongoing monitoring of the child’s well being.
Other Local Authority Services

208. Staff in other local authority services, such as housing, or leisure and recreation, may come into contact with children or families where a child may be at risk of harm. The local authority should ensure that staff across all services know who to contact if they have concerns about a child.

Housing

209. Whilst housing department staff will not be directly involved in the investigation of alleged or actual abuse, they may have important information about families to contribute to a child protection enquiry or assessment and should be prepared to share this information and to attend conferences as required. Housing departments will often all be involved the provision of accommodation or advice, for example, when women and children become homeless due to domestic abuse or where over-crowding, poor conditions or social isolation may be factors contributing to the risk of abuse for some children. Housing services will also often play a key role in the management of risk posed by dangerous offenders. Where the housing service is not provided by the local authority, independent housing organisations and associations can and should still play an active role in supporting and identifying vulnerable children.

Culture and Sport Services

210. Culture and sport services will have a number of services that are specifically designed for or include children, and young people staff, services such as libraries, play schemes and play facilities, parks and gardens, sport and leisure centres, events and attractions, museums and arts centres. Whether these services are directly provided, purchased or grant-aided by volunteers and others contracted by local authorities they should have clear working practices that minimise situations where abuse of children may occur, for example unobserved contact. Relevant codes of practice for staff should be disseminated where available and staff should also understand the importance of reporting any concerns they have that a child may be in need of protection.

Community Safety Services

211. Community safety services provide a range of supports for a number of socially isolated and vulnerable groups, including asylum seekers, domestic abuse victims and women’s support services and often young people involved in anti-social behaviour. As many individuals involved in such circumstances have experienced abuse themselves or may still be in positions where a child or young person is felt to be particularly vulnerable, all staff should be alert to the welfare of a child or young person and understand their responsibilities to share any concerns with the relevant services.
Scottish Children’s Reporter Administration

212. Children can be referred to the Reporter where they may require compulsory measures of supervision, either due to concerns over their welfare or in order to address offending behaviour. On receipt of the referral, the Reporter will conduct an investigation, involving an assessment of the evidence supporting the ground for referral, the extent of concerns over the child’s welfare and behaviour and the level of co-operation with agencies, which all leads to an assessment of the need for compulsory measures of supervision.

213. In making this assessment of the need for compulsory intervention, the Reporter will rely on the investigation and assessment of other agencies, most commonly Social Work and Education staff. If the Reporter decides that the evidence and the need for compulsion exist, then the child is called to a Children’s Hearing.

214. Even where the Reporter has concluded that evidence is sufficient, there may not be a requirement for compulsory intervention, for example, because the incident is entirely out of character, there are no other significant concerns about the child and the parental response has been both appropriate and proportionate to the incident. In other circumstances, compulsion may not be needed because the child and family are accepting of the problem and are engaged in work with agencies such as restorative justice or social work.

215. The Reporter also has a role as a legal agent at Sheriff Court. Firstly, if the child or relevant person denies the grounds for referral at the Hearing, or if the child is too young to understand the grounds, the matter will require to go to court for the grounds to be established before the Sheriff. It is the Reporter’s responsibility to lead evidence in court and seek to have the grounds established. Secondly, if the Hearing’s decision is appealed, the Reporter will go to court to conduct the appeal on the Hearing’s behalf.

Procurator Fiscal Services

216. The Crown Office and Procurator Fiscal Service is responsible for the prosecution of crime in Scotland, the investigation of sudden or suspicious deaths and complaints against the police. The police and other specialist reporting agencies investigate allegations of crime and submit reports to the Procurator Fiscal, who will decide whether it is appropriate to raise criminal proceedings. When making such decisions, Procurators Fiscal must give consideration to the public interest, which includes, but is not restricted to, the interests of the child as witness or accused. The gravity of the alleged offences and protection of the public are matters which require to be weighed, but in all actions concerning children, the Procurator Fiscal will have regard to Article 3 of the United Nations Convention on the Rights of the Child which provides that the best interest of the child shall be a primary consideration. Child protection encompasses effective investigation and prosecution of offences against children.
OTHER COMMUNITY AND RELATED SERVICES

Third Sector

217. The third sector is a diverse sector of varying types of organisations that share common characteristics:
- non-governmental;
- value-driven; and
- principally reinvest any financial surpluses to further social, environmental or cultural objectives.

The term encompasses voluntary and community organisations, charities, social enterprises, co-operatives and mutuals, both large and small.

218. A wide range of third sector organisations in Scotland work with children and provide a diverse range of services and programmes aimed at preventing or reducing the risk of child abuse or neglect, or at helping families recover from child abuse. Children who have been abused or who are at risk from abuse may contact them to talk about problems. Third sector organisations may also be a source of advice and expertise for statutory agencies working with children with disabilities, communication difficulties or other additional support needs. Third sector organisations and statutory agencies, including local authorities, the police and health services, should work to develop effective relationships. Third sector organisations should discuss and share with relevant statutory agencies information they may have about children who may be at risk of significant harm. Statutory agencies should, where appropriate, provide advice and support to third sector organisations in promoting effective child protection practice in their agencies. Equally, statutory services should consider how effectively they harness the experience and expertise of third sector services in meeting the child’s needs.

219. Organisations and community groups involved in sport activities should familiarise themselves with the National Strategy for Child Protection in Sport.

Faith Organisations

220. Faith organisations also provide a wide range of activities for children and young people. They provide supportive services, such as family support, day care or home visiting. These services may help to reduce the risk of harm to children within families under stress and can play an important role in supporting families.

221. Religious leaders, staff and volunteers who provide services in places of worship and in faith organisations will have various degrees of contact with children and like other organisations that work with children, churches, other places of worship and faith organisations need to have appropriate arrangements in place for promoting the welfare and protection of children.
Independent and Private Schools

222. As with teachers in local authority establishments staff in private and independent schools have a responsibility to ensure that the children in their care are not harmed. This applies to teachers generally, but with added force to schools with a boarding facility. The Children (Scotland) Act 1995 gave a statutory focus to that responsibility by placing upon the managers of independent boarding schools a duty to safeguard and promote the welfare of children resident in their schools. The Protection of Children (Scotland) Act 2003, strengthened the duty on schools and on all persons in child care positions to protect children from harm or from being at risk of harm.

223. In order to fulfil their responsibilities, all independent schools need to have rigorous child protection procedures in place. A designated senior member of staff should be appointed as the child protection co-ordinator to be responsible for co-ordinating the procedures, ensuring that every member of staff has a personal copy of the written procedures, they have training in application of the procedures and parents, carers and pupils are made aware of the procedures.9

Carers Looking after Children away from Home

224. A carer looking after children away from home might be: a foster carer, including local authority carers; a kinship carer; a residential worker within a local authority residential unit; or a residential school member of staff. These carers can provide significant emotional and practical support to children who have experienced abuse and can create and maintain a safe environment for children where the child feels valued and listened to. All carers should adopt practices that minimise situations where abuse could occur and be familiar with how to respond to disclosures of abuse from children they care for as well as be governed by the agreed local reporting arrangements within their area.

LEADERSHIP AND STAFF DEVELOPMENT IN CHILD PROTECTION

225. Strong leadership and a competent and confident workforce play a critical role in the protecting of children. Two key issues in this regard is the importance of leadership in local child protection, particularly the way in which services are steered by senior managers, and the training of those working in child protection. A number of the key responsibilities of services and agencies within child protection have already been addressed within earlier chapters, in particular, the chapter on roles and responsibilities. This chapter will address in more detail the responsibility of senior managers to take forward the agenda of self-evaluation, quality assurance, and training and staff support.

Promoting a Collaborative Approach

226. Local areas, including Elected Members and Chief Officers, must have a clear vision for child protection. Senior managers and staff should have a strong understanding of their individual and collective responsibilities for keeping children safe and understand how these link in with the wider planning for children's services and GIRFEC.

227. Strong links with other planning fora are essential to ensure a consistent and strategic approach in the work services do with children and their families. (For more detailed information on planning see the chapter on Wider Planning Links). Child Protection Committees should have a clear view of the effectiveness of child protection services for which they were responsible. This will be dependent on good management and performance information about key child protection processes and outcomes for vulnerable children and families. Strong performance management systems will allow Child Protection Committees and individual services to better identify their own strengths and areas for development.

228. Chief Officers and Child Protection Committees should consider joint funding and effective approaches to sharing resources for appropriate areas of activity. This should include shared local procedures and guidance for staff in areas of inter-agency activity. As well as encouraging a consistent approach across services, this promotes collaborative working arrangements within and across services and partnership working amongst staff.

229. Senior managers within services are responsible for ensuring the best representation within strategic planning and development of services including third sector organisations and robust consultation and engagement with service users. Joint working arrangements and initiatives can be an effective way of delivering services and providing a holistic approach to improving outcomes for children.

230. Robust management and performance information across services should be developed collectively so that Chief Officers and Child Protection Committees can assure themselves that the needs of children at risk are being met and that services are improving outcomes for vulnerable children in the short and longer term. This will strengthen joint working between Chief Officers and senior managers to improve
services and enable Child Protection Committees to work effectively, ensuring they have the resources they need to support improvements.

**Performance Management and Quality Assurance**

231. Child Protection Committees should ensure that quality improvement measures are consistent and sustained across services. This will include single agency self-evaluation audits and evaluations as required but will also involve a consistent approach to measuring the impact of services across local areas to improving outcomes for children and their families. A holistic approach to quality assurance allows for individual consideration of specific services and processes but is seen in the overall context of the child’s world. Multi-agency audits, case reviews and self-evaluation exercises are effective tools in identifying good practice as well as areas for development. Both senior managers and staff need to consider whether interventions have made a difference in a child’s life – this will support better individual planning for children as well as more strategic development of services and resources.

232. Child Protection Committees should ensure there are robust performance monitoring arrangements in place across services to support a clear view of impact of services on vulnerable children. Improvement plans, monitored and reviewed by the Child Protection Committee, should identify areas of collective as well as single agency areas of development. Local areas will identify their strategic priorities for development and mechanisms should be in place to evidence the effectiveness of improvement plans. These should be clearly linked to improving outcomes for children.

233. It is essential that Chief Officers set out the management performance information they require to assure themselves that their areas are continually improve and addressing any weaknesses revealed in inspection, audit or significant case review reports. They should be assured that the information is being collected in a robust and regular manner, analysed and presented appropriately, and that key issues arising from the information are quickly addressed.

234. The review of inspection reports and significant case reviews should be conducted regularly at local level. In particular, HMIE inspections identify successful approaches to leading continuous improvement across services to protect children are associated with:

- strong collective leadership by Chief Officers and Child Protection Committees;
- promotion of partnerships and joint working at all levels;
- improved joint accountability and scrutiny arrangements;
- systematic approaches to self-evaluation and quality assurance which focused on the experiences and outcomes for children and families;
- placing a high priority on consulting with children and families with first-hand experience of services to protect children; and
• effective communication of priorities for improvement to all relevant managers and staff.\(^{10}\)

**Staff Supervision and Support**

235. Child protection can be a complex and demanding area for staff at all levels and requires sound professional judgements to be made. All of those involved should have access to advice and support from, for example, peers, managers or designated practitioners.

236. Practitioners from all agencies involved in child protection require good and consistent support and supervision which is readily accessible and supportive in nature. Each agency should have formal procedures in place that both promote good standards of practice and support individual staff members. Supervision should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority. It should also help to identify the training and development needs of practitioners, so that they have the skills to provide an effective service.

237. Supervisors should be available to practitioners as an important source of advice and expertise, and may be required to endorse judgements at certain key points in time. Supervisors should also record key decisions within the child’s case records.

**Inter-agency Training and Development**

238. Multi-agency training is an essential component in building common understanding and fostering good working relationships, which are vital to effective child protection. Child Protection Committees are well placed to play a central role in the development and delivery of such training, which provides a significant influence on successful inter-disciplinary working on actual cases of abuse and in prevention and post-abuse programmes.

239. Child Protection Committees should have an overview of the training requirements of all staff involved in child protection activity. This includes being able to recognise when a child may require protection and knowing what to do in response to concerns about the welfare of a child. Understanding child development and the effects of child abuse and neglect are central to equipping staff with the skills to help children. Practitioners and managers must also be able to work effectively with others, both within their own agency and across organisational boundaries. Training should locate child protection within an understanding of the GIRFEC practice model.

\(^{10}\) *How Well Do We Protect Scotland’s Children? A report on the findings of the joint inspections of services to protect children 2005-2009, HMIE 2009.*
240. Individual agencies are responsible for ensuring that their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children’s welfare. The Child Protection Committee should develop training programmes which complement and build upon the work already done by individual agencies and which embrace identified multi-agency training needs among the staff of the agencies concerned. Different staff groups will have different skill sets, knowledge and responsibility and staff from all agencies should be confident about their own roles within the wider holistic approach. Child Protection Committees need to identify collective training needs on a continuing basis, responding quickly to any gaps revealed by inspection reports, significant case reviews or other sources, working in collaboration with single agencies which may have their own training responsibilities.

241. Effective inter-agency collaboration requires:

- a shared understanding of the tasks, processes, principles, and roles and responsibilities outlined in national guidance and local arrangements for protecting children and meeting their needs;
- improved communication between practitioners, including a common understanding of key terms, definitions and thresholds for action;
- effective working relationships, including an ability to work in multi-disciplinary groups or teams; and
- sound decision-making, based on information-sharing, thorough assessment, critical analysis and professional judgement.

242. Training both on a single agency and inter-agency basis can help develop these core skills and Child Protection Committees should make certain mechanisms are in place for the delivery and evaluation of local training initiatives.

243. Training should be available for all staff at different levels including:

- those in regular contact with adults who are parents or carers are in a position to identify where a parent’s or carer’s behaviour may impact on a child – they should clearly understand their responsibility to consider this and what they should do if they identify concerns about a child’s welfare;
- other staff who have regular contact with children as part of their job, for example a school bus driver – these staff are well placed to recognise signs of abuse or concerns about a child’s welfare and should understand their responsibility to share such concerns appropriately;
- other staff who work directly with children and young people and carers, for example a Children’s group worker, and who may be asked to contribute to assessments of children – this group should have a fuller understanding of how to work together to identify and assess concerns, and to plan, undertake and review interventions; and
- those staff with a particular responsibility for protecting children, such as designated or named health and education practitioners, police, social workers and other practitioners undertaking child protection enquiries or working with complex cases, need to have a thorough understanding of working together to protect and meet the needs of children and young people.
244. Training and development for managers is also essential, both at an operational and strategic level. This may include not only a foundation level of training, but also training on joint planning and investigations, chairing multidisciplinary meetings, supervision and support of staff, and decision-making. Training on the conduct of significant case reviews will be required for some managers.

245. Training may be delivered more effectively if there is collaboration across local areas, especially where police or health boundaries embrace more than one local authority area. The content of training should reflect the principles, values and processes set out in national guidance on work with children and families as well as local protocols. Content should be relevant to different groups from the statutory, third and other sectors and the content of training programmes should be regularly reviewed and updated in the light of research and practice experience.

**Learning Communities**

246. Learning communities or networks are useful resources to support the training and development of practitioners working with children in child protection and care. Broadly speaking, they bring together groups of people who share common goals, take responsibility for their own learning and support the learning of others in the community. Participants need to be motivated and active, and be willing to communicate either face-to-face or in a virtual interactive environment.

247. Learning communities and networks are groups of people who share common values and beliefs, and are actively engaged in learning together from each other. This is often the template to describe an inter-disciplinary approach to education, particularly higher education and based on an educational or ‘pedagogical’ design. In some cases, they can develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems – in short, a shared practice. This takes time and sustained interaction. It is the combination of these elements that constitutes a community of practice.

248. Such communities have similar defining features or characteristics:

- sense of belonging and shared ownership;
- loyalty to the community, its members and the groups that they represent;
- constructive, honest and helpful interaction, building trust and reinforcing a sense peer support;
- openness and willingness to share, including lessons learned, challenges and interests;
- active involvement and a sense of commitment to support proactively and safeguard the ongoing success of the learning community in achieving its aims – including input into its long-term development and review;
- seeking knowledge and solutions wherever possible; and
• a willingness to share learning, as appropriate, outwith the learning community in pursuit of common aims.

249. The variety of communities allows agencies to access a range of knowledge and support that can help inform policy and practice across child welfare. Together these communities aim to foster collaboration amongst the child protection community – skilled practitioners, managers, academics and consultants – to contribute to better outcomes for children and young people and disseminate evidence of best practice. These are important resources for local agencies and Child Protection Committees.

250. All agencies working in child protection and care should identify and clarify the resources available locally and nationally to support practitioners and managers and identify the means of sharing learning across the workforce. This should be managed through local strategic bodies such as Child Protection Committees.

Further Information

• **Multi-Agency Resource Service** (MARS): the MARS is a resource centre, based at Stirling University, which all staff in Scotland working with complex child protection issues can contact for advice and expertise. The aims are to:
  – co-ordinate the exchange of knowledge across agencies, in terms of the information itself and the people with the knowledge and expertise;
  – broker and facilitate links across the child protection sector in Scotland and beyond to the UK and internationally;
  – identify gaps in service provision or training needs to inform local and national policy developments; and
  – contribute to the development and promotion of national strategic training and Continuing Professional Development framework.

• **Scottish Child Care and Protection Network** (SCCPN): through a partnership of academics, practitioners and policy makers facilitated by its Co-ordinator and based at Stirling University, the aims of the SCCPN are to:
  – disseminate policy and practice messages from existing national and international research evidence;
  – analyse and disseminate common themes from significant case reviews, child protection inquiries and HMIE joint inspection reports in the context of the research evidence base;
  – facilitate a co-ordinated approach to the evaluation of practice and policy developments; and
  – establish research partnerships to obtain funding to undertake new research to an international standard.
• The University of Edinburgh/NSPCC Centre for UK-wide Learning in Child Protection (CLICP): this was set up to conduct research and provide analysis and commentary on child protection developments across the UK. Based and the University of Edinburgh and mainly funded by the NSPCC, its focus is to track and analyse the content and direction of child protection policy at UK level; and conduct research where there are identified gaps in child protection knowledge.

CLICP carry out work around the following broad strands:

- tracking, monitoring and over viewing child protection policy across the UK;
- conducting detailed comparative policy analysis into specific aspects of child protection; and
- research into gaps in child protection knowledge.
WIDER PLANNING LINKS

251. As child protection and social work services inspection reports have underlined in recent years, planning by all relevant services is a critical element in ensuring the best possible outcomes for children, not least the most vulnerable children. Planning is essential for the needs of individual children, but it is equally important for child protection more generally and for all services that can affect the well-being of children, including those targeted at adults. Child protection planning should fit with the wider planning processes in a local area, showing how child protection is integral to the wider economic and social objectives as expressed through community and integrated children services planning, the national outcomes shared by national and local government and the key national policy frameworks.

Planning Context

252. Child protection planning is embedded in the statutory duties of local areas for planning service provision for children. There is a legal requirement under the Children (Scotland) Act 1995 (Section 19) for local authorities to prepare plans for children’s services in their areas. It also requires local authorities to consult a range of partners. Integrated children’s services plans should be over-arching documents that describe local objectives and strategies, across agency boundaries, for improving services and outcomes for children and young people. They should include planned action to take forward improvements in services to protect children and meet their needs. They should be seen as the children and young people’s component of the Community Plan and Single Outcome Agreement. Within this, Child Protection Committees need to produce an annual report and outline the activities of agencies working together to protect children.

253. Through children’s services planning, child protection planning links in with wider planning processes at both national and local level. These are discussed in turn below.

National Links

254. Local services plan should reflect the 15 national outcomes set out in the Concordat between the Scottish Government and the Convention of Scottish Local Authorities (COSLA) through Single Outcome Agreements (SOAs). The national outcomes most relevant to the planning context for children and young people are:

- National outcome 4: Our young people are successful learners, confident individuals, effective contributors and effective citizens;
- National outcome 5: Our children have the best start in life and are ready to succeed; and
- National outcome 8: We have improved the life chances of children, young people and families at risk.

255. However, there are other cross-cutting national outcomes that affect children’s well-being:
• National outcome 6: We live longer, healthier lives;
• National outcome 7: We have tackled the significant inequalities in Scottish society;
• National outcome 9: We live our lives free from crime, disorder and danger; and
• National outcome 11: We have strong, resilient communities where people take responsibility for their own actions and how they affect others.

256. There are a range of policy frameworks in addition to GIRFEC and the Early Years Framework to deliver these outcomes and that should be reflected in services planning, including:

- **Curriculum for Excellence**, the purpose of which is encapsulated in the four capacities – to enable each child or young person to be a successful learner, a confident individual, a responsible citizen and an effective contributor; and
- **Equally Well** which sets out a series of recommendations for tackling health inequalities in Scotland.

Moreover, services to protect children should take account of national policies to promote the well-being of those most at risk, including children affected by parental substance misuse, children affected by domestic violence, disabled children and children at risk of being trafficked.

**Local Links**

257. Child protection work should be placed in the wider context of policies designed to improve the welfare and safety of children in general. The connection between the child protection agenda and wider structural issues in an area needs to be understood. Although specific service developments correctly sits within service planning processes, the child protection agenda ought to be reflected in wider social and economic strategies so that all the factors which contribute to poor outcomes for children can be addressed.

258. Children’s services planning should be within the community planning framework. There should be direct links from the children’s services plan to the SOA and the Community Plan and the local Child Protection Action Plan should be part of the integrated children’s services plan. Local areas should provide clear accountability between the strategic planning arrangements for integrated children’s services planning and the Chief Officers’ Group and the Child Protection Committee. There should be clear links between lead officers for child protection planning and lead officers for integrated children services and community planning.

259. Linkages need to be made across service areas as well, particularly between child protection and adult and public protection. This should identify jointly the common themes and determine joint and separate actions that require to be taken. The process can be illustrated diagrammatically as follows:
260. The aim of public protection is to reduce the harm to children and adults at risk. Public protection requires agencies to work together at both a strategic and operational level to raise awareness and understanding and co-ordinate an effective response that provides at-risk individuals with the necessary support to reduce the risk in their lives.

261. Public protection involves working with both the victim and the perpetrator. The work with the perpetrator should be focused on reducing future risk. At a minimum this may involve ensuring that the right monitoring arrangements are in place to track an individual’s behaviour but may also involve direct work with the individual to increase understanding of their behaviour and the impact of that behaviour on others.

262. As the work is typically done on an inter-agency basis, it is important that each agency is clear about its own role and responsibility and understands the role of other agencies involved in order to provide an effective response. Emphasis needs to be placed on the importance of agreeing the outcome that can be achieved so that despite whom the ‘client’ is, work is being undertaken towards a shared outcome. The balance between the welfare of the child, which should be of central importance, and the needs of the adult requires effective management.

263. This needs to be supported by training and awareness-raising and ensuring that the right frameworks are in place, for example, relevant protocols on information-sharing and memoranda of understanding. Agencies should understand the purpose of the needs and risk assessment tools used across different areas of public protection and the extent to which they can inform the child protection agenda. It is critical that this work is overseen strategically to ensure that barriers to joint working are addressed and solutions are found.
MAPPA

264. Multi-agency public protection arrangements (or MAPPA) are a set of arrangements established by statute (Management of Offenders Act 2005), which require responsible authorities and others to work together in managing high risk offenders. At this stage, the responsibility only applies to sex offenders and restricted patients. The responsible authorities include local authorities, the police, Scottish Prison Services and health forensic services, but the duty to co-operate extends to other health services and the third sector (such as those providing housing services).

265. Local authority responsibilities tend to be limited to criminal justice social work services, but the responsibility extends to the local authority as a whole, placing responsibility on other services such as housing, adult and child services. Children, family and other adult social work staff can play a critical role in managing offenders and should be invited to risk management meetings, irrespective on whether a child or adult at risk has been directly involved in the offending behaviour. Multi-agency consideration must be given to managing high risk sex offenders and their levels of contact with children, both within the family and within the community in general.

266. The agency with the primary responsibility for co-ordinating the management plan depends on the statutory basis for involvement. Therefore, the local authority has lead responsibility for individuals subject to a community disposal through the Courts or subject to licence; health services for restricted patients under Care Programme Approach (CPA) arrangements; and the police for those subject to registration only. The level of risk is determined by the application of formal assessment tools – these tools define risk of re-offending and risk of harm. The action plan arising will focus on what is effective for managing the risk.

267. As part of the MAPPA process, those responsible should consider the impact on victims including child and adult protection issues and, therefore, the management plan should require an effective victim strategy to be in place. As practice has developed, the importance of contingency planning arrangements has been recognised and some areas have adapted the CPA arrangements to address this issue.

268. Where there are child protection issues, it is critical that the management plan for both child protection and the offender are complementary and the child protection discussion should be informed by information available on the offender’s behaviour, mode of operation and level of risk.

269. The MAPPA arrangements potentially provide an effective way of managing other high risk offenders. The legislation provides for violent offenders to be included, although this has not yet been enacted.
Domestic Abuse

270. Following the publication of the National Strategy to Address Domestic Abuse in 2000, a Domestic Abuse Multi-Agency Partnership (MAP) was established in every local authority area in Scotland, which have since widened their focus to take in all forms of violence against women. MAPs have a pivotal role in building capacity, supporting local understanding, training, development of strategic priorities, and the development of effective services across Scotland. The MAP Network aims to link national and local strategic frameworks and developments to ensure that the needs of women and children who experience violence and abuse and/or are at risk of violence and abuse are firmly embedded in local priorities and service initiatives and that positive outcomes are achieved.

271. MAP structures and membership vary across local authority areas but key members are: the Child Protection Committee, Community Safety, Community Health and Alcohol and Drugs Partnerships, local authority departments, health services, police, the Procurator Fiscal, the Scottish Children’s Reporter Administration, victim information and advice services, Rape Crisis, Women’s Aid and other third sector organisations.

Adult Support and Protection

272. Adult and child protection interact in numerous ways with co-ordination and collaboration between both sets of services at individual case and wider service level crucial. Whatever structures are established for governance and strategic leadership of child and adult protection services, there must, at Chief Officer/Executive Group level (local and/or regional) and Child Protection Committee level, be arrangements for linkage between child and adult protection services which can address common agendas, resolve potential conflicts and create synergies. As a minimum, these arrangements must be explicitly documented and endorsed through formal governance processes, with mechanisms and timescales for review of the arrangements established, publicised and widely understood within the workforce.

273. Consideration must, in particular, be given to the roles of Chairs, child protection Lead Officers and adult protection co-ordinators, and what will be the best mechanisms to ensure links between them. As a minimum, these mechanisms should provide:

- opportunities for joint meeting between Chairs and Lead Officers/co-ordinators;
- opportunities for joint training for Committees and relevant staff;
- arrangements for agenda planning and minutes sharing that will facilitate joint consideration of cross-cutting issues; and
- arrangements to identify and address any specific challenges or conflicts.

274. Particular areas where joint development work between Child Protection Committees and Adult Protection Committees (APCs) will be required are development of policies and procedures and training plans and provision. Child
Protection Committees should establish sub-group arrangements that ensure representation of adult protection services in relation to these areas. There may also be opportunities for Child and Adult Protection Committees to share learning and development in relation to quality assurance (particularly multi-agency case file audits and significant case reviews).

275. Child Protection Committees should ensure that there are appropriate operational links established between adult and children’s services to address protection issues. These links should provide good communication between services which foster a sound understanding of risk and safety issues for all age groups. There will be overlapping activity between child and adult protection. Assessment and planning processes may need to be aligned and some investigations may best be undertaken jointly when child and adult protection issues are identified within the same family. Child and Adult Protection Committees should jointly make certain that procedures are put in place to support such situations, including protocols for joint police/social work investigations and interviews. Such assessments and investigations will require joint planning and resourcing and may be complex because of the number of practitioners involved from both adult and children’s services. The aim should be to maximise the safety and welfare of children and at-risk adults as well as minimise the impact of the investigation on those involved.

276. Some young people under the age of 16 may behave in ways that are abusive to adults at risk. Whilst these young people may come to the notice of youth justice teams, it is also important that any assessment includes consideration of whether they themselves are in need of care and protection. Adult services should be aware of the need to refer these young people on to the appropriate children’s services. Similarly, there may also be situations where an adult in need of protection is also assessed as being a risk to children. Local arrangements should ensure that appropriate assessments and plans are put in place in such situations.

277. In respect of adult support and protection, the statutory framework governing adult protection establishes specific criteria for identifying an adult at risk, so that young people identified as in need of protection will not automatically be considered „adults at risk” when they reach the age of 16. However, Child and Adult Protection Committees should jointly develop robust procedures which ensure that there is support for a child about whom there are child protection concerns when they move from children’s into adult services. This will include determining if the young person needs community care services, is potentially an adult at risk or requires other statutory measures to be put in place. Clear local arrangements for assessment and transition starting soon after the child’s 15th birthday should be developed so that plans are put in place in good time and any necessary legal steps can be pursued. Such procedures should also include arrangements for the resolution of any disputes about the proposed plan. They should be separate from any arrangements for case transfer, which will be a matter for each agency’s respective protocols, but instead will underpin the transfer from child protection registration to adult services or adult protection processes. It is important that the procedures are clearly communicated to staff in both children’s and adult services.
These operational considerations give a clear indication of the need for training for staff working in child protection services that will support the requirement for them to be able to identify and act on adult protection issues – and, of course, vice versa. Child and Adult Protection Committees will be responsible for developing training plans to meet these needs. Consideration should also be given to how synergies can be developed between training offered in child and adult protection. There are common principles in child and adult protection which may be learnt best through appropriate joint training.

Alcohol and Drug Partnerships

Children affected by parental substance misuse (CAPSM) are among the most vulnerable in society and require particular care and support. This is because substance misuse is often a hidden problem, long-term in nature and can lead to sustained problems of child neglect or abuse. Collaborative practice across child and adult services (including across wider services such as adult social care and housing) should significantly increase the ability of services to identify children at risk from substance-misusing parents and carers, and ensure that adequate and early plans are in place to support them.

In early 2009, the Scottish Government, in partnership with COSLA, published A New Framework for Local Partnerships on Alcohol and Drugs. That Framework included plans to move local alcohol and drug strategic planning – which was identified as a priority area for improvement – into Community Planning Partnerships (CPPs). As part of this change, new Alcohol and Drug Partnerships (ADPs) were created in October 2009 in each local authority area. The ADPs replaced the former Alcohol and Drug Action Teams.


ADPs are ultimately responsible for providing the strategic direction on alcohol and drug issues within local CPPs. ADPs should ensure that community planning follows a coherent response to substance misuse. ADPs are also expected to be involved in the production, implementation and monitoring of those local SOAs that include a substance misuse element.

Strategic Links

The creation of ADPs presents the opportunity to further develop the relationship between the key strategic bodies responsible for co-ordinating local activity across adult and child services. This will largely be achieved through enhanced links between ADPs and Child Protection Committees. In particular, the ADPs will play a vital role in making sure that local adult services understand and optimise their contribution to also improve outcomes for children. It is important that any local arrangements also account for key national guidance documents about substance misuse and child protection.
284. Chairs and Lead Officers of ADPs and Child Protection Committees and their wider membership should develop robust information-sharing arrangements. Where possible and appropriate, this should include the provision of joint training opportunities and also, jointly developed task groups for shared ventures as appropriate. Local ADPs should place a designated representative on their local Child Protection Committee, and vice versa, so that there is a direct link between these groups. ADPs and Child Protection Committees should also consider including representation from any key providers active in the local area – for example, local third sector service providers.

**Operational Links**

285. It is essential that ADPs and Child Protection Committees develop local protocols for information-sharing between services and for working with families affected by substance misuse generally. This should include guidance on resolving disputes where information is not released and also the use of standardised language for assessments made by all services. Local CAPSM performance monitoring frameworks should be established, to include audit and longer term evaluation of inter-agency guidelines and outcomes for children and families at a local level.

286. Early intervention, including, in particular, early screening for substance misuse and referrals to services at, or around, birth, are associated with positive longer-term outcomes for a child. This was borne out by a 2010 literature based review of effective interventions where substance misuse is a factor by the SCCPN. Co-ordinated activity in this area should be a theme in any local protocols.

287. Local protocols should also, as best practice, set out any local guidance for ensuring that wider connections are developed between all relevant services involved with children potentially at risk (including those third sector providers delivering services locally). Services involved with children at risk should recognise a child’s needs and link early and effectively with relevant statutory and specialist services even before the child protection stage is reached. In particular, links should be developed with those services ordinarily focused solely on improving outcomes for either an adult or a child.

288. Local protocols should also describe any local procedures for ensuring that all services develop a sufficient understanding about adult substance misuse as well as child protection issues. This is to make certain that relevant information is shared when it should be and is understood. The complexity of information often held by practitioners about individuals children and families requires them to have a good understanding of the range of issues involved. This understanding, in turn, enables individual practitioners to ask the right questions and to know when to forward that information to the appropriate agency or individual. Ultimately, ADPs and Child Protection Committees can play a vital role in co-ordinating activity across child and adult services, developing integrated services and effective interventions where any child may be at risk.
Training

289. The complex and varied issues that can underlie substance misuse are best understood at the level of individual and local community needs. Training and development may be required to ensure that the best outcomes for children are considered as an intrinsic part of the planning, commissioning and delivery of services focused on improving outcomes for adults. Where training is required, CAPSM training should be provided on a bespoke basis for all relevant individuals in both children’s and adult services. It should match specific local need and be delivered through a multi-disciplinary approach so that local agencies and third sector organisations share a common understanding of the local issues and can work effectively together to achieve shared goals.

Transition Planning

290. A risk period for young people is at the transition stage where children/young people move into adult services. Young people at risk can lose a safety net of support and drop out of services. This is compounded by the fact that different agencies have different criteria for defining when someone becomes an adult. Local services must give consideration to how to manage transition – including a clear definition when a child becomes an adult and improving the understanding of the responsibility of services/agencies to manage this transition effectively. There needs to be agreement with those responsible for areas such as MAPPA, adult protection, violence against women and ADPs to ensure that mutual responsibilities are properly reflected in each agency’s relevant guidance.
PART 3

IDENTIFYING AND RESPONDING TO CONCERNS ABOUT CHILDREN
IDENTIFYING AND MANAGING RISK

291. This chapter provides a framework for identifying and managing risk while the next outlines the common stages of responding to concerns about a child’s safety. The two chapters should be read in conjunction with one another as the framework for identifying and managing risk should be woven throughout the processes that surround this complex area of practice.

292. Identifying concerns that require child protection actions in a timely fashion is central to effective action to support children. For this reason, the importance of good, accurate risk assessment within child protection cannot be overstated. Decisions on intervention, supports offered or compulsory measures required to immediately protect the child are dependent on professional analysis and decision-making of accurate and relevant information. Inadequate identification of risk and the subsequent intervention strategies carry the risk of resulting in serious, and occasionally fatal, outcomes for children. Before considering the processes for identifying and managing concerns as part of a child protection enquiry, this chapter discusses the critical role of risk identification and management.

The Nature of Risk

293. As defined in the chapter setting out definitions of key concepts, risk is a part of everyday life and can be positive as well as negative. In the context of this guidance, risk is the likelihood or probability of a particular outcome given the presence of adverse factors in a child’s life. The presence of adverse factors in a child’s life can elevate the likelihood of poor outcomes for the child, and risk assessment is the assessment of the chances that these adversities will significantly compromise the child’s development. Steps can be taken to negate these factors or the ‘risk’ may be felt to be manageable within the child’s overall life. Equally, the risks may be felt to be such that they are causing, or are likely to cause significant harm to the child, and as such, may require a response under child protection measures. The challenge for practitioners is identifying which children require these protective measures.

294. When considering the immediate needs of a child or young person when a concern about their possible safety is raised, practitioners must consider in the first instance:

• Is this child or young person at immediate risk?
• What is placing this child at immediate risk?
• What needs to happen to remove this risk now?

295. GIRFEC stresses the importance of understanding risks and needs within a framework of the child’s whole world and well-being. Every child needs to be healthy, achieving, nurtured, active, respected, included, responsible, and safe. With safety as part of the continuum of need, all staff, when assessing a child, should be alert to the potential risk factors in that child’s life. The GIRFEC ‘practice model’ presents a series of tools that are integral to the use of risk assessment: the Well-being Indicators; the My World Triangle; and the Resilience Matrix. For a number of children who require a risk assessment to be undertaken, a child’s plan may already
be in place and this should be used and added to, paying particular attention to any new areas that may result in adverse outcomes for a child or young person.

296. The Well-being Indicators provide a broad framework to identify a child’s needs where potential concerns are identified. They are also used to identify what needs to change under the eight headings in the child’s plan and are then used as a means of measuring what outcomes have been achieved at review. The GIRFEC My World Triangle serves as a starting point for considering what risks might be present in a child’s life, as expressed in the following diagram.

![My World Triangle](image)

297. This allows practitioners an opportunity to identify possible risk indicators using the areas provided by the My World Triangle. Practitioners using this framework will need to consider who is best placed to provide information in relation to the specific areas of a child’s life – this will include other practitioners and services, but also the child and family. The five key questions practitioners should consider are:

- **What is getting in the way of this child or young person’s well-being?**
- **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 agency do to help this child or young person?**
- **What additional help, if any, may be needed from others?**

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298. Clearly, not all the issues considered under the triangle will contain risk factors but they provide a comprehensive outline of areas that can be considered as part of the early consideration of the child’s circumstances.

**Identifying Vulnerabilities and the Need for Risk Assessment**

299. Identification of risk factors using the My World Triangle is the first step in an assessment of risk which can then be considered in the context of information-gathering about the needs and history of a child and family. It is then possible to begin assessing how these indicators are having or likely to have an impact on this particular child. It is at this point that specialist assessments relating to, for example, signs of abuse and neglect, should be added in.

300. The Resilience Matrix, developed by Daniel and Wassell, and now adapted as an essential part of the GIRFEC practice model provides practitioners with a framework to begin to weigh up the particular risks against protective factors. The Matrix enables practitioners to weigh up the strengths and risks already identified from the My World Triangle and any other specialist assessments. The Matrix is used to assist practitioners in making sense of the relationship between the child’s vulnerability or resilience and the world around them, which in turn may highlight areas of risk requiring more comprehensive or specialist assessment and analysis (as the diagram below illustrates). The Matrix can be used to examine and weigh factors in relation to:

- vulnerability and unmet needs;
- adversity;
- strengths or protective factors; and
- resilience.

![Resilience Matrix Diagram]

• Resilience
  - Characteristics that enhance normal development under difficult conditions

• Adversity
  - Life events or circumstances posing a threat to healthy development

• Protective environment
  - Factors in the child’s environment acting as buffers to the negative effects of adverse experience

• Vulnerability
  - Characteristics of the child, the family circle and wider community which might threaten or challenge healthy development
301. It is the start of a process that “unpacks” the individual child’s circumstances and considers the impact of those circumstances on a particular child. This analysis will assist the practitioner to see clusters of vulnerabilities and strengths, sitting within the four quadrants and identify if there are clusters of risks in the areas of individual vulnerability and adversity.

302. The child’s circumstances can be plotted on each of the two continuums, which will allow the practitioner to see where the impact of these circumstances place them within the Matrix:
- resilience within a protective environment (low risk);
- resilience within a context of adverse circumstances (medium risk);
- vulnerable within a protective environment (medium risk); and
- vulnerable within a context of adverse circumstances (high risk).

303. Where the Matrix highlights that a child who is very vulnerable is living in a situation with a high level of adversity, then those circumstances should be subjected to a detailed risk assessment. In some circumstances, the severity of an incident or impact on a child will be so adverse that risk assessment will have been clearly required from the outset.

304. The risk assessment should then map the risks from the Matrix against the eight Well-being Indicators to identify where action needs to be taken. This can be used as a risk assessment tool to help construct the child’s plan. Only then will effective plans be identified to manage the risk.

Identification and Management of Risk

305. Risk assessment cannot be seen as a static event, nor can it be separated from risk management. Risk factors can reduce over time, or conversely, increase. Equally, changes in a child or family’s circumstances can strengthen or limit protective factors. Assessment of risk needs to be dynamic, taking account of current circumstances, but also previous experiences and needs to consider immediate impact as well as longer-term outcomes for children.

306. Identification and management of risk can be separated into three distinct phases:

Stage 1 Gathering of information (My World Triangle) plus any specialist assessments about the child, the family and the child’s wider world.

Stage 2 Analysis of information, the impact on the child (including potential impact), keeping the focus clearly on the child, and identifying what is required to reduce risks (first phase – making sense of information using the Resilience Matrix; second phase – using Well-being Indicators to identify what needs to be done and where to reduce the risks).
Stage 3 Make child protection plan identifying management of risk and interventions. Also identify how progress will be measured and the case will be reviewed.

307. Thus, an assessment of risk factors would need to include an analysis of how those risk factors impact on the child and the causal relationship between those factors. It also involves mapping risk factors against the eight Well-being Indicators to identify actions to be taken. The dynamic nature of risk and changing circumstances in a child’s life means that these three phases may need to be reviewed as part of a continuous process. This should not be taken to mean an endless series of assessments and re-assessments but rather a consideration of how new information or changes in circumstances impact upon the dynamic assessment.

308. Risk assessment needs to be sensitive to the urgency with action needs to be taken. The tools identified above will be critical in providing the identification of risks in the child’s longer-term development, but can be used in a more accelerated manner where the situation demands immediate action: for example, the My World Triangle can quickly be employed to identify the source of any immediate risks of significant harm to a child. The tools are intended to be used flexibly, adapted in line with practitioners’ professional judgement, to the spectrum of needs that children may need.

Applicability of Identification and Management of Risk Toolkit

309. Concerns about a child’s safety may be the result of a specific incident, a series of incidents or an accumulation of concerns over a period of time. Some incidents of concern will require a more immediate response under formal child protection procedures whilst other concerns will require a more comprehensive assessment carried out over time to consider the accumulative nature of concerns within the child’s circumstances. The level of concern about the existence of significant harm will, to a large extent, determine which approach is the most appropriate. It should be stressed, however, that whilst specific severe incidents of alleged abuse will invariably require a formal child protection investigation, other forms of parenting styles may be less likely to trigger a child protection investigation but could be of equal detriment to the child.

Accumulation of Concerns

310. In cases where a series of incidents have occurred or an accumulation of concerns have built up, a co-ordinated multi-agency assessment and child’s plan under GIRFEC has already been instigated and where concerns about risk to a child are identified, the risk assessment tool should be applied as part of the comprehensive assessment. In other circumstances where an integrated assessment is not already underway, this may be an agreed response used as an alternative to a child protection investigation where:

• the child’s development and/or welfare is likely to be seriously impaired as a result of the parenting style of the carers; and/or
• the presence or potential for significant harm cannot be determined unless a full inter-agency assessment is carried out (including risk assessment); and/or
• a formal child protection investigation does not appear to be the most appropriate response given the nature of the concern.

Handling Risks

311. Having identified risks to a child and the actual or potential impact, the risk assessment needs to consider strategies and interventions on how to reduce these risks. This will ultimately become part of the child protection plan for the child. Again, consideration will need to be given to immediate and short-term risks as well as longer-term risks to the child. In addition, child protection plans need to reflect the broader assessment of the child’s needs to ensure that the child’s wider emotional, social and developmental needs are not lost within a child protection focus. As such, a child protection plan would essentially feature all the components of the child’s plan but because of the nature of the concerns, the protective factors have prominent consideration until the concerns about significant harm have been reduced.

312. Child protection plans need to be detailed about what the perceived risks and needs are, what is required to reduce these risks and meet those needs, and who is expected to take any tasks forward including parents and carers (as well as the child themselves). Children and their families need to clearly understand what is being done to support them and why.

313. Any interventions should be proportionate and clearly linked to a desired outcome for the child. ‘Progress’ can only be meaningfully measured if the action or activity has had a positive impact on the child. The Well-being Indicators would be employed for helping to measure this progress but under each applicable indicator, the specific needs, risks, interventions and desired outcomes would need to be detailed in the child protection plan to provide both practitioners and the child and family with a clear understanding.

314. In addition, child protection plans need to clearly identify:
• key people involved and their responsibilities;
• timescales;
• supports and resources required, in particular, access to specialist resources;
• the process of monitoring and review; and
• any contingency plans.

Risk Assessment Skills Set

315. Developing a suitable risk assessment procedure is only one part of risk assessment. Undertaking risk assessments is a complex and demanding process and practitioners need to be equipped with the necessary skills and support to do
this. This includes not only the use of a risk assessment tool itself, but also the knowledge base and skills that are required to inform professional analysis and evidence-based decision-making.

316. Staff need to understand their own roles and responsibilities towards children and the role of other services also. Knowledge of child development and the impact of abuse on children is an essential component of risk assessment, as is understanding the need for good communication and information-sharing skills. Consequently, it is important that practitioners remain aware of important new developments in understanding how different risk indicators affect different children, how they can interact together, different tools for identifying these risks and the appropriate actions to take, and the efficacy of existing and any new approaches to supporting children with these risks.
RESPONDING TO CONcerns ABOUT CHILDREN

317. Investigating and addressing concerns about children is at the heart of child protection processes, so it is essential that everyone is clear about what is entailed and who has responsibility for different actions. Underlying all these procedures are the fundamental principles of GIRFEC, particularly that there are clear and transparent ways for children and families to access advice and help which is appropriate, proportionate and timely. Children and their families should feel able to talk to practitioners in order to make sense of their worries and do something about them. They should also know that, if appropriate, action will be taken. Children, young people and their families may often already be known to agencies and may be receiving services and support and a child’s plan already in place with named and/or Lead Professionals identified. Where concerns about possible harm to a child or young person emerge, whether they are already known to services or not, information already known about the child, young person or family should be shared, reviewed thoroughly and required additional information sought. In some cases, the practitioner may need to ensure children and families are linked with the appropriate agency that can best address their needs. In others, it may be necessary to consider formal child protection processes. Child protection enquiries may highlight significant unmet needs for support and services among children and families. These should always be explicitly considered, even where concerns are not substantiated about significant harm.

318. All agencies and services have a role to play in the protection of children (see Part 2 for further information on Roles and Responsibilities). All services are responsible for considering a child’s needs and where concerns are identified, sharing those concerns properly and providing information relevant to the child’s safety appropriately while providing support to the child and/or their family. There are a number of tasks and roles for which specific agencies have a particular responsibility – for example, the decision to undertake a child protection enquiry (police and social work), planning a joint investigation, including the need for a medical examination (police, social work and health), and co-ordination of child protection case conferences and the child protection plan (social work). It should be noted however that where agencies have a specific role, particularly in co-ordination, they should always be undertaking this task based on information shared from all relevant services.

319. The enquiry process can be broadly divided into a number of different stages, which are discussed in detail in the sections below:

- recognition of abuse;
- sharing concerns and initial information-gathering;
- joint investigation/assessment;
- medical examination and assessment;
- child protection case conferences; and
- child protection plan.
320. The process can be stopped at any stage if it seems that no further action is necessary; alternatively, the process may move on to the next stage. At every stage, consideration must be given to whether a child is at immediate risk of harm and emergency protective action needs to be taken. Enquiries need to proceed in a timely fashion. The pace should be dictated as far as possible by the individual circumstances of the case, whilst being mindful of the recommended timescales for elements of child protection processes set out here. Local processes should be in place to monitor and assure that children are receiving the help they need when they need it.

Recognition of Abuse

321. Concerns over a child’s safety may arise over a period of time or in response to a particular incident. They may arise through direct observation or disclosures from the child themselves or from a third party or from concerns raised anonymously. Concerns may be relayed in the first instance through an intermediary service such as third sector helplines. Alternatively, an existing child’s plan may act as the focus for a range of concerns arising.

322. A child who has been abused and/or neglected may show obvious physical signs of injury or maltreatment. However, an assessment of whether a child is being abused or neglected should go far beyond the detection of physical signs; staff need to be aware that many children signal possible abuse through their behaviour development. In determining whether a child has been abused, practitioners will need to apply knowledge of growth and development in childhood, particularly how to communicate with children with additional support needs. Any indicators of risk, such as domestic abuse or substance misuse (as discussed elsewhere in the guidance), do not in themselves mean that a child has been, or is likely to be, abused. However, they should act as prompts to practitioners to consider how the particular risk indicator or set of indicators is impacting on a child.

323. Concerns may also arise where a child is, or is likely to become, a member of the same household as a child in respect of whom any of the offences mentioned in Schedule 1 of the Criminal Procedure (Scotland) Act 1995 has been committed or where a child is, or is likely to become, a member of the same household as a person who has committed any of the offences mentioned in Schedule 1.

324. Where concerns about a child’s welfare comes to the attention of any agency, staff must make a determination about the nature of the concern and what the child may need. Any immediate risk should be considered at the outset, by whatever practitioner first comes into contact with the child and, thereafter, throughout the course of any subsequent investigation. Where immediate risk is not identified, practitioners should consider the five questions mentioned in the earlier chapter on identification of risk. This may result in other agencies being contacted for information or their view of a child’s or family needs. Agencies should not make decisions about a child’s needs without being confident they have the necessary

12 Criminal Procedure (Scotland) Act 1995. Schedule 1 to this Act contains a list of offences against children.
Where practitioners have concerns about possible harm to a child, these must be shared with social work services to co-ordinate determining whether that harm is significant.

325. All allegations of child abuse or neglect, including anonymous referrals, must be taken seriously. Practitioners should consider all cases with an open mind and not make any assumptions about whether abuse has, or has not, occurred. Practitioners must be alert to the possibility of abuse of children they already know as well as those in which concerns about child abuse or neglect are not stated initially. Practitioners must be mindful of significant adults in a child’s life who have links to adult services.

Sharing Concerns and Initial Information-gathering

326. Arrangements for receiving and processing concerns should be simple and accessible. Where a child is felt to be in immediate danger, the police should be notified straightaway. Equally, where a child is believed to require immediate medical assistance, this should be sought as a matter of priority from relevant health services as well as any Lead Professional for the child. Agencies should also consider whether the child may be in need of compulsory measures of care and if so, whether the Children’s Reporter should be notified.

327. When social work services receive concerns about a child’s welfare, they will need to reach a view on the nature of the child’s needs and what response is needed, if any. All concerns, including those which do not require an immediate response, should be acknowledged quickly, indicating when a response will be made. When social work services receive any notification of concern, they will need to seek further information from all relevant agencies, which will include police, health and education services, in order to determine the most appropriate response.

328. Many concerns raised over a child’s welfare will not need a response under local child protection procedures. After making initial enquiries and gathering information into a child’s circumstances, social work services may decide that further enquiries are not required or that some other response is more appropriate, for example offering advice, guidance, assistance or other services to the family. **Where social work services believe that a response under child protection is required, they must discuss the matter with the police** if this has not already been done.

329. The social worker should gather and clarify information as far as possible before acting, although it must be made clear that intervention should not be delayed pending receipt of information. Even in emergencies, the initial assessment of information should be discussed and endorsed by a social work manager. Social work services should consult internally with adult services (such as addiction, criminal justice and mental health services) and other agencies and individuals who know the child (including health and education services and relevant third sector organisations), so that they have all available relevant information. Previous agency involvement or any known relevant medical history should also be sought and
considered. Where relevant, social work services may convene a meeting for relevant agencies and individuals to consider the information in more detail.

330. The need to gather information will always have to be balanced against the need to take any immediate protective action. At this stage, information gathered may only be enough to inform an initial assessment of the risk to the child or children. On the basis of the assessment of risk, social work services and police need to decide whether any immediate action should be taken to protect the child and any others in the family.

331. In circumstances where an allegation is made or concerns arise in relation to a child, serious consideration must always be given to the needs and potential risks to other children in the same household and children who are likely to become members of the same household.

Joint Decision-making

332. Consultation between police and social work services may, in the first instance, involve sharing information among all relevant individuals or suggest the need for a joint investigation involving a number of different agencies. Alternatively, it may be agreed that one agency will make further enquiries. This discussion should take place between appropriately designated managers within both organisations and should be informed by all the information gathered from other agencies.

333. Whilst social work services and the police have a statutory responsibility to lead child protection enquiries, it is the role of medical practitioners to consider the health needs of a child; where it is decided that further enquiries under child protection are necessary, relevant health services must be consulted about the possible health needs of the child and be part of any decisions about the need for a medical examination or assessment.

334. Emergency Legal Measures to Protect Children at Risk

335. In some cases urgent action may be required to protect a child from significant harm. In some cases a child’s parents may agree to the local authority social work services providing the child with accommodation and looking after them, until concerns about the child’s safety, or allegations of abuse or neglect, can be clarified. Social work services might also consider whether others in the child’s extended family or social network could look after the child while agencies carry out further inquiries or assessment. There will, however, be cases where the risk of significant harm makes it necessary for agencies to take legal action for their protection. Any person may apply to a Sheriff for a Child Protection Order (CPO), or the local authority may apply for an Exclusion Order (EO): the CPO authorises the applicant to remove a child from circumstances in which he or she is at risk, or retain him or her in a place of safety, while the EO requires the removal of a person suspected of harming the child from the family home. If a Sheriff is unavailable, a Justice of the Peace may also, in certain circumstances, authorise the removal of the
child for a short period and, in limited circumstances, a police constable may take the child to a place of safety.

336. The responsibility to take any urgent action to protect a child rests with the local authority within whose boundaries the child is located when such action is deemed necessary, even if the child does not normally live within that local authority’s area. Other agencies or practitioners may need to apply to a Sheriff (or Justice of the Peace, where appropriate) for a CPO or to a Justice of the Peace, where a Sheriff is not available, for authority to remove a child where emergency protection is necessary. In such circumstances, the applicant should contact the local authority social work service for advice. If a local authority or any other person is considering emergency action to protect a particular child, similar action to ensure the safety of any other children in the household should be considered at the same time.

337. The Children (Scotland) Act 1995 also makes provision for the local authority to apply for a Child Assessment Order (CAO) if it has reasonable cause to suspect that a child may be suffering or is likely to suffer significant harm and the parents or carers are refusing to allow the local authority to see the child. The CAO requires the parents or carers to produce the child and allow any assessment needed to take place to help practitioners decide whether they should act to safeguard the child’s welfare. The authority may ask, or the Sheriff may direct someone such as a GP, paediatrician or psychiatrist to carry out all or any part of the assessment. Practitioners must assist in carrying out these assessments when asked to do so and local procedures should make provision for this. Where the child is of sufficient age and understanding, they may refuse consent to medical examination or treatment whether or not a CAO is made. For more information on consent see section on information sharing.

Joint Investigation

338. In joint investigation, key agencies, such as social work, police and health services, plan and carry out their respective tasks in a co-ordinated way when responding to child protection concerns. This should not preclude any other agencies or individuals becoming involved at this stage – for example, education or the third sector may be involved in supporting the child throughout the investigation. Within a joint investigation, agencies will have, at times, different responsibilities to fulfil, but the associated activities must be planned together – for example, joint investigative interviews, forensic medical examinations and any relevant information agencies should share about the child and family, such as the need for augmented communication. Children undergo fewer interviews and medical examinations when these agencies act jointly and the disruption and trauma to children and their families can be reduced.

339. The purpose of joint investigations is to establish the facts regarding a potential crime or offence against a child and to gather and share information to identify any risks to a child and the need for any protective action.
340. Where the need for a joint investigation is identified police and social work services will inform other relevant agencies and individuals, and agree an initial response. Senior officers in social work services and police will be responsible for planning, co-ordinating, liaising and conducting any joint investigation and interview in conjunction with all relevant agencies and individuals with a pertinent role. Relevant health services must be consulted, regardless of whether there is an obvious injury or not, to ensure that the child’s health needs are considered. This will assess the appropriateness of a forensic or comprehensive medical examination.

341. Police and social work services need to designate officers with expertise, appropriate training and sufficient authority to act on behalf of their agency and approach other agencies to initiate and review joint working. They should ensure that each agency will implement jointly agreed decisions and provide the resources needed to do so. The relevant health services must be consulted and involved in planning around medical examinations. Decisions about the nature and timing of medical examinations should be made by appropriately trained paediatricians. A core team of practitioners will carry out the investigation and include a social worker and police officer but may also include other staff from relevant agencies such as health services. If in place, the Lead Professional should have a key role in participating in all this activity.

342. Child Protection Committees should be satisfied that there are detailed arrangements for joint investigations through local inter-agency procedures. These should describe local arrangements for access to interview facilities, specialist medical assessments (including forensic examinations and psychological or psychiatric advice) and the role of other agencies or specialist facilities. Local protocols for accessing and sharing information between agencies should be agreed and implemented. Joint investigative interviews will be undertaken by suitably trained police officers and social work staff in accordance with the national guidance on Interviewing Child Witnesses in Scotland.13

Involving Children and Families

Children

343. When a child protection concern is raised about a child or young person, they must be seen by a social worker. Children should be helped to understand how child protection procedures work, how they can be involved and how they can contribute to decisions about their future. Taking into account the age and maturity of the child or young person, they will often have a clear perception of what needs to be done to ensure their safety and well-being. Children should be listened to at every stage of the child protection process and kept informed appropriately about decisions being made. Where a child has communication impairments, advice and support may be required to ensure the child is fully involved in what is happening.

13 Revised national guidance on joint investigative interviewing of children is expected to be published before the end of 2010.
344. Careful consideration needs to be given to the needs of the child or young person. They may have been groomed or controlled by explicit or implicit threats and violence and fear reprisals if they disclose. In some instances, a child or young person may be too traumatised to speak to investigating agencies or they may believe they are complicit in the abuse.

345. Immediate, therapeutic, practical and emotional support may be required to allow trust to develop. A thorough assessment should be made of the child or young person's, and services provided to meet those needs. It is good practice to provide a confidential and independent counselling service for victims and families. Guidelines should be agreed with counselling and welfare services on disclosure of information to avoid the contamination of evidence. Agencies who know the child or adult, including third sector organisations, may be involved in the planning stages of the investigation to ensure the investigation is managed in a child-centred way, taking care not to prejudice efforts to collect evidence for any criminal prosecution.

346. The use of an advocacy service for the child or young person, where available, should always be considered.

Family Members and Carers

347. When undertaking child protection enquiries, the importance of developing a co-operative working relationship should be given special attention. Parents or carers should be treated with respect and where possible and appropriate, informed as much as possible of the processes and outcomes of any enquiry. Parents or carers should feel confident that staff are being open and honest with them and in turn, feel confident about providing vital information about the child, themselves and their circumstances. Working in partnership with one or more family members is likely to have long-term beneficial outcomes for the child and staff must to take account of family's strengths as well as difficulties. Practitioners should ensure that the parents or carers understand that the first consideration is making sure the child is safe.

348. Parents, carers and family members can contribute valuable information, not only to the assessment and any subsequent actions, but also to decisions about how and when a child will be interviewed. Children and families need time to take in and understand concerns and processes. The views of parents/carers should always be recorded and taken account of. Decisions should also be made with their agreement, whenever possible, unless to do so would place the child at risk of suffering significant harm.

349. Parents/carers and children of sufficient age and understanding should receive a written record of decisions taken about the outcome of an investigation. This does not mean, for example, that parents and carers should attend all the meetings which are held in connection with their family. There are occasions when it is appropriate and necessary for practitioners to meet together without parents and carers to reflect on their own practice in a particular case or to deal with a matter which is likely to lead to criminal enquiries.
Non-abusing Parents and Carers

350. In cases of familial abuse, practitioners should ensure the non-abusing parent or carer is involved as much as possible. Practitioners must be wary of making judgements on parents and carers who are likely to be in a state of shock and experiencing great anxiety. Whilst the priority is on the protection and welfare of the child, practitioners should attempt to engage with the non-abusing parent/carer and determine what supports are necessary to help them care for the child. Equally, practitioners should be sensitive to the impact abuse and the subsequent investigation will have on siblings and extended family members. Consideration should be given to their needs in such circumstances and how this will impact on the family’s ability to deal with the situation.

Medical Examination and Assessment

351. A medical examination or assessment can be an essential element in joint investigations. Although it may not provide evidence that a child has or has not been abused, a comprehensive assessment of a child’s medical history and the child’s health can assist the planning and management of any enquiries and inform risk assessment. This assessment, alongside other information from police and social work services, may help decide if further investigation is necessary.

352. A comprehensive medical and health assessment should be considered in cases of child abuse, even when information from other agencies show little or no cause for concern. Children frequently disclose a limited amount of information at a time, even over many years. Consequently, accurate and comprehensive records made in the medical case records are essential. In cases of sexual abuse, the forensic evidence may be difficult to identify and it is essential that, wherever possible, the joint investigative interview has a full description of the suspected abuse, supplemented by any previous appropriate health information. In some cases of child abuse, there will be no obvious signs or symptoms and some children will require diagnostic procedures only available in a well-equipped hospital or clinic.

353. The comprehensive medical and health assessment has five purposes:
   • to establish what immediate treatment the child may need;
   • to provide information which may or may not support a diagnosis of child abuse in conjunction with other assessments made, so that agencies can initiate further enquiries, if appropriate;
   • to provide information or evidence, if appropriate, to sustain criminal proceedings or care plans;
   • to secure any ongoing medical or health care (including mental health), monitoring and treatment that the child may require; and
   • to assess and reassure the child and the family as far as possible that no long-term physical damage or health risk has occurred.

354. In order to make the most effective contribution, it is important that the examining doctor has all the relevant information about the cause for concern and
the known background of the family or other relevant adults, including previous instances of abuse/neglect or suspected abuse/neglect.

355. The number of examinations to which a child is subjected must be kept to a minimum and careful planning of the medical component of the examination by experienced medical staff facilitates this. Examining doctors should satisfy themselves that the child has been kept fully informed of the outcome of all that happens to them.

356. Discussion between medical, nursing, social work services and police should be encouraged at all stages to facilitate good liaison and the communication of concerns. Understanding the expertise and roles of each group will ensure that all respect the contribution provided by each service. In planning the medical investigation, it is important to remember that it is the duty of the police to provide best evidence, including medical evidence, to the Procurator Fiscal and the Children’s Reporter in appropriate cases.

Arranging a Medical Examination

357. The paediatrician, or exceptionally the GP, involved in the planning discussion should take responsibility for taking the medical assessment forward, agreeing with police and social work colleagues the nature, timing and venue for the examination. In situations where the referral indicates abuse may have occurred, the paediatrician or GP should contact the social work services or the police before carrying out a comprehensive medical assessment. Where information is unclear or uncertain, a comprehensive medical assessment may be undertaken to determine the need for a specialist paediatric or joint paediatric/forensic examination. Where it is clear from the referral that a forensic opinion will be required – for example, an allegation or observation of serious physical assault or injury or a disclosure of sexual abuse – the comprehensive medical assessment should be bypassed.

Specialist Paediatric or Joint Paediatric/Forensic Examination

358. A specialist paediatric or joint paediatric/forensic examination may need to be carried out, depending on whether:

- the child urgently requires follow-up assessment or treatment at a Paediatric Department (for example, head injury or possible fractures);
- the account of the injuries provided by the carer does not provide an acceptable explanation of the child’s condition;
- the result of the preliminary assessment is inconclusive and a specialist’s opinion is required to establish the diagnosis;
lack of corroboration of the allegation, such as a clear statement from another child or adult witness, indicates that forensic examination, including the taking of photographs, may be necessary as part of the process to support criminal proceedings against a perpetrator and legal remedies to protect the child. For cases referred to SCRA however, except in relation to a referral under Children (Scotland) Act 1995 section 52(2)(i), the standard of proof is the balance of probability, corroboration is not required, and hearsay evidence is admissible;

• the child's condition (for example, repeated episodes of unexplained bruising) requires further investigation; and

• in cases of disclosure of child sexual abuse, as medical examination has to be carried out by medical practitioners with specialist child sexual abuse skills using specialist equipment.

359. In some cases, the information gathered from an earlier comprehensive medical assessment may be sufficient together with other supportive evidence (for example, corroboration of the incident from an eyewitness) to enable a conclusion to be reached as to the allegation. In such cases, there will be no need for further examination. Photographic evidence may be obtained by the police or medical photographer as part of their investigative procedures, but the examining doctors should assist by ensuring that all significant injuries are recorded.

360. The decision whether or not to refer the child for more specialist paediatric or joint paediatric/forensic assessment should be a joint decision taken by involved practitioners from social work services, police and health. Where there is a lack of consensus, this should be resolved by the examining doctor referring the child for a second opinion to a senior paediatric colleague. This specialist examination provides a comprehensive assessment of the child establishing the need for immediate treatment and ongoing health care as well as a high standard of forensic evidence to sustain any criminal or care proceedings, offering reassurance and advice to the child and carers. The examination is intended to encompass both the child's need for medical care and the legal requirement for evidence in a single examination.

361. The decision whether a joint paediatric/forensic examination or an examination by a single paediatric examiner is appropriate should be made during the planning discussion with social work services and police with the involvement of relevant health staff. The decision on the type of examination depends partly on the need for corroboration of forensic findings and the taking of appropriate specimens for trace evidence including, for example, semen, blood or transferred fibres. While the consultant paediatrician is responsible for the medical component and ensuring that appropriate arrangements are made for further medical investigation, treatment and follow-up, the Forensic Medical Examiner is responsible for the forensic element of the examination and fulfils the legal requirements in terms of, for example, preserving the chain of evidence. The presence of two doctors in the joint paediatric/forensic examination, each of whom can speak to the physical findings, is not only important for the corroboration of medical evidence in any subsequent criminal proceeding, but is good medical practice.
362. The venue and the timing of the joint paediatric/forensic examination should be fully discussed with police and social workers. Social work services should ensure that the child and parent(s) (and/or any other trusted adult accompanying the child) are fully informed of the arrangements and likely timescale of the investigation as soon as possible and are taken to the examination.

### Timing of Medical and Health Examinations

363. The timing of the examination should be agreed jointly by the medical examiners and the other agencies involved. It may not be in the child's best interest to rush to an immediate examination whatever the time of day the disclosure has been made. In a number of cases, it may be much more appropriate to wait until the child can be rested and prepared adequately, and it may allow for more information to become available. It is expected that in the great majority of cases arising in working hours, a comprehensive medical and health assessment will be carried out locally and quickly by a doctor who knows the child and/or the family. If difficulty is experienced in arranging a comprehensive medical and health assessment through normal local contacts, the paediatrician responsible for child protection should be contacted. The decision on how best to proceed should always be made in discussion with the other agencies involved. Care must be taken to ensure that in appropriate cases, forensic trace evidence is not lost.

### Consent to Medical Treatment

364. Consent is required for medical treatment and examination. Parental consent should be sought if the parents have parental rights and responsibilities and the child is under 16, unless it is clearly contrary to the safety and best interests of the child to do so (for example, in urgent circumstances). However, the Age of Legal Capacity (Scotland) Act 1991 allows that a child under the age 16 can consent to any medical procedure or practice if in the opinion of the attending qualified medical practitioner they are capable of understanding the nature of possible consequences. Therefore, parental consent is not absolutely required if the child is deemed by the qualified medical practitioner to have capacity. Such a child also has the right to refuse treatment. Procedures and permissions as regards the responsibilities of public carers and of medical practitioners in urgent circumstances should be clear to those in those roles. Children who consent to examination may withhold their consent to certain parts of that examination, for example, the taking of blood or a video recording. Clear notes should be taken of which parts of the process have been consented to and by whom.

365. In order to ensure that children and their families give properly informed consent to medical examinations, the examining doctor, if necessary, assisted by the social worker or police officer, should provide information about any aspect of the procedure and the uses to which these may be put. Where a medical examination is thought to be necessary for purposes of obtaining evidence in criminal proceedings but consent to the examination is refused by the parent(s) or guardian, the Procurator Fiscal may consider obtaining a warrant for this purpose. However, where a child who has legal capacity to consent declines to do so, the Procurator Fiscal will not seek a warrant. If the local authority believes that a medical examination is required to find out whether concerns about a child’s safety or welfare
are justified, and parents refuse consent, the local authority may apply to a Sheriff for a CAO. A child subject to a CAO may still withhold their consent to examination or assessment if they are deemed to have legal capacity. For further information on CPOs and CAOs, see the section on emergency legal measures in the chapter on Responding to Concerns about Children.

Psychiatric or Psychological Examinations

366. Physical signs or symptoms may be inconclusive when viewed in isolation, but can provide a clearer picture of abuse or neglect when seen in conjunction with other information. There may be a need for a psychiatric or psychological examination for emotional or behavioural signs of abuse, or symptoms of mental distress or illness. In all cases during the investigation stage, staff in all agencies working with children and families need to be alert to behavioural indicators indicating possible abuse, as physical symptoms are not always present. There may be a need for close liaison with child and adolescent mental health services during investigation.

367. More detailed information about the roles and responsibilities of medical practitioners and child protection can be found in:


Criminal Prosecution of Alleged Perpetrators of Abuse or Neglect

368. When a decision is taken to raise criminal proceedings and that the child or children require to be cited as witness(es) to give evidence, the relevant social worker should discuss the case with the police and/or Procurator Fiscal, highlighting any concerns about the risk of further abuse or interference with witnesses in the case and any other children to whom the alleged perpetrator has access. This information is vital to assist Procurators Fiscal and the Court make informed decisions about bail and any additional special conditions which may be required. The initial child protection case conference may provide an opportunity for the social work services, the Reporter and the Procurator Fiscal to discuss recommendations about bail and any necessary conditions. The Sheriff will decide whether to grant bail or not.

369. If an alleged perpetrator of abuse is to be prosecuted, child witnesses should always be provided with support, information and preparation for the experience of being a witness in Court. The local authority and other agencies need to consider a range of issues if the child needs counselling or therapy before criminal proceedings are concluded. The needs of the child take priority and counselling should not be withheld solely on the basis of a forthcoming prosecution. There is a Code of Practice to facilitate the provision of therapeutic support to child witnesses in court proceedings. Agencies must consider the potential impact of an unsuccessful prosecution or hostile cross-examination of a child and the implications of either or both for future protection of that child and others.
370. Where counselling does take place, the person(s) offering counselling may be called as witnesses to explain the nature, extent and reasons for the counselling. Welfare agencies should discuss therapeutic intervention with the Procurator Fiscal so that they can be aware of the potential impact of such counselling on any criminal proceedings.

371. Special measures are available for all child witnesses cited to attend court to help them give their best evidence: have a support person present; screens so that the child cannot see the accused; a CCTV link from within the Court building; or a CCTV link from a remote site when the child is giving evidence; prior statements as evidence in chief (criminal cases only); and evidence taken by a commissioner.

372. Consideration should be given as to who may act as a support person for the child, particularly in cases where that person may also be called upon as a witness. In all cases, the person citing the witness (for example, the Procurator Fiscal or defence lawyer) will make an application to the court with whom the final decision on which option is most appropriate. The views of the child will also be sought to assist this decision-making process.

373. More detailed information about the support available to child witnesses can be found below:
   - **Scottish Government website – support available to child witnesses** (including court familiarisation visits, guidance on identity parades).
   - Code of Practice to facilitate the provision of therapeutic support to child witnesses in court proceedings.
   - **Information about the use and role of a supporter** (see pages 74-75 of Vulnerable Adult and Child Witness Guidance pack).

**Decision-making after Investigation**

374. Decisions regarding any criminal prosecution or gathering of further evidence will be taken by the Procurator Fiscal and the police. Social work services will consider the effectiveness of any protective or other action required throughout the investigation and should record how the safety of the child has been ensured as well as any ongoing action necessary to protect the child. Any immediate actions required to protect the child should be provided and social work services, in consultation with other agencies, should also identify what future actions are necessary and make arrangements for feedback to the person who raised the concern. This information should be shared with key practitioners with responsibility for the child’s well-being.

375. Where concerns about significant harm to the child are unsubstantiated, consideration must still be given to any unmet needs of the child and the possible supports required and these should be recorded in the child’s plan by the child’s Lead Professional where appropriate. Where concerns exist about actual or likely
significant harm to a child, then social work services should convene a child protection case conference to consider this further if this has not already been done.

**Child Protection Case Conferences**

376. A core component of GIRFEC is the child’s plan. Within the context of child protection activity, where the plan includes action to address the risk of significant harm, it is known as a child protection plan to highlight child protection concerns, and any meeting to consider such a plan is known as a child protection case conference (CPCC).

377. CPCCs are a core feature of inter-agency co-operation to protect children and young people. Their primary purpose is to consider whether the child – including an unborn child – is at risk of significant harm and if so, to review an existing child’s plan and/or consider a multi-agency action plan to reduce the risk of significant harm. They are formal multi-agency meetings which enable services and agencies to share information, assessments and chronologies in circumstances where there are suspicions or allegations of child abuse and neglect. They can assist those services and agencies which consider possible criminal proceedings and the likely impact of these on the child. The need for a conference should be discussed with other services and agencies at an early stage in enquiries. Any agency may request that a CPCC be convened.

378. Local inter-agency child protection procedures must contain detailed information about arrangements for CPCCs and the importance of ensuring an effective interim risk management plan is in place covering the time from the notification of concern to the initial CPCC. Local procedures should also address details of any core group arrangements, templates (such as child protection plans), dispute resolution processes and minute-taking arrangements.

379. Where a child is believed to be at actual or potential risk of significant harm, the child’s name should be placed on the Child Protection Register. Social work services hold the responsibility for the Child Protection Register and as such, the responsibility for the arrangements remains with social work services. Where the child is not felt to be at risk of significant harm, there will often still be a need to develop a co-ordinated support plan for the child and indentify a Lead Professional.

380. The function of all CPCCs is to share information in order to identify risks to the child collectively and the actions by which those risks can be reduced. The participants must maintain an outcome-focused approach:

- ensuring that all relevant information held by each service or agency has been shared and analysed on an inter-agency basis;
- assessing the degree of existing and likely future risk to the child;
- considering the views of the child/parent(s)/carers;
- identifying the child’s needs and any services from any of the services and agencies that may be needed to help them;
- developing and reviewing the child protection plan;
identifying a Lead Professional; and
• deciding whether to place or retain a child’s name on the Child Protection Register.

There are four types of CPCC: initial; pre-birth; review; and transfer.

Initial CPCC

381. The purpose of an initial CPCC is to decide whether there are serious concerns about the likelihood of significant harm through abuse or neglect of a child. The participants must take account of the circumstances leading to the CPCC and of the initial risk assessment. Due to the timescales for calling an initial CPCC, there may only be time for an interim risk management plan – a more robust risk assessment may still require to be carried out after the CPCC. In some instances, there will already be a multi-agency child plan in place and this will need to be considered in light of the concerns around significant harm to the child. The initial CPCC should be held as soon as practically possible and no later than 21 calendar days from the notification of concern. Participants should be given a minimum of five days notice of the decision to convene a CPCC whenever possible. Local guidelines should ensure there are clear arrangements in place for education representation during school holiday periods.

Pre-birth CPCC

382. The purpose of a pre-birth CPCC is to decide whether there exist serious professional concerns about the likelihood of harm through abuse or neglect of an unborn child when they are born. The participants must prepare an inter-agency plan in advance of the child’s birth, including whether it will be safe for the child to live within the family home.

383. The participants must also consider future actions which may be required at birth with regards to:
• whether it is safe for the child to go home at birth;
• whether or not there is a need to apply for a Child Protection Order at birth; and
• whether or not the child’s name should be placed on the Child Protection Register. It should be noted that as the Register is not regulated by statute, an unborn child can be placed on the Register. Where an unborn child is felt to require a child protection plan, their name should be placed on the Register.

384. The pre-birth CPCC should take place no later than at 28 weeks pregnancy or in the case of late notification of pregnancy, as soon as possible from the concern being raised and in any case, within 21 calendar days of the concern being raised.

Review CPCC

385. The purpose of a review CPCC is to review decisions where a child’s name has been placed on the Child Protection Register or where there are significant
changes in the child or family circumstances. The participants will review progress of the child protection plan, consider all new information available and decide whether the child’s name should remain on, or be removed from, the Child Protection Register. The first review CPCC should be held within three months of the initial CPCC. Thereafter, reviews should take place six-monthly, or earlier if circumstances change. Where a child is no longer to be felt at risk of significant harm and the child protection plan has been converted into a child’s plan, their name should be removed from the Child Protection Register by the review CPCC. The child and their family/carers may still require ongoing support and this should be managed through the child’s plan.

Transfer CPCC

386. Transfer CPCCs are specific for the transfer of information about a child where a child protection plan is currently in place. Only a review case conference can de-register a child from the Child Protection Register. Where a child and/or their family move permanently to another local authority area, the original local authority is expected to notify the receiving local authority immediately, then follow up the notification in writing.

387. Where the child moves to another authority the originating authority must assess this change in circumstances. If there is felt to be a reduction in risk the originating authority should arrange a review CPCC to consider the need for ongoing registration, or, if appropriate, de-registration. In such circumstances it would be best practice for an appropriate member of staff from the receiving authority to attend this review.

388. Where the risk is considered by the original local authority to be ongoing or increased by the move the receiving local authority is responsible for convening the transfer CPCC. This should be held within the timescales of the receiving local authority’s initial CPCC arrangements but within a maximum of 21 calendar days. The receiving local authority may subsequently choose to call an early review CPCC after carrying out their own assessments.

389. Where a child and their family move from one Scottish authority to another then:
   • if the child has a child protection plan, the case records and/or file must go with child; or
   • if the child is subject to a Supervision Requirement, the case records and/or file must go with child.

Where a child was on the Child Protection Register previously but in another area, the receiving authority should request child’s file from the previous authority (if still available).

390. At the transfer CPCC, the minimum requirement for attendance will be the original local authority’s allocated social worker and the receiving local authority social worker, plus the appropriate managers. However, steps should be taken to ensure the attendance of representatives from both health and education services and police from both local authorities wherever possible.
CPCC Participants

391. The number of people involved in a CPCC should be limited to those with a need to know or those who have a relevant contribution to make. All persons invited to a CPCC must understand its purpose, functions and the relevance of their particular contributions.

Chair

392. CPCCs will be chaired by senior staff members who are competent, confident and capable. It is critical that the Chair has a sufficient level of seniority/authority within their own organisation and is suitably skilled and qualified to carry out the functions of the Chair. The Chair, wherever possible, should not have any direct involvement or supervisory function in relation to any practitioner who has involvement in the case and must be sufficiently objective to challenge contributing services on the lack of progress of any agreed action, including their own. While the Chair will often be from social work services, where an individual could fulfil the required criteria, it would not be inappropriate for a practitioner from a different agency or service to undertake the role. The Chair should be able to access suitable training and peer support.

393. The Chair’s role is to:

• determine who to invite, who cannot be invited and who should be excluded;
• meet with the parents or carers and explain the nature of the meeting and possible outcomes;
• facilitate information-sharing and analysis;
• identify the risks and protective factors;
• ensure that the parent’s or carer’s and the child’s views have been taken into account;
• facilitate decision-making;
• where there is disagreement, determine the final decision;
• chair review CPCCs to maintain a level of consistency;
• where a child’s name is placed on the Register, outline decisions which help shape the initial child protection plan which will be developed at the first core group meeting;
• identify the Lead Professional; and
• advise parents and carers of the local dispute resolution processes.

Minute-taker

394. Minutes are an integral and essential part of the meeting and should be noted by a suitably trained clerical worker, and agreed by the chair before being circulated to the participants. Participants should receive the minutes **within 15 calendar days** of the CPCC. To avoid any unnecessary delay in actions and tasks identified,
the Chair may wish to consider producing a record of key decisions and agreed tasks for circulation within one day of the meeting.

395. Minutes must be clearly laid out and as minimum records:
- those invited, attendees and absentees;
- reasons for child/parent/carer non-attendance;
- reports received;
- a summary of the information shared;
- the risks and protective factors identified;
- the views of the child and parent/carer;
- the decisions, reasons for the decisions and note of any dissent;
- the child protection plan, detailing the required outcomes, timescales and contingency plans;
- Lead Professional; and
- membership of the core group.

**Agency representatives**

396. In order to be quorate, CPCC participants must include:
- local authority social worker(s);
- education staff where any of the children in the family are of school age or attending pre-five establishments;
- NHS staff, health visitor/school nurse/GP, as appropriate, depending on the child’s age; and the child’s paediatrician where applicable; and
- police.

397. Other participants might include other health practitioners (including mental health services), adult services, educational psychologists, relevant third sector organisations, representatives of the Procurator Fiscal and Armed Services staff where children of service personnel are involved. On occasion, a Children’s Reporter may be invited to attend, but because of their legal position can only do so as an observer and not be involved in the decision-making.

398. Participants attending are there to represent their agency/service and share information to ensure that risks can be identified and addressed. They have a responsibility to share information and challenge other information shared.

399. There may be occasions when it is appropriate to invite to the CPCC foster carers, home carers, child-minders, volunteers or others working with the child or family. The practitioner most closely involved with the person to be invited should brief him or her carefully beforehand. This should include providing information about the purpose of the conference and their contribution, the need to keep information shared confidential and advice about the primacy of the child’s interests over that of the parents/carers where these conflict.
Provision of Reports

400. When providing reports, best practice is for a single composite report to be collated by the Lead Professional with all the invitees from services and agencies involved with the child(ren) and family contributing. There is an expectation that the systems currently being developed locally and nationally will provide the IT functionality for contributions to a single report being compiled across areas and agencies. However, where this is not yet in place, it is expected that local protocols are put in place to ensure services involved with the child and/or their families make sure information is shared and provided to the conference. This may mean that services individually provide a report to the meeting, however, this should be avoided where possible to avoid the meeting being inundated with reports.

401. The report/(s) should contain relevant information and a chronology which will be completed by the Lead Professional. The report/(s) must include information pertaining to significant adults in the child’s life and should clearly identify risks, vulnerabilities, protective factors and the child’s views. Other children in the household should also be considered.

402. Invitees have a responsibility to share the content of the report with the child and family in an accessible format ensuring they understand the content. Particularly prior to an initial CPCC, consideration must be given as to the most appropriate method and timing of the sharing of reports with the child and family.

Parents/Carers

403. Parents, carers or other with parental responsibilities should be invited to the CPCC. They need clear information about practitioners’ concerns if they are to change behaviour which puts the child at risk.

404. In exceptional circumstances, the Chair may determine that a parent or carer should not be invited or be excluded from attending the CPCC (for example, where bail conditions preclude contact). The reasons for such a decision must be clearly documented. Their views should still be obtained and shared at the meeting and the Chair should identify who will notify them of the outcome and the timescale for carrying this out. This should be recorded in the minutes.

405. The Chair should encourage the parent/carer to express their views whilst acknowledging they may be anxious and angry about practitioners’ intervention in their family. The Chair should make certain that parents/carers are informed in advance about how information and discussion will be presented and be managed. Parents and carers may need to bring someone to support them when they attend a conference. This may be a friend, another family member or an advocacy worker. This person is there solely to support the parent/carer and has no other role within the CPCC.

406. Information about CPCCs should be made available to children and parents/carers, which may be in the form of local leaflets or national public
information. Guidance on parents'/carers’ attendance at CPCCs should be contained in local inter-agency child protection procedures.

**Child**

407. Consideration must be given to inviting children and young people to CPCCs. Their age and the emotional impact of attending a meeting to discuss the risks they face must be included in the assessment of whether or not it is in their best interests to participate in the whole meeting. Children and young people attending must be prepared beforehand to allow them to participate in a way which is meaningful and not tokenistic. Consideration should be given to the use of an advocate for the child or young person. It is crucial that the child’s or young person’s views are obtained, presented and considered during the meeting, regardless of whether or not the child or young person is in attendance. The child should be part of the core group and planning to reduce the risks in the future.

408. Reasons for agreeing that older children and young people should or should not attend a CPCC or core group meeting must be noted along with details of the consideration of the factors leading to the decision. This should be recorded in the minutes.

**Restricted Access Information**

409. Restricted access information is information that, by its nature, cannot be shared freely with the child and family or the persons attending to support them. The information will be shared with the other participants at the CPCC. Such information may not be shared with any other person, without the explicit permission of the provider.

410. Restricted information includes:

- *sub judice* – information forming part of legal proceedings the sharing of which may compromise those proceedings;
- third party – information from a third party which may identify them if shared. Information about an individual that may not be known to others, including within close family relationships for example, medical history, intelligence reports; and
- risk – information that if shared may place any individual(s) at risk, for example, a home address which is unknown to an ex-partner.

**Reaching Decisions**

411. All participants at a CPCC with significant involvement with the child/family have a responsibility to determine whether or not to place the child’s name on the Child Protection Register. Where there is a split decision, the Chair will make the final decision. In these circumstances, the decision-making must be subjected to independent scrutiny. The local inter-agency child protection procedures must give details as to how this will be achieved including timescales. Local guidelines should provide clear pathways for any escalation of issues and dispute resolutions.
Dispute Resolution

412. Dispute resolution is a way of managing:
• challenges about the inter-agency process;
• challenges about the decision-making and outcomes;
• challenges by children/young people or their parents/carers about the CPCC decisions; and
• complaints about practitioner behaviour.

413. No protective intervention, including developing a child protection plan and entering of the child’s name on the Child Protection Register, should be delayed pending the completion of the dispute resolution process.

414. The agencies and services involved in child protection work have clear complaints procedures, which should be followed where there is a complaint about an individual practitioner. There should be clearly defined local arrangements to challenge the inter-agency CPCC processes i.e. decision-making, outcomes of the CPCC and the child protection plan.

• Agency representatives – on the rare occasion where a member of staff wishes to raise an issue about the process or unresolved disagreement with the decisions of the CPCC they should do so through their normal line management processes.

• Parent/carer – where they wish to challenge the decisions of the CPCC, they should follow the process contained within the local inter-agency child protection procedures. If the complaint is about a specific practitioner, they should follow that agency’s complaints procedures.

• Child – child- and family-friendly information should be available to children and young people from any of the practitioners with whom they have contact on how to challenge decisions or make a complaint.

Child Protection Plan

415. When a child’s plan is converted into a child protection plan or when a new child protection plan is developed for the first time, the plans need to be detailed about:
• what the perceived risks and needs are;
• what is required to reduce these risks and meet those needs; and
• who is expected to take any tasks forward including parents and carers (as well as the child themselves).

Children and their families need to clearly understand what is being done to support them and why.

416. Responsibility is shared for the child protection plan and each person must be clearly identified. The roles of each person in helping to effect change and
measuring what has happened should be stated clearly. To preserve continuity for the child and their carer(s), there should always be specified arrangements made for the absence through sickness or holidays of key people. All child protection plans where there are current risks should have specific cover arrangements built in to make sure that work continues to protect the child. As part of this continuity, children and young people who are on the Child Protection Register must not be excluded from school unless there is a multi-agency meeting to discuss risk factors and alternative strategies.

417. Any interventions should be proportionate and clearly linked to a desired outcome for the child. “Progress” can only be meaningfully measured if the action or activity has had a positive impact on the child.

418. In addition, child protection plans need to clearly identify:
- key people involved and their responsibilities, including the Lead Professional and named practitioners;
- timescales;
- supports and resources required, in particular, access to specialist assistance;
- the process of monitoring and review; and
- any contingency plans.

419. Participants should receive a copy of the agreed child protection plan within five calendar days of the CPCC.

Core Groups

420. A core group is a group of identified individuals, including the Lead Professional and the child and parents/carers, who have a crucial role to play in implementing and reviewing the child protection plan. The core group is responsible for ensuring that the plan remains focussed on achieving better outcomes for the child by reducing the known risks. The initial core group meeting should be held within 15 calendar days from the initial CPCC.

421. The functions of a core group include:
- ensuring ongoing assessment of the needs of, and risks to a child or young person who has a child protection plan;
- implementing, monitoring and reviewing the child protection plan, so that the focus remains on improving outcomes for the child;
- maintaining effective communication between all the services and agencies involved with the child and parents/carers;
- reporting to review CPCCs on progress; and
- referring any significant changes in the child protection plan, including non-engagement of the family, to the CPCC Chair.
422. Consideration about the involvement of the child must take cognisance of their age and the emotional impact of attending a meeting to discuss the risks they have been placed at by their parents/carers. Children attending must be prepared beforehand to allow them to participate in a meaningful way. It is crucial that their views are obtained, presented and considered during the meeting. This group should provide a less formal way for children, parents and carers to interact with agency and service providers.

423. The core group reports back to the CPCC on progress on the child protection plan and refer any significant changes in the plan to the CPCC Chair for consideration. Where a core group identifies the need to make significant changes to the child protection plan, they must notify the CPCC Chair within three calendar days.

424. Consideration should be given to the most appropriate and effective ways to engage with parents and carers in promoting the safety of their child or children. Family group conferences are a useful mechanism to promote child centred family involvement in a plan to keep the child safe and meet the child’s needs. However, it is essential that families and children are not confused by a multiplicity of parallel planning meetings. Consideration should be given to how meetings can be organised to avoid duplication. (Further information on family group conferences can be found on the NSPCC and Children 1st websites.)
Summary

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

[Diagram of the process]

- **Concerns raised**
  - Police
  - Social work services

- **Initial information-gathering**
  - Does the situation require an immediate response to protect the child?
    - Police use their powers to remove the child
    - Social work services seek CPO
  - Joint decision-making
    - Social work services and police agree if response should be under child protection

- **Joint investigation**
  - Does not require joint investigation buy a single agency or multi-agency assessment
  - No further action required under child protection but may require support or intervention in line with GIRFEC

- **Joint planning**
  - Social work services, policy and health services (and any other relevant agency) to agree need and arrangements for joint investigative interview and medical examination

- **Child protection case conference**

- **Child protection plan**

  Implemented by core group
PART 4

CHILD PROTECTION IN SPECIFIC CIRCUMSTANCES
INDICATORS OF RISK

426. This section gives additional information for dealing with specific conditions that may impact adversely on children as well as addressing operational considerations in certain circumstances. It should be noted that whilst a range of special or specific circumstances have been included in this part, the national guidance does not provide detailed guidelines on areas of practice/policy that are contained elsewhere; but rather, where appropriate, signposts to relevant policies and materials or provides a framework of standards that local policies will need to consider.

427. In making practitioner judgements about the risks and needs of child, there are a range of indicators that should ‘trigger’ assessment and, where appropriate, action. Not all the indicators set out here are common, nor should their presence lead to any immediate assumptions about the levels of risk for an individual child, but where identified, they should act as a prompt for all staff, whether in an adult or child care setting, to consider how they may impact on child. In the sections below, the indicators of potential risk are considered separately, but in many cases, and very often for children in vulnerable circumstances, combinations of these indicators will be present. Consequently, when considering these indicators of risk, they should not be considered in isolation but in relation to all the relevant factors of a child’s and family’s circumstances. Where there are a number of risk factors in a child’s life, practitioners should pay particular attention to the accumulative impact on the child. In addition, where there are a number of risk factors co-existing, this may result in an increasing range of different services involved and it is especially important that the focus on the child’s needs is maintained.

428. The sections below provide summaries of key aspects of the different indicators or risk. More detail on specific indicators may be required, and for that reason, the further information sections provide links to important resources that will support practitioner judgements.

Domestic Abuse

429. Children and young people living with domestic abuse are at increased risk of significant harm, potentially as a result of direct abuse from the perpetrator as well as from witnessing harm to other members of the family. It is not necessary, however, for children to witness directly or be subject to abuse to be affected by it. Domestic abuse can profoundly disrupt a child’s stable and nurturing environment and affect their physical, mental and emotional health.

430. The impact of domestic abuse on any one child will vary, depending on a number of factors, including the frequency, severity and length of exposure to abuse and the ability of others in the household (particularly the non-abusive parent/carer) to provide parenting support under such adverse. If the non-abusive parent/carer – most frequently the mother – is not safe, it is unlikely that the children will be. Indeed, children frequently come to the attention of practitioners at a point when the
severity and length of exposure to abuse has compromised the non-abusing parent's/carer's ability to nurture and care for the children.

431. The best way to keep both children and the non-abusive parent/carer safe is to focus on early identification, assessment and intervention through skilled and attentive staff in universal services. Domestic abuse is widely under-reported to the police. Given the reticence of victims to come forward unless directly questioned, it is crucial that staff routinely are aware of any indications of domestic abuse and make appropriate enquiries.

432. When undertaking assessment or planning for any child affected by domestic abuse, it is crucial that practitioners recognise that domestic abuse involves both an adult and a child victim. The impact of domestic abuse on a child should be understood as a consequence of the perpetrator choosing to use violence in the environment of the child, rather than of the non-abusing parent's/carer's failure to protect. Whilst support to the non-abusing parent/carer is essential to re-establishing a stable and nurturing home for the child in the longer term, there may be occasions when, as a consequence of domestic abuse, they are unable to provide this in the present. Appropriate steps may need to be taken to protect the child, which can mean the child living apart from the non-abusing parent/carer for a period of time. In such circumstances, placement within the wider family network should always be the first option as this will provide some degree of continuity and stability for the child. Agencies should always work to ensure that they address the protection of children in parallel to the protection of their non-abusing parents/carers.

433. Protection needs to be long-term and should not cease after separation between the abuser and the non-abusing parent/carer. Indeed, separation is frequently a time of increased risk for children and their non-abusing parent/carer, when violence may escalate rather than abate. One area of critical concern is the child’s contact with the perpetrator, which can be used to continue the domestic abuse. Any decisions made in regard to contact by both social work services and the civil courts should be based on an appropriate risk assessment of the potential danger to both the non-abusing parent/carer and the children.

Further Information

434. More detailed information about the impact of domestic abuse on children and young people and the need to address this from a child protection perspective can be found in the following documents:

Parental Substance Misuse

435. Substance misuse can involve either alcohol or drug misuse (which can include prescription as well as illegal drugs). The risks and impacts on children of substance-misusing parents and carers are known and well-researched. Substance misuse during pregnancy can have significant health impacts on the unborn child. Parental substance misuse can also result in the sustained abuse, neglect, maltreatment, behavioural problems, disruption in primary care-giving, social isolation and stigma of children. Substance-misusing parents/carers often lack the ability to provide structure or discipline in family life. Poor parenting can impede child development through poor attachment and the long-term effect of maltreatment can be complex. The capability of parents/carers to be consistent, warm and emotionally responsive to their children can be overwhelmed by the preoccupation of substance misuse.

436. It is important that all practitioners working with drug- or alcohol-abusing parents/carers know the potential effects that substance misuse can have on a child, both in terms of the indirect impact on the care environment as well as direct exposure to the use of these substances. Planning around these children is vital, particularly in pre-birth situations, and will often include input from agencies that do not have a frontline childcare role. The best interests of the child should always be the principal concern.

437. Local areas should ensure there are robust policies and guidance in place for the identification, assessment and management of children affected by substance misuse. These should reflect the multi-agency and single agency roles and responsibilities for this complex area of work. These will be framed by local CAPSM strategies, whose development should be led by ADPs working in conjunction with Child Protection Committees, that cover partnership working, commissioning of services, training to ensure that the skills set for dealing with adult- and child-specific issues are known by all relevant staff, and a performance monitoring framework.

438. Below these strategies, local guidance should be developed to refer to the key wider national change programmes and frameworks which are relevant to children affected by parental substance misuse – currently the National Drug Strategy, The Road to Recovery, and the National Alcohol Framework, Changing Scotland’s Relationship with Alcohol: a Framework for Action, as well as GIRFEC. In addition, it is important that local guidance should include the following.

• Reference to the evidence base on the impact of parental substance misuse on children. This should include specific reference to Fetal Alcohol Syndrome and Neo-natal Alcohol Syndrome as well as best practice guidance on blood-borne viruses – for example, in relation to breast-feeding, testing, immunisation of mothers and infants, and treatment and care of affected children. Local guidance should also include an evidence base for effective interventions with parents, carers and families affected by problem drug and alcohol use. This should include ante-natal and post-natal care pathways for parents/carers where there are substance misuse issues. Separate guidance on the management of young people with problem substance use and families affected by young peoples substance use should also be in place.
• A clear statement about partnership working, roles and responsibilities of practitioners and agencies involved with families at key stages. Effective intervention is dependent on robust working relationships between practitioners within both a child and adult care setting. When identifying and responding to concerns about a child, expertise in child protection and addiction services should be brought together to ensure the child receives a robust, joined-up service. Particular attention should be paid to information-sharing (including resolution of disputes on information-sharing) and best practice for consent to share information.

• Advice on how to include a family support plan element within the planning for children, taking account of the issues affected not just mothers and children, but parents and carers more generally. In particular, the Family Support Plan model can be useful when dealing with families affected by problems substance misuse.

439. A Lead Professional should be identified in cases where several services are involved. In child protection cases, this role should be assigned to a social worker but in other scenarios, local guidance should provide direction on:

• the practitioners and agencies who should undertake this role;
• at what stage in the process of assessing an individual child’s needs that a Lead Professional should be appointed; and
• the relevant governance arrangements and accountability.

440. Local services should have an agreed risk assessment framework for CAPSM. In addition, there should be in place a strategy for the training and education of staff involved in this area of work. This should encompass staff in addiction services who need to know about child development/maltreatment, as well as social worker/health staff who will require training on drug and alcohol problems.

441. There are particular issues regarding kinship care and the impact of parental substance misuse that should be highlighted. Regulation 10 of the Looked After Children (Scotland) Regulations 2009, provides that a local authority may make a decision to approve a „kinship carer‘ as a suitable carer for a child who is looked after by that authority in terms of section 17(6) of the Children (Scotland) Act 1995. It should be recognised that CAPSM is a significant driver in the number of kinship care cases and local authorities must recognise kinship carers and make adequate provision at a local level. Many children are living apart from their birth parents because of parental substance misuse. Preventative and protective work is necessary to support carers, especially kinship carers who face added challenges. Particular issues for kinship carers in these circumstances include the potential risks posed by parents and how the kinship carers (for example, a grandparent) feel about protecting their grandchild or grandchildren, from their own child. Kinship carers may have a number of ambivalent feelings about the circumstances that has resulted in them having to care for a child or young person and services need to be sensitive to these issues and offer support wherever possible.
Further Information

442. More detailed information about the impact of parental substance misuse on children and young people and the need to address this from a child protection perspective can be found in the following documents:


Disability

443. Disabled children are not only vulnerable to the same types of abuse as their typically developing peers, but there are some forms of abuse to which they are more vulnerable. The definition of ‘disabled children’ includes children and young people with a comprehensive range of impairments with physical, emotional, developmental, learning, communication and health care needs. Disabled children are defined as a child in need under section 93(4) of the **Children (Scotland) Act 1995**.

444. There is a strong association between childhood disability and maltreatment. Abuse of disabled children is significantly under-reported. Local services need to ensure their systems for collecting information about disabled children are sufficiently robust.

445. Disabled children are more likely to be dependent on support for communication, mobility, manual handling, intimate care, feeding and/or invasive procedures. There may be increased parental stress, multiple carers, care in different settings (including residential) and often reluctance among adults to believe that disabled children are abused. Disabled children are also likely to be less able to protect themselves from abuse and limited mobility can add to their vulnerability. In addition, the network of carers around the child is likely to be larger than for a non-disabled child, which can be a risk factor in itself. While the majority of parents/carers who are part of such a team demonstrate the highest standard of care for their child, some could themselves be perpetrators. Particularly vulnerable are those children with communication or sensory impairments, behavioural disorders or learning disabilities. Abuse of disabled children is more likely to start at an earlier age and repeated multiple abuses are evident. Neglect is most frequently reported, followed by emotional abuse.

446. Children looked after by parents/carers in the community can have complex health care needs which include life-threatening conditions. The caring responsibilities, which can involve complex clinical procedures, can cause considerable pressure on families. Reliance on physical, mechanical and chemical interventions to manage health and behaviour can leave these children particularly vulnerable to harm. This can be through lack of awareness, knowledge or support. In addition, dependence on medication may leave disabled children further exposed...
to abuse from purposeful manipulation of medication or from lack of understanding resulting in failure to administer the medication as prescribed.

447. Disabled children are often highly dependent on their carers. They may be less resilient and non-treatment of even minor ailments can have serious consequences. Practitioners’ expectations of the ability of parents/carers to cope in managing the care needs may be over-estimated. The latter can fear failing or admitting they cannot cope. To protect disabled children, it is crucial for assessments to include the ability and capacity of parents/carers to cope with the demands required.

448. When responding to concerns about a disabled child, expertise in child protection and disability should be brought together to ensure the child receives the same standard of service as a non-disabled child. Practitioners experienced in working with disabled children, such as speech and language therapists or residential workers, may be helpful to participate in the investigative process. Local guidance should set out processes and available support and be sensitive to the particular needs of disabled children during the conduct of child protection investigations, such as when children with disabilities need to be examined, give consent or communicate evidence. For example, where a disabled child has communication impairments or learning disabilities, special attention should be paid to the child’s communication needs, and ascertaining the child’s perception of events, and their wishes and feelings. Practitioners responsible for making enquiries into a child protection concern should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. Assumptions should not be made about the inability of a disabled child to give credible evidence or withstand the rigours of the court process. Each child should be assessed carefully and supported to participate in the process when this is in the child’s best interest.

449. Local services need to provide training for those involved in child protection work on the particular vulnerability of disabled children. Local guidelines should promote early contact with key workers as crucial for advice on the child’s impairment, how this is likely to impact on the investigation and what support is needed for the child in order to progress any enquiry. Specialist advice should be sought at an early stage to help inform decision-making and any investigation planning should include: providing support to the child, such as a preferred support worker and someone who is able to communicate with, and for, the child; identifying a location suited to the sensory or communication needs of the child, including any communication boards/loop system as required; and additional time allowed to conduct the inquiry, including time before to brief the support staff and time for breaks to suit the child’s needs.

450. Disabled children can progress into adult protection. The Protection of Vulnerable Groups (Scotland) Act 2007 recognises the vulnerability of disabled adults. Transition to adult services for disabled children may be a traumatic time for them and their families. Local services should consider the development of transition plans that reflect the complexity of transition from child to adult services.
Disabled Parents and Carers

451. Children can also be affected by the disability of those caring for them. Disabled parents/carers/siblings may have additional support needs relating to physical and or sensory impairments, mental illness, learning disabilities, serious or terminal illness, or degenerative conditions. These may impact on the safety and well-being of their children, resulting in delay to their education, physical and emotional development. Further information on mental health issues and the impact on children can be found in this chapter.

Further Information

452. Further helpful information can be found in the following publications or on the links noted below.

• Safeguarding Disabled Children: Practice Guidance, Department for Children Schools and Families, 2009.
• Triangle is an independent organisation that works directly with children and their families but also offers training and consultancy to practitioners and agencies.
• Capability Scotland is a third sector agency which provides education, employment opportunities and support for disabled people.
• Scottish Good Practice Guidelines for Supporting Parents with Learning Disabilities is aimed at providing practical guidance to agencies that support people with learning disabilities who become parents.

Non-engaging Families

453. Practice and child protection inquiries in the past 20 years\(^\text{14}\) have identified that some adults deliberately evade practitioner intervention to protect a child. This is a clear and deliberate strategy in many cases of child abuse, employed by one or more of the adults with responsibility for the care of a child. It is also the case that the nature of child protection work can result in parents and carers feeling and demonstrating a range of emotions and behaviour. Accordingly, they will, at times, react in an apparently negative or hostile way towards practitioners who are involved with their family, and practitioners should be aware that this behaviour can be misinterpreted.

454. The terms „non-engagement’ and „non-compliance’ are used to describe a range of deliberate behaviour and attitudes, such as:

• failure to enable necessary contact, such as keeping appointments, or refusal to allow access to the child or to the home;
• active non-compliance with the actions within the child’s plan (or child protection plan);
• disguised non-compliance, for example, making their behaviour or verbal agreement look like apparent co-operation, without actually carrying out actions or enabling them to be effective; and
• threats of violence or other intimidation towards practitioners.

455. Consideration needs to be given to explicitly who within the family is reluctant for engagement to take place. In some families, it may be important to recognise that one partner may be “silencing” the other and domestic abuse may be a factor.

456. Further, some children and families may have genuine difficulties accessing some services. Account should always be taken of diversity and equality issues. For example adults with a learning disability, gypsy travellers, or people from minority ethnic communities may have specific communication needs and require flexible approaches by staff to engage with them. Some people find it easier to work with some practitioners; for example, young parents may agree to work with the health visitor but not the social worker.

457. Accordingly, when considering non-engagement by a parent or carer, practitioners must consider if the child protection concerns and necessary actions have been explained clearly, taking into account issues of language, culture and disability, so that parents or carers fully understand the concerns and the impact on their care and needs of the child.

458. If there are risk factors associated with the care of children, where any of the responsible adults with caring responsibilities do not engage or comply with child protection services, risk is likely to be increased. Non-engagement and non-compliance, including disguised compliance, must be taken account of in information collection and assessment. Non-engagement and non-compliance are likely to be indicators of the need for compulsory or emergency measures. As these are often challenging situations, staff may need access to additional or specialist advice to inform their assessments and plans.

459. There is danger in ‘drift’ setting in, before non-engagement is identified. If letters are ignored, or appointments not kept, weeks can pass without practitioner contact with the child. If carers fail to undertake or support necessary actions, this should be monitored and the impact regularly evaluated. Good record-keeping in relation to families, such as contacts and whether they are successful or not, should be maintained, taking particular account of high risk periods when children would not be in nursery or school, for example, Christmas and summer holidays.

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15 The report of the Bridge Childcare Development Service (1997) into the death of Ricky Neave recommended that “when a parent is considered to be threatening or hostile any presumption that they are different with their children should be rigorously tested”. 
460. Core groups need to work effectively and collaboratively to deal with and counter non-engagement. It should, though, be recognised that different agencies and practitioners have different responsibilities. The plan for the child should include recognition of the protocols for different agencies and make sure that these result in a coherent overall approach to the risks.

461. Effective multi-agency approaches can offer flexibility about the best person to engage with the family and carers. This may include giving greater responsibility for certain actions to those practitioners or agencies that are more likely to be successful in achieving positive engagement. The use of all children’s services should be flexible.

462. Given the nature of child protection work, non-engagement can sometimes involve direct hostility and threats or actual violence towards staff. All agencies should have protocols to deal with this, including practical measures that promote the safety of staff who have direct contact with families. In addition, staff should have the opportunity for “critical stress debriefing” after any incidents.

463. Families or carers who are directly hostile are very challenging to practitioners, however withdrawing a service to a child without other protective measures in place would not be justifiable. Local child protection guidance should state that key safeguards and services should be maintained for children who are at risk of harm.

Children and Young People Experiencing Mental Health Problems

464. There are two separate but not unconnected issues which should be considered within the context of identifying, assessing and managing the risks faced by children affected by mental health problems:

• children and young people who themselves are experiencing mental health problems; and

• children and young people whose lives are affected by parental mental illness or mental health problems.

This section deals with the first of these issues, while the following section covers children affected by parental mental illness.

465. There are strong links and similarities to issues for children with disabilities, children affected by substance misuse, families who do not access services and children affected by domestic abuse. Stigma is a particular issue causing many people not to admit to experiencing mental health problems or seeking help for themselves or their children.

466. The emotional well-being of children and young people is just as important as their physical health. Most children grow up mentally healthy, but certain risk factors make some more likely to experience problems than others. Evidence also suggests that more children and young people have problems with their mental health today than 30 years ago. The things that happen to children will not usually lead to problems with their mental health on their own, but traumatic events can
trigger problems for children and young people whose mental health is not already robust.

467. Changes can act as triggers, such as moving home or school. Teenagers often experience emotional turmoil as their minds and bodies change and develop. An important part of growing up is working out and accepting who you are: some young people find it hard to cope and may experiment with alcohol, drugs or other substances that can alter how they feel. Self-harm and suicide has increased amongst young people over the last 15 years.

468. For some young people, this will not be a transitory issue and mental health problems will severely limit their capacity to participate actively in everyday life and will continue into adulthood. Some will develop severe difficulties and behaviour that challenges families and services, including personality disorders and sexually-predatory behaviour. A small number of children with mental health problems may pose risks to themselves and others. For some, their vulnerability, suggestibility and risk levels may be heightened as a result of their mental illness. For others, their need to control, coupled with lack of insight or regard for others, feelings and needs, may lead to them preying on the vulnerabilities of other children. It is imperative that services work in close partnership to address the difficulties and mitigate the risks for these children and for others.

Risk Factors

469. There are certain risk factors that make some children and young people more likely to experience problems than other children, but they do not necessarily mean difficulties are bound to come up or are even probable. Some of these factors include:

- having a long-term physical illness;
- having a parent or carer who has had mental health problems, problems with alcohol or been in trouble with the law;
- experiencing the death of someone close to them;
- having parents who separate or divorce;
- having been severely bullied or physically or sexually abused;
- living in poverty or being homeless;
- experiencing discrimination, perhaps because of their race, sexuality or religion;
- acting as a carer for a relative, taking on adult responsibilities;
- having long-standing educational difficulties; and
- insecure attachments with primary carer.

Service Responses and Practice Issues

470. There is a range of mental health problems that children and young people can experience, from depression and anxiety through to psychosis, and while most recover from these, many are left with unresolved difficulties or undiagnosed
illnesses that can follow them into adult life. In addition, child protection is a crucial component of the service response to children and young people experiencing mental health problems. A greater awareness of the issues is required.

471. For children and young people experiencing such difficulties, it is extremely important that they are able to access the right support and services and that their issues are taken seriously. The same is true for parents and carers who may be bewildered or frightened by their child’s behaviour or concerned that they are the cause of such behaviour.

472. A focus on children’s welfare is paramount. The need to work collaboratively across services to ensure effective responses that take account of the child’s or young person’s family and wider social circumstances is fundamentally important. This is particularly important where child protection concerns have been identified. Effective risk assessment is required as part of this response. Child and adolescent mental health services can provide an important resource in helping children and young people overcome the emotional and psychological effects of abuse and neglect. In some parts of the country, there are long waiting lists for children and young people to see mental health specialists or have a talking therapy on the NHS. It is important that children and young people’s mental health is not seen as only the preserve of psychiatric services, as the causes of mental ill-health are bound up with a range of environmental, social, educational and biological factors. Long waiting times for access to these services should not be a reason for inactivity on the part of other agencies.

Further Information

473. Further helpful information can be found in the following publications or on the links noted below.

• **The National Patient Safety Agency Rapid response report** on preventing harm to children from parents with mental needs has made a number of recommendations for practice and NHS Boards in Scotland have been asked to consider and review their local arrangements in light of these recommendations.

• **The SCIE Report, Think child, think parent, think family** (published July 2009) identifies the need for a multi-agency approach with senior level commitment to this strategy and includes recommendations for practice in relation to assessment, care planning /provision and reviewing this at a practitioner, organisational and strategic level. This guidance relates to circumstances in England and Wales and will require some amendments to take account of the situation in Scotland. However, it establishes a useful and positive perspective.

• **See Me** – Scotland’s national campaign to end the stigma and discrimination of mental ill-health.

• **Scottish Good practice Guidelines for Supporting Parents with Learning Disabilities** is aimed at providing practical guidance to agencies that support people with learning disabilities who become parents.
Parental Mental Illness

474. It is not inevitable that living with a parent or carer who experiences mental ill health will have a detrimental impact on a child’s development and many adults who experience mental health problems are good parents. However, there is evidence to suggest that many families in this situation are more vulnerable.

475. A number of features can contribute to the risk experienced by a child or young person living with a parent or carer who has mental health problems including that:

• they may be involved in parent’s/carer’s delusional system or obsessional compulsive behaviour;
• the child may have become the focus for parental aggression or rejection;
• the child may witness disturbing behaviour arising from the mental illness (often with little or no explanation);
• the child may have caring responsibilities which are inappropriate for his/her age; and
• the parent/carer is unable to anticipate the needs of the child or put the needs of the child before their own.

476. There are also factors which may impact on parenting capacity including:

• maladaptive coping strategies or misuse of alcohol and/or drugs;
• lack of insight into the impact of the illness (on both the parent/carer and child); and
• poor engagement with services or non-compliance with treatment.

477. This list is not exhaustive and a number of other factors can also impact on these situations, for example, issues impacting on the attachment relationship or domestic abuse.

478. Parental mental illness requires effective partnership working and, at times, it must be acknowledged that the needs of the child and their parents may conflict. The importance of a holistic perspective on family assessment is fundamental to providing appropriate services to both parents/carers and children in families dealing with mental health problems. However, it must be recognised that this work cannot be limited to specialist services and universal services must also be aware of the potential impact of adult mental illness on children and young people and parenting capacity. Practitioners must develop a sound knowledge about, and relationship with, other services which will facilitate joint working and shared case management.

479. The stigma associated with mental health problems means that many families are reluctant to access services because of a fear about what will happen next. Whilst this fear may also be present in other families, many parents/carers with mental health problems are worried that they will be judged because of their
problems and this alone will be considered in terms of the care of their children. Therefore, for many of them, identifying a need for services or support is viewed as a high risk strategy.

**Problem Sexual Behaviour in Children and Young People**

481. Boundaries between what is abusive, what is inappropriate and what is part of normal childhood or adolescent experimentation can cause confusion. Practitioners' ability to determine if a child's sexual behaviour is developmentally normal, inappropriate or abusive will be based on healthy and problematic behaviour and issues of informed consent, power imbalance and exploitation.

482. Where abuse of a child is alleged to have been carried out by another child or young person, such behaviour should always be treated seriously and be subject of a referral to relevant agencies, both in respect of the victim and the perpetrator. In all cases where a child or young person presents problem sexual behaviour, immediate consideration should be given to whether action requires to be taken under child protection procedures, either to protect the victim or because there is concern about what has caused the child/young person to behave this way.

483. Identifying children and young people with problem sexual behaviour raises a number of dilemmas and issues for the practitioners working with them. They will normally require input from youth justice workers as well as health and education services, but they may also involve other practitioners such as criminal justice workers, including MAPPA on some occasions. The interface with child protection processes, and occasionally with adult protection, also needs to be considered.

484. All Child Protection Committees should have clear guidance in place to support staff working in such situations and should ensure that appropriate training is provided, including youth justice workers who will often be the practitioners undertaking the risk assessment and ongoing risk management tasks with the child or young person and their family. A risk assessment should be carried out to determine whether the child or young person should remain within the family home if this is an appropriate option, or to inform the decision about what might be an appropriate alternative placement. In the event that an alternative placement requires to be identified, residential staff or foster carers need to be fully informed about the problem sexual behaviour and a risk management plan must be drawn up to support the placement. In most instances, it will be appropriate that a referral is made to the Children's Reporter so that the need for compulsory measures of supervision can be considered where these are not already in place.

485. The two key tasks involved in effectively addressing problem sexual behaviour are risk management and risk reduction. While both are linked and one informs the other, it is helpful to make some distinctions.

486. **Risk management** is the action take to reduce opportunities for the problem sexual behaviour to happen again. A good risk management process should identify those children and young people who are most likely to commit further sexually abusive behaviour and require high levels of supervision. It should provide a robust
mechanism through which concerns about a young person’s problematic behaviour can be shared with relevant agencies in order that appropriate measures in risk management can be taken.

487. To manage risk effectively it is essential that:
- multi-agency risk management framework and protocols are in place and being used effectively;
- staff are trained to understand this area of work;
- there is clarity about the roles and tasks of all the systems involved in risk management;
- internal and external static and dynamic factors that impact on risk are identified;
- safety plans are drawn up in the relevant environments, for example, home, schools, communities and residential units; and
- a comprehensive assessment framework informs ongoing risk management.

488. Risk reduction is a planned programme of work that helps them develop appropriate skills and insights to reduce their need to engage in problem sexual behaviour. This is only addressed by:
- having an understanding of area for intervention/goals common to all children with problem sexual behaviour;
- providing within an assessment process a means to identify the most relevant areas for intervention with each child;
- prioritising interventions which prioritise the child’s psychological well-being;
- promoting and describing interventions to facilitate the child’s goal attainment; and
- providing support to help the young person achieve these goals.

489. In taking forward risk management and risk reduction, the diversity of potential behaviour should be considered. There is a wide range of sexual behaviour that children and young people can display, relating to the nature of behaviour, degree of force, motivation, level of intent, level of sexual arousal, age and gender of victims, as well as broader developmental issues relating to the age of the young person, their family and background experiences, intellectual capacities and stage of development. Young people with learning difficulties are a particularly vulnerable and often neglected group who may need specific types of interventions.

490. Approaching problem sexual behaviour and their inherent risks can invoke a real anxiety in practitioners across disciplines. Having an agreed risk management framework based on research and best practice supported by training for key practitioners makes the risk more tangible and thus enables practitioners to employ strategies for effective risk management and risk reduction. This would include shared definitions and language, joint ownership of the management of risk and a collaborative approach.
Female Genital Mutilation

491. Female genital mutilation (FGM) is a culture-specific practice in some communities that should trigger child protection concerns. The legal definition of FGM is “to excise infibulate or otherwise mutilate the whole or any part of the labia majora, labia minora, prepuce of the clitoris, clitoris or vagina”. It includes all procedures which involve the total or partial removal of the external female genital organs for non-medical reasons. There are four types of FGM ranging from a symbolic jab to the vagina to the partial or total removal of the external female genitalia. The Prohibition of Female Genital Mutilation (Scotland) Act 2005 makes it illegal to perform or arrange to have FGM carried out in Scotland or abroad and a sentence of 14 years imprisonment can be imposed.

492. This procedure usually takes place on children between four and ten years. It is a deeply rooted cultural practice in certain African, Asian and Middle Eastern communities. Justifications for FGM may include:

• tradition;
• family honour;
• religion;
• increased male sexual pleasure;
• hygiene; and
• fear of exclusion from communities.

493. There is a range of health problems associated with having this procedure performed, and can be immediate, long-term or both, depending on the type of procedure performed. The short-term effects can include haemorrhage and pain, shock and infection. Longer-term effects include difficulties associated with bladder, menstrual, child birth and sexual difficulties. The emotional effects of FGM may include flashbacks, sleep difficulties, emotional anger, difficulties in adolescence, panic attacks and anxiety. In Western cultures, the young person may also be disturbed by Western opinions of the practice which they perceive as part of being female.

494. FGM is usually done for strong cultural reasons and the significance of these needs reflection. Action should be taken in close collaboration with other agencies and should be proportionate and sensitive to the cultural norms and pressures on parents/carers and children. Where possible, workers with knowledge of the culture involved may be able to assist but the welfare of the child must always be paramount. Nevertheless, FGM should always be seen as a cause of significant harm and normal child protection procedures should be invoked. Some distinctive factors need consideration in this context, for example:

• FGM is usually a single event of physical abuse (with very severe physical and mental consequences) and these need to be taken in to consideration within the risk assessment;

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16 Prohibition of Female Genital Mutilation (Scotland) Act 2005.
• there is a risk that a child or young person is likely to be sent abroad to have the procedure performed;
• where a child or young person within a family has already been subjected to FGM, consideration must be given to other female siblings or close relatives who may also be at risk;
• an inter-agency practitioner meeting should be arranged if the above conditions are met, where appropriate specialist health expertise should be sought;
• where other child protection concerns are present they should be part of the risk assessment process and may include factors such as trafficking or forced marriage (detailed elsewhere in this guidance);
• legal advice should be obtained where appropriate; and
• appropriate interpreters should be used with enough time allowed.

495. Local guidelines should be in place to ensure a co-ordinated response from all agencies and highlight the issue for all staff that may have contact with children who are at risk from FGM. As with other forms of child protection as far as possible work should be done in partnership with parents/carers, but this may not always be possible.

Further Information

496. The attached links provide further information on FGM:
• Prohibition of Female Genital Mutilation (Scotland) Act 2005.
• FOWARD FGM key Issues
• List of UK Hospitals and Clinics offering Specialist FGM Services.
• UNICEF website for FGM.

Honour-based Violence and Forced Marriage

497. Honour-based violence (HBV) is a crime or incident, which has been committed to protect or defend the perceived honour of the family and/or community. Such violence can occur when perpetrators perceive that a relative/community member, who may be a child, has shamed the family and/or the community by breaking their honour code. The punishment for transgressing the code of behaviour may include assault, abduction, confinement, threats and murder.\(^{17}\) Incidents that may seem like a trivial transgression to others may be sufficient motivation for a child to be punished, including:
• inappropriate make-up or dress;
• the existence of a boyfriend/girlfriend;
• inter-faith relationships;

\(^{17}\) “The honour is ours”, ACPO HBV Strategy, 2008.
498. HBV is a spectrum of violence with threats and abuse at one end and honour killing at the most extreme.

499. A forced marriage is defined as a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual and emotional pressure.\textsuperscript{18} A clear distinction must be made between a forced marriage and an arranged marriage. An arranged marriage is one in which the families of both spouses are primarily responsible for choosing a marriage partner for their child or relative, but the final decision as to whether or not to accept the arrangement lies with the potential spouses. Both spouses give their full and free consent. The tradition of arranged marriage has operated successfully within many communities for generations.

500. In Scotland, a couple cannot be legally married unless both parties are at least 16 on the day of the marriage, and both must be capable of understanding the nature of a marriage ceremony and of consenting to the marriage. Parental consent is not required.

501. The consequences of forced marriage can be devastating to the whole family, but especially to the young people affected, with them often becoming estranged from their families and wider communities; losing out on educational opportunities as they are taken prematurely from school; suffering domestic abuse; and/or having a high rate of self-harm and suicide rates. Potential indicators of HBV and forced marriage can include combinations of a number of signs and the list below is not exhaustive:

**Education**
- Absence and persistent absence from education
- Request for extended leave of absence and failure to return from visits to country of origin
- Decline in behaviour, engagement, performance or punctuality
- Being withdrawn from school by those with parental responsibility
- Being prevented from attending extra-curricular activities
- Prevented from going onto further/higher education

**Health**
- Self-harm
- Attempted suicide
- Depression

• Eating disorders
• Accompanied to doctors or clinics and prevented from speaking to health practitioner in confidence
• Female genital mutilation

Police
• Reports of domestic abuse, harassment or breaches of the peace at the family home
• Threats to kill and attempts to kill or harm
• Truancy or persistent absence from school

502. It is important that assumptions and stereotyping are resisted and all efforts should be made to establish the full facts of cases at the earliest opportunity. Cases of HBV/forced marriage can involve complex and sensitive issues. For example, mediation and involving the family can place a child or young person in danger and should not be undertaken as a response to forced marriage or HBV. This includes visiting the family to ask them whether they are intending to force their child to marry or writing a letter to the family requesting a meeting about their child’s allegation that they are being forced to marry or claims of HBV.

503. Concerns may be expressed by a child or young person themselves about going overseas. Often they have been told that the purpose is to visit relatives, attend a wedding or because of the illness of a grandparent or close relative. On arrival, their documents, passports, money and mobile phones are often taken away from them. These concerns should be taken seriously though it is important that practitioners should be careful of making assumptions. These cases may initially be reported to the joint Home Office/Foreign and Commonwealth Office Forced Marriage Unit.

504. As with all cases of forced marriage, confidentiality and discretion are vitally important. It is not advisable to immediately contact an overseas organisation to make enquiries. If, through this action, the family becomes aware that enquiries are being made, they may move the child or young person to another location or expedite the forced marriage.

505. Once a child or young person has left the country, the legal options open to social work services, other agencies or another person to recover the child or young person and bring them back to the UK are limited. Sometimes the Forced Marriage Unit may ask a social work services department for assistance when a child is being repatriated to the UK from overseas. In these cases, the child or young person may be extremely traumatised and frightened, sometimes because they have been held against their will for many months and suffered emotional and physical and sexual abuse. Victims are particularly vulnerable to further action from their families and/or communities when they return to the UK.

506. Returns to the UK can take place at short notice, as due to the urgency of the situation, the Foreign and Commonwealth Office may not be able to give social work services a great deal of notice of the child’s or young person’s repatriation. The
Foreign and Commonwealth Office is obliged to explore all options for funding the cost of repatriation. For victims who are children or young people, this means asking the young person themselves, a trusted friend or children’s social work service or a school or college if they are able to meet the costs of repatriation. However, this should never delay the process of getting the child or young person to safety. Local areas should consider what multi-agency arrangements can be put in place to ensure safe accommodation of a repatriated child or young person while legal remedies and action are considered.

507. When a child or young person has already been forced to marry, there may be occasions when a child or young person approaches children’s social care or the police because they are concerned that they may need to act as a sponsor for their spouse’s immigration to the UK. In these situations, the practitioner should reassure the child or young person that they will not be required to act as a sponsor until they are 21. Confronting the family may be extremely risky for the child or young person. They may not get the support they hope for and further pressure may be put on them to support the visa application. These risks must be discussed with the child or young person if only to exclude this option.

508. Cases of forced marriage may initially be reported to social work services as cases of domestic abuse. Spouses forced into marriage may suffer domestic abuse but feel unable to leave due to a lack of family support, economic pressures and other social circumstances – some may fear losing their own children. In all cases, the social worker needs to discuss the range of options available to the child or young person and the possible consequences of their chosen course of action. A spouse who is the victim of a forced marriage can initiate nullity or divorce proceedings to end the marriage. The child or young person should be informed that a religious divorce would not end the marriage under UK law.

Further Information

509. Further helpful information can be found in the following publications or on the links noted below:


• **Forced marriage: A wrong not a right.**

• **Forced Marriage (Civil Protection) Act 2007.**

• **Forced marriage: A civil remedy.**


• **Handling cases of forced marriage**: follow link on victims of forced marriages.
Fabricated or Induced Illness

510. Fabricated or induced illness in children is not a common form of child abuse, but nonetheless it is important for practitioners to understand the indicator. The age range of children in whom illness is fabricated or induced extends throughout childhood, although it is most commonly identified in younger children. Where concerns do exist about the fabrication or induction of illness in a child, practitioners must work together, considering all the available evidence, in order to reach an understanding of the reasons for the child’s signs and symptoms of illnesses. A careful medical evaluation is always required to consider a range of possible diagnoses and a range of practitioners and disciplines will be required to assess and evaluate the child’s needs and family history.

511. There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms – this may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts, records and specimens of bodily fluids – this may also include falsification of letters and documents; and
- induction of illness by a variety of means.

512. For those children who are suffering, or at risk of suffering significant harm, joint working is essential, to protect the child and – where necessary – take action, within the criminal justice system, and within the child protection system regarding the perpetrators of crimes against children. All agencies and practitioners should:

- be alert to potential indicators of illness being fabricated or induced in a child;
- be alert to the risk of harm which individual abusers, or potential abusers, may pose to children in whom illness is being fabricated or induced;
- share, and help to analyse information so that an informed assessment can be made of the child’s needs and circumstances;
- contribute to whatever actions (including the cessation of unnecessary medical tests and treatments) and services are required to safeguard and promote the child’s welfare;
- regularly review the outcomes for the child against specific planned outcomes;
- work co-operatively with parents/carers unless to do so would place the child at increased risk of harm; and
- assist in providing relevant evidence in any criminal or civil proceedings, should this course of action be deemed necessary.

513. The majority of cases of fabricated or induced illness in children are confirmed in a hospital setting because either medical findings or their absence provide evidence of this type of abuse though the GP may also be source for identifying concerns. The initial role for the paediatrician is to find out whether a child’s illness and individual symptoms and signs have an unequivocal explanation as a natural illness. If this is not clear the possibility of fabrication or illness induction and the
effect of this on the child has to be considered. Psychiatrists and psychologists may be needed to look at the effects on the child and establish whether there are underlying disorders in the carer. Police must investigate a possible crime. Social workers will co-ordinate the assessment of concerns about the child’s welfare or the risk of harm and provide support to parents/carers during the assessment. Co-ordinated planning and assessment is essential in the investigation of fabricated or induced illness and some issues, such as the use of covert video surveillance, will require agreed consideration and implementation.

514. Fabrication of illness may not necessarily result in the child experiencing physical harm. Where children have not suffered physical harm, there may still be concern about them suffering emotional harm and a thorough assessment of the child’s needs will be required to consider the needs of the child and family.

Further Information

515. Further helpful information on fabricated or induced illness and how agencies can contribute to the investigation and assessment of it, can be found in:

- **Safeguarding Children in whom Illness is Fabricated or Induced – Supplementary Guidance to Working Together to Safeguard Children**, Department for Children, Schools and Families, 2008.
- **Fabricated or Induced Illness by Carers: A Practical Guide for Paediatricians**, Royal College of Paediatrics and Child Health, 2009.

Both documents, while providing useful guidance on how agencies should respond when concerns are raised about fabricated or induced illness, are written for practitioners in England and Wales and would need to be considered within a context of Scottish legislation and processes.

Sudden Unexpected Death in Infancy and Children

516. Only a small number of children die during infancy in Scotland and while the majority of such deaths are as a result of natural causes, physical defects or accidents, a small proportion are avoidable, having been caused by the commission or omission of an act i.e. through neglect, violence, malicious administration of substances or by the careless use of drugs.

517. One of the implications of Section 2 of the Human Rights Act 1998 is that public authorities have a responsibility to investigate the cause of a suspicious or unlawful death. This will help to support the grieving parents and relatives of the child and it will also enable medical services to understand the cause of death and, if necessary, formulate interventions to prevent future deaths.

518. In Scotland, the Procurator Fiscal has a duty to investigate all sudden, suspicious, accidental, unexpected and unexplained deaths and any deaths occurring in circumstances causing serious public concern. As such, the police act as the agents of the Procurator Fiscal and have a duty to secure any information or evidence that establishes the true cause of death. The police, therefore, have a key role in the investigation of infant and child deaths, and their prime responsibility is to
the child, as well as to siblings and any future children who may be born into the family concerned.

519. There are occasions where the cause of death cannot be established. In such cases pathologists may classify the death as Unascertained, pending investigations; Sudden Unexplained Death in Infancy (SUDI) or may record the cause of death as Sudden Infant Death Syndrome (by definition a death due to natural causes which have not been determined).

520. The six guiding principles that underpin the work of practitioners dealing with any infant or child death investigations are:

- sensitivity;
- open mind/balanced approach;
- appropriate response to the circumstances;
- an inter-agency response;
- sharing of information; and
- preservation of evidence.

521. When a death of a child is reported to the police a Senior Investigating Officer (SIO) should always be appointed to oversee the investigation, whether or not there are any obvious suspicious circumstances.

522. It is important that the police and hospital/medical staff establish a collaborative approach to any such investigation. While it is appreciated that police and health practitioners have specific duties to perform, they should be sensitive to the nature of the inquiry and respect each other’s role. Information-sharing between police and health staff is expected to ensure that a comprehensive picture of what is jointly known is established in early course and updated throughout any investigation.

523. Police forces should consider using suitably trained officers from force Public Protection Units or equivalent for more specialist tasks during such an investigation, such as:

- interviewing child witnesses;
- obtaining other background information from specialist police databases and other agency records; and
- liaison with the relevant local authority social work services to ensure their records are checked, including the Child Protection Register (and previous registrations if possible), and involve them in a strategy discussion, if appropriate.

524. On occasions when the infant/family was not resident in or had recently moved to the area in which the death occurred, the SIO will ensure that enquiry is made with other police forces and partner agencies in the area the child resided or is known to have recently resided.
525. It is recognised that the investigation into a death of an infant/child is particularly challenging. Notwithstanding, it is essential that a full and thorough investigation takes place and it is undertaken in a tactful, sensitive and sympathetic manner. The investigation requires a joint approach with collaboration between practitioners to ensure that the fullest information is gathered and considered.
HARM OUTSIDE THE HOME OR IN SPECIFIC CIRCUMSTANCES

Ritual Abuse by Organised Networks or Multiple Abusers

526. Some children may be subject to child protection concerns that extend outside of their immediate care environment as a result of ritual abuse. Ritual abuse can be defined as organised sexual, physical, psychological abuse, which can be systematic and sustained over a long period of time. It involves the use of rituals, with or without a belief system and often more than one person as abusers. Ritual abuse usually starts in early childhood and involves using patterns of learning and development to sustain the abuse and silence the abused. The abusers concerned may be acting in concert to abuse children or using an institutional framework or position of authority to abuse children. It occurs both as part of a network of abuse across a family or community and within institutions such as residential homes and schools. Such abuse is profoundly traumatic for the children who become involved.

527. Ritual abuse can also include abuse where some organised groups may use unusual or ritualised behaviour, sometimes associated with particular belief systems or linked to a belief in spiritual possession. It can be defined as organised sexual, physical or psychological abuse, which can be systematic and sustained over a long period of time, which can distort reality and is traumatic for the child.

528. Several high profile cases – Cleveland (1987) and Orkney (1991) – and investigations within residential schools and care homes have highlighted the complexities of investigating alleged organised abuse and supporting children. Investigating and welfare agencies need to be aware of the complexity of the issue. Complex cases in which a number of children are abused by the same perpetrator or multiple perpetrators may involve the following.

- **Networks based on family or community links.** Abuse can involve groups of adults within a family or a group of families, friends, neighbours and/or other social networks who act together to abuse children either in an „on- or offline‟ basis.

- **Abduction.** If children are abducted, this may involve internal or external child trafficking and this can be for a variety of purposes. Children are not able to make informed consent to abduction or trafficking (see the section on child trafficking in this chapter for more information). Children recruited or abducted in this way may have no other life experience and appear to be willing agents or unable to leave the situation. This may be the result of extreme trauma as a child who has been violently manipulated may not know who to trust and be unable to make an unbiased assessment of their circumstances.

- **Institutional setting.** Abuse can involve children in an institutional setting (for example, youth organisations, educational establishments and residential homes) or looked-after children living away from home by one or more perpetrators, including other young people.

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19 Definition from Ritual Abuse Network Scotland.
Online safety. The internet and other emerging technologies are integral to children’s lives, but may pose a threat in relation to children being enticed or entrapped, particularly for sexual abuse and exploitation (see the section on online child safety in the chapter on Indicators of Risk for more information).

Prostitution. In some cases, children may be recruited or abducted for the purpose of their commercial sexual exploitation.

Ritualised abuse. Abuse can occur in some evangelical churches and cults through the use of ritual belief and practices such as voodoo. However, this type of abuse can occur in all communities and involves using sophisticated patterns of learning and development to sustain the abuse and silence the abused.

529. In all of these contexts, where a single complaint about possible abuse is made by, or on behalf of, a child, investigating and support agencies should consider the possibility that the investigation may reveal complaints and allegations about other children currently, or formerly, living within the same household, community or wider world. Allegations of organised abuse are also often made historically.

530. Disclosures of abuse may come from adults survivors of childhood sexual abuse. In these cases, it is important that links are made with the national strategy for adult survivors of childhood sexual abuse. Children surviving organised abuse may fear disclosing due to:

- fear of pornography, photographs and digital images being released;
- threats of harm to other children;
- belief that they are complicit in the abuse;
- belief in the rituals used to silence them;
- fear and distrust of police and social workers;
- fear of their potential involvement in criminal activity; and
- belief that their abusers are all-powerful and will punish them for disclosure.

531. In a number of cases, third sector organisations will be working with, or have knowledge of, relevant children and families. It is essential that these organisations have protocols in place, agreed with their local Child Protection Committees, to ensure a consistency of approach in their dealings with these children and families.

Planning the Process of Investigation

532. Some child protection cases are particularly complex because they can reveal or become entwined in other cases of alleged abuse. If child protection concerns and/or initial enquiries raise suspicions or establish links between individuals, these should be drawn to the attention of the Chief Social Work Officer of the local authority area in which the cases are located as well as their own area Chief Social Work Officer, if the concerns involve a child or children outwith the area. Senior managers from social work and the police must ensure that arrangements for the joint investigation of linked cases are in place, which ensure that children and adults who have referred abuse are adequately protected.
533. The police and social work services should agree arrangements for convening a planning meeting, setting up systems for sharing and updating information about the investigations progress and co-ordinating support. This should always include the referring and support agencies and co-ordinating support services for children and families involved. Such cases require early involvement of the Procurator Fiscal and the Children’s Reporter. Police and social work services should agree a strategy for communication and liaison with the media and public. If a large number of families, parents and carers are involved, the local authority should make special arrangements to keep them informed of events and plans to avoid the spread of unnecessary rumour and alarm.

534. Parents are usually entitled to the fullest possible information but in these circumstances, the decision is particularly complex if it is uncertain which families are involved. The local authority may need to restrict information provided to families and the public to avoid prejudicing criminal enquiries and this should be considered in the planning process. If agencies remove a child from their parents’ care, the parents should normally be informed of the child’s whereabouts. If the local authority suspects that parents or carers may be directly involved in abuse of a child or children, the social work service, in consultation with the police, should decide when and how information to parents or carers, and parental involvement, should be limited in order to safeguard the child, and record their reasons for doing so.

535. When planning enquiries, agencies should adopt a measured approach to investigation which takes care not to prejudice efforts to collect evidence for criminal prosecution of an abuser or group of abusers, but which has the welfare of any child or children at risk as the paramount consideration. They should identify as far as possible which children may have been vulnerable to abuse. The plan must reflect the different roles of agencies and set out arrangements for:
• sharing full information at regular, well-structured briefings;
• recording of all activity between the agencies; and
• periodic joint review of progress and future plans.

536. The investigation of complex child abuse may require specialised skills. Investigating team members need expertise in conducting investigations, child protection processes and children’s welfare, and they should be committed to working closely together. It may be necessary to involve agencies which are trusted by the child or other witnesses and obtain specialist advice and support from agencies with particular knowledge of the issues.

537. When cases involve several children and adults in different households, it will be in the interests of the criminal investigation to prevent suspects from communicating with one another and destroying evidence. This may require enquiries, interviews or other assessment to be co-ordinated. Action may need to be taken at a time of day when a family is more likely to be at home, such as early morning or evening, but agencies should avoid unnecessary domestic distress and disruption.
538. It is good practice for local authorities and other agencies to establish links with neighbouring authorities and agencies to ensure access to necessary resources when dealing with complex multiple or organised abuse cases, for example, skilled staff and specialist resources, such as video studios. Any arrangement should identify the roles and responsibilities of different authorities and agencies. It should be borne in mind that for a child used for pornography and constantly filmed or accustomed to their image being manipulated, recording of interviews may be particularly frightening. Local inter-agency child protection procedures should include contingency plans to deal with such cases.

Supporting Children and Witnesses

539. Careful consideration needs to be given to the needs of the children or adults witnesses and victims in complex cases. Immediate, therapeutic, practical and emotional support may be required to allow trust to develop. A thorough assessment should be made of victims’ needs, and services provided to meet those needs. It is good practice to provide a confidential and independent counselling service for victims and families. Guidelines should be agreed with counselling and welfare services on disclosure of information to avoid the contamination of evidence. Agencies who know the child or adult, including third sector organisations, may be involved in the planning stages of the investigation to ensure the investigation is managed in a child-centred way taking care not to prejudice efforts to collect evidence for criminal prosecution of an abuser or group of abusers.

540. Investigating organised abuse or supporting children can be stressful and require a long-term commitment of staff and resources. Inter-agency procedures should reflect local arrangements to provide support, de-briefing or counselling. (Further information on supporting child witnesses can be found in the section on criminal prosecutions in the chapter on Responding to Concerns about Children.)

Further Information

- The Acknowledgement and Accountability Forum for Adult Survivors of Childhood Abuse, encompasses survivors of organised abuse, speaking about their experiences.
- The Ritual Abuse Network Scotland is a useful resource for anyone wishing to learn more about ritual abuse.
Child Trafficking

541. Child trafficking typically exposes children to continuous and severe risks of significant harm. It involves the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation. This definition holds whether or not coercion or deception was utilised as children are not considered able to make informed consent to such activity. This definition also applies to activity within a country as well as between countries. This should be noted as a child or young person coming to the attention of services may have been trafficked from another part of the UK.

542. Throughout the world children are trafficked for numerous purposes within and between countries and continents. While exploitation varies, children trafficked for one type of exploitation are often sold into another making simple categorisation problematic. Children are often exploited in relation to:

- child labour, for example, on cannabis farms;
- debt bondage;
- domestic servitude;
- begging;
- benefit fraud;
- drug trafficking/decoys;
- illegal adoptions;
- forced/illegal marriage (see the section on honour-based violence and forced marriage in the chapter on Indicators of Risk for more information);
- sexual abuse; and
- sexual exploitation.

543. Worldwide there are also documented cases of exploitation in relation to organ donations and use in sport and military conscription.

544. Tackling child trafficking requires a multi-agency response at all levels. All agencies and practitioners must have an awareness of the issues pertaining to child trafficking and knowledge of potential indicators of concern. National guidance exists – see below for more information – but local areas should have protocols around child trafficking and ensure staff are aware of these protocols so they have a clear understanding of the processes and procedures to follow when they identify a child may have been, or is at risk of being, trafficked.

545. There are two distinctive issues related to child trafficking that makes handling more complex than many other child protection cases: identification; and wider legal concerns.
Identification

546. Child trafficking can be difficult to identify. By its very nature, the activity is criminal and hidden from view, so practitioners need to be sensitive to the indicators of trafficking when investigating concerns particular children. There are no validated risk assessment tools that can predict the risk of trafficking or definitively identify those who have been trafficked. However, an indicator matrix has been developed which sets out a list of factors often associated with children who have been the victim of trafficking or is at future risk. While the presence of any factor does not provide definitive evidence, the indicators should raise specific suspicions about the possibility of trafficking, particularly when appearing in combination. The indicators may apply to both UK nationals and/or migrant children and to both boys and girls. Practitioners should keep these in mind when working with children and making an initial assessment without directly asking children at the initial stage of enquiry. The indicators do not replace child protection investigations and the presence, or otherwise, of trafficking suspicions should not preclude the standard child protection procedure being implemented.

547. It is essential to take timely and decisive action where child trafficking is suspected because of the high risk of the child being moved. Action should not wait until a child discloses, agrees or perceives they have been trafficked to initiate procedures. Children, apart from being threatened to remain silent, often are not aware they are victims of trafficking.

Other Legal Concerns

548. Trafficking raises important legal issues that require the involvement of agencies with UK competence. As a signatory to The Council of Europe Convention on Action Against Trafficking in Human Beings, the UK has a responsibility to implement a specific mechanism for identifying and recording cases of child trafficking. This formal procedure, known as the National Referral Mechanism, became operational on 1 April 2009. From this date, new arrangements came into force to allow all cases of human trafficking to be referred by frontline agencies for assessment by designated Competent Authorities. In the UK the competent authorities are the UK Human Trafficking Centre (UKHTC) and a linked authority within UK Border Agency for cases of immigration and asylum.

549. Whenever an agency or practitioner have concerns that a child they are in contact with is, or may have been, trafficked they should initially consult the indicator matrix and contact social services. Where a child/young person is suspected of having been trafficked, the child’s safety remains the principal consideration and all necessary actions and inter-agency child protection procedures should be followed to ensure they are protected.

550. In cases where a child may have been trafficked, their carer may be involved in the trafficking or exploitation. Seeking their consent could put the child at further risk or lead to their being moved elsewhere. Unless there is clear evidence that seeking consent would in no way harm the child, referring agencies should not seek the carer’s consent.
Further Information

551. The key source of information is the national guidance on child trafficking, issued in 2009 by the Scottish Government, *Safeguarding Children in Scotland Who May Have Been Trafficked*, which provides full details around definitions, indicators, child protection processes and roles and responsibilities of agencies. For further information, the following resources may be helpful:

- [Child Trafficking Referral Form](#).
- [Referral Form Guidance](#).
- [Child Trafficking Assessment](#).
- The [NSPCC National Child Trafficking Advice and Information Line](#) (CTAIL) is a service for anyone with concerns about human trafficking. The service:
  - offers advice and information;
  - gives safeguarding guidance about children/young people who are suspected to have been, or who may have been, trafficked internally and across borders;
  - offers presentations and case consultancy to practitioners;
  - gathers information and data to gain a wider understanding of the causes of, and issues around, trafficking; and
  - works in collaboration nationally and internationally to prevent abuse from trafficking for children and young people.

Historical Allegations of Abuse

552. The term 'historical abuse' refers to allegations of neglect, emotional, physical and sexual abuse which took place before the victim was 16 (or 18, in particular circumstances) and which have been made after a significant time lapse. The complainant may be an adult but could be an older young person making allegations of abuse in early childhood. The allegations may relate to an individual’s experience in the family home, community or whilst a looked-after and accommodated child in a residential, kinship or foster care setting.

553. Individuals may disclose historical abuse in the context of receiving support in a therapeutic or counselling setting within the statutory or third sector. Others may report historical allegations directly to the police, social work services, health or education. It is possible that the person disclosing historical abuse may not be a direct service user but may be a parent/carer, partner or other family member of an individual accessing the above services.

554. If there is reasonable professional concern that a child may be at risk of harm this will always over-ride a professional or agency requirement to keep information confidential. All service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm. Service users
should always be made aware of the circumstances when confidentiality needs to be breached, preferably during the initial stages of contact with a service.

555. When an allegation of historical child abuse is received by social work services or the Police consideration must be given to the investigation of any current child protection concerns. This should include determining whether there are any children potentially still at risk from the alleged perpetrator(s). This may be in a professional capacity such as in a residential or foster care setting and/or within a personal family setting.

556. It is not uncommon for individuals to make allegations of historical child abuse to practitioners in a therapeutic setting but they do not feel able to report this to the police at that time or they may not remember the name of the alleged perpetrator or location. Consideration also requires to be given to whether the individual requires support as a vulnerable adult. In this situation it is important to balance their need for support in planning any intervention they require with the need to protect any child/children who may be currently exposed to any risk from the alleged perpetrator(s).

557. Many of the reasons people wait so long to disclose abuse are similar to the barriers facing children who are considering whether to disclose. Services supporting or taking part in the investigation of individuals alleging historical abuse should be mindful of potential barriers to disclosure. This may include the fear of not being believed or that the investigating agencies may side with the abuser(s), especially if the abuse has happened within a care setting.

558. Like all investigations into alleged abuse, a measured and planned approach should be taken by all involved agencies that balances an assessment of any current child protection risks with support for the individual in order for the investigation to be as successful as possible. Multi-agency communication and collaboration is vital and services should be proactive in ensuring they have a clear understanding of one another’s roles and remits.

559. Individuals alleging historical abuse should be offered on-going emotional support. Local guidelines should identify local services and the referral routes for services that specialise in areas of childhood abuse and trauma. This would enable individuals to be successfully signposted for support both during and after the investigation, where required.

560. Practitioners need to be aware that it is not uncommon for a person to experience an increase in post-traumatic stress disorder symptoms as they are questioned about their abusive experiences. Acknowledgement and understanding is required from services that this can be an expected part of the process, and rarely something the individual has control over. Services should be mindful of how this may impact on an individual’s ability to convey successfully the information that the investigation requires.

561. Key to the investigation of allegations of historical abuse is being able to access records, in relation to individuals, former staff in residential care settings as well as foster carers, as may be required. Locating and retrieving records can be a
challenge and the quality and level of recording variable in historical records. Local
(guidelines should have clear protocols in place in relation to record-keeping and
record management practice.

562. Where investigations into allegations of historical abuse suggest that the
alleged abuse was part of a wider organised network or involved multiple abusers,
agencies should follow this guidance (see the section on abuse by organised
networks or multiple abusers in this chapter).

Further Information

• The Historical Abuse Systematic Review on Residential Schools and Children
Homes in Scotland 1950-1995 provides an overview of children’s experiences
of organised abuse in care.

Children who are looked after away from Home

563. Child protection concerns are not limited to a child’s family circumstances, but
any care environment provided for children. Looked-after children present distinctive
challenges to practitioners supporting children. A looked-after child may be placed
with kinship carers, foster carers or in a residential setting-school, young people’s
unit or respite care service. The potential to abuse a position of trust may increase
when children and carers are living together and sharing a home. Whatever the
case, the main consideration in responding to any concern must be the safety of that
child. As with enquiries into children living in the community, a looked-after child
voicing a concern must be listened to and what they say taken seriously. Equally,
the carers must be treated with respect and their views also taken seriously.

564. Where the concern involves an allegation that a carer has abused the child,
then the carers will be subject to investigation on the same basis as other
individuals. While not deviating from the primary concern to ensure the safety of the
child, those exploring these type of concerns must address the range of additional
considerations because of the setting of the child’s care. Foster and kinship carers
of looked-after children provide care from their own homes, living their family life
subject to scrutiny from statutory agencies. This can create pressure and the issues
particular to foster and kinship care settings need to be understood by those
exploring concerns.

565. Looked-after children who have had to leave the care of their parents will
present complex emotions, challenging behaviour and sometimes irrational actions
as they struggle with being cared for by, what may often be strangers. Many will
have experienced disruption in their early years and been emotionally and physically
neglected or abused. Parents of looked-after children may experience guilt, sadness
and anger at the removal of their child to someone else’s care. These feelings and
tensions may be expressed in complaints about the care and treatment that their
child is receiving.

566. In all of the settings where looked-after children live, their earlier experiences
can lead them to interpreting care in diverse ways, including feeling that they have
been singled out for „criticism’ or „punishment’ unfairly. Some will have used allegations in the past to escape from difficult situations. Some will feel guilt at being cared for away from their family and may want to blame the carer(s) that they know their parents have in some ways failed to do safely.

567. When concerns about a looked-after child are raised, further disruption for the child, such as a sudden move into a new care environment, may damage their recovery from early disadvantage. The consequences of removing a child must be considered alongside the safety of the child. Placement stability should be maintained wherever safe and possible.

568. It is vital that all concerns are rigorously investigated while treating carers consistently, fairly and with consideration. Carers should be given as much information about the concern at the earliest possible point compatible with a thorough investigation.

569. Social work practitioners have a responsibility to clarify any concern raised about a looked-after child in collaboration with the child protection arrangements in their area as well as with the service managers of the fostering or residential provision.

570. Where there is an allegation of abuse to a looked-after child then social work practitioners must consult with the police to agree the way forward. This may be a child protection investigation or further enquiries by the fostering or residential service provider or the social worker for the child.

571. Central to any action to follow up concerns is a practitioner discussion on the needs of the child, the context of their care, key events in their lives at that time and any possible triggers for a concern being raised either by the child or others. This discussion must include the fostering or residential providers so that they can share any specific issues of the care setting that can impact on keeping the child safe. All practitioners involved with protecting the child need to be fully informed about the role of carers and the regulations that relate to their work. These meetings facilitate the sharing of information and an assessment of the immediate information leading to a decision of what the next steps should be.

572. If emergency action is required to protect the child, then this should be fully discussed and any routes to protect the child while also preserving placement stability fully considered. Options for the way forward for a looked-after child are the same as for children in their own families:

• a further period of information-gathering to help decide the way forward;
• discussion between the practitioners and the carer about the possible reasons for the concern being raised; and
• a child protection investigation of a potential criminal offence – as with other investigations, consideration needs to be given to other children living in the placement.

573. Child Protection Committees need to consider their procedures for responding to concerns about a looked-after child’s welfare or safety. Responses need to be
proportionate to the nature of the concerns raised. Whatever route is agreed for further exploration of a concern it is important to decide the timing of telling the carers about the concerns and the scope of the further exploration of the concern.

Further Information

• For more detailed guidance on this area, please refer to the publication, *Interim Guidance on Best Practice in Responding to Allegations against Foster Carers.*

Online Child Safety

574. New technologies, digital media and the internet have now become an integral part of children's lives. They open up many educational and social opportunities, giving them access to, quite literally, a world of information and experiences. Whether on a computer at school, a laptop at home, a games console or mobile phone, children and young people are increasingly accessing the internet whenever they can and wherever they are. Widespread usability and access to the internet has enabled entirely new forms of social interaction to emerge, for example, through social networking websites, online gaming and other forms of social media. At the same time, these new technologies also bring a variety of risks, such as:

• exposure to obscene, violent or distressing material;
• bullying or intimidation through email and online (cyber-bullying);
• identity theft and abuse of personal information through access to unrestricted information online; and
• exploitation by online predators – for example, sexual grooming – often through social networking sites.

575. Where police undertake investigations into online child abuse and networks of people accessing or responsible for images of sexually-abused children, consideration must be given to the needs of children involved identified in these investigations. This may include children or young people who have been victims of the abuse or children and/or young people who have close contact with the alleged perpetrator. In many cases, this will involve children and young people who were targeted because of existing vulnerability. Local services need to consider how they can best support and co-ordinate any investigations into such offences and consequently, should understand the risks that these technologies can pose to children and the resources available to minimise those risks.

576. It is important that that children and young people understand the risks the internet can pose and can make sensible and informed choices online, so they can get the most from the internet and stay safe whilst doing so – particularly from those people who might seek them out to harm them. Practitioners and carers need to support young people to use the internet responsibly, and know what to do when something goes wrong.
Further Information

• In February 2010 the Scottish Government published an action plan on improving child internet safety. It describes the steps that are being taken across the public, private and third sector, to support children, parents/carers and practitioners in understanding how the internet can be used safely and responsibly. Information on this, and more contacts and resources, can be found at www.scotland.gov.uk/internetsafety.

• The Scottish Government has been working with UK Council for Child Internet Safety to promote a new Digital Code – Click Clever Click Safe: Zip it, Block it, Flag it:
  - Zip it: Keep your personal stuff private and think about what you say and do online.
  - Block it: Block people who send nasty messages and don't open unknown links and attachments.
  - Flag it: Flag up with someone you trust if anything upsets you or if someone asks to meet you offline.

• The Child Exploitation and Online Protection Centre (CEOP), which is part of UK policing, provides useful information about the sexual exploitation of children and young people online (www.clickceop.net). CEOP acts as a hub for information and resources for preventing and responding to child internet safety issues.

• If a child has come across potentially illegal content online, specifically images of child sexual abuse, criminally obscene material or anything that incites racial hatred, then a report can be submitted to the Internet Watch Foundation (www.iwf.org.uk).

Children and Young People who place Themselves at Risk

577. Some children and young people can place themselves at risk of significant harm from their own behaviour. Concerns about these children and young people can be as significant as the concerns about those children who are at risk because of their care environment. The main difference is the source of risk: commonly, these children and young people are at risk as a direct result of their own behaviour. Where such risk is identified, as with other child protection concerns, it is important that a multi-agency response is mobilised. The key test for triggering these processes should always be the level of risk to the individual child and whether the risk is being addressed, not the source of risk.

578. While not exhaustive, the following lists the different types of concern that may arise:
• self-harm and/or suicide attempts;
• substance misuse;
• running away/going missing;
• inappropriate sexual behaviour or relationships (aspects of this are treated in the section on under-age sexual activity in this chapter);
• sexual exploitation;
• problem sexual behaviour;
• violent behaviour; and
• criminal activity.

579. Child Protection Committees are required to ensure there are multi-agency policies, procedures and systems in place for the identification, referral and response to these types of concerns.

Children who are Missing

580. Describing a child or young person as „missing’ can cover a range of circumstances. A child, young person or family (including unborn children) can be considered as „missing’ where „Missing’ can apply in different contexts:

- children who are „missing to statutory services” – this can include a child or family’s loss of contact with, or their „invisibility’ to, a statutory service, such as education (for example, home educated children), health or social services.
- children who are „missing from home or care” – this can involve a child or young person who has run away from their home or care placement, who has been forced to leave or whose whereabouts are unknown. This may be because they have been the victim of an accident, crime and/or because they have actively left or chosen not to return to place where they are expected.

581. A child or young person who has run away, and cases where children/young people have been „thrown out’ by their parents or carers, are both encapsulated within the term „runaway’ (though the individual circumstances and needs of the child or young person may be very different). Children and young people who go missing remain vulnerable from the factors that resulted in them going missing (for example, domestic abuse in a care environment) as well from the associated risks of being missing (for example, homelessness). The number of children classified as missing is not clear, but extreme cases can result in homelessness and sleeping rough, engaging in crime, drugs and prey to sexual exploitation. Many cases are never reported to police and few ever approach agencies for help.

582. The reason for absence of a child may not be apparent. A number of circumstances in which children or young people may be termed as missing are listed below (most of the issues are discussed in detail elsewhere in the guidance).

- Parental abduction – A parent may fail to return or remove a child from contact with another parent, in contravention of a court order or without the consent of the other parent (or person who has parental rights). This can occur within national borders as well as across borders.
- Stranger abduction – A child may fail to return because they have been the victim of a crime.
• **Forced marriage** – A child or young person may be missing due to being forced into marriage abroad or within the UK.

• **Trafficked children and young people** – A child or young person may become missing due to being trafficked and later being removed from a placement. Asylum-seeking children are particularly vulnerable to vanishing, their substitute care can feel unsafe for them and many do not have a trusted adult advocating for them.

• **Sexual exploitation** – A child or young person may become missing due to sexual exploitation.

• **Young runaways and those „forced to leave” or thrown out** – This can include „any child or young person under the age of 16, who is absent from their domicile without the reasonable authority of those responsible for or in charge of them, and who needs a service either to find and return them to that place (where it is safe or in the child’s interests to do so), or to

(a) keep them safe
(b) ensure an appropriate and proportionate response to their needs
(c) meet statutory obligations

and under the age of 18 who runs from substitute care.” Children who go missing from home or care may do so because they have to run away „from” a source of danger or have been forced to leave; or because they are running „to” something or someone. They can be at significant risk as they may need to find a safe alternative place to stay, often with little resources. This can result in begging or stealing or staying with a complete stranger.

• **Online safety** – Social networking has become a key medium for young people children to make contact with and form online relationships with unknown characters. Vulnerable children can be particularly susceptible to online grooming.

• **Vulnerable young people** – Such young people are identifiable through criminal or risk-taking behaviour, poverty, disengagement with education, being looked after, self-harming, with mental health issues and/or through abuse. Being dispirited can fuel the desire to get away from their situation.

• **Transition** – Young people moving through from children to adult services need processes in place to manage this experience, maximise support for them and reduce risk for them. This can be a particularly difficult time for young people and their parent/carer, carer or staff in residential care; if they demonstrate their stresses through very high risk and sometimes offending behaviour. Their vulnerability in transition can leave them open to substance misuse and sexual predators. These cases are very challenging to manage effectively and need collaborative approaches to include offender management services.

• **Home-educated children** – A child may be unknown to services as a result of their removal from mainstream education.

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583. The above circumstances are not mutually exclusive and, may be overlapping. As a result, multi-agency working is central to risk assessment and management and effective practice with ‘missing children’. Each agency needs to develop its own policies and protocols to manage risk and track missing children and local areas should consider a strategic multi-agency collaborative framework, including relevant third sector agencies, to support individual agency procedures for responding to, and tracking, missing children. Collaborative inter-agency and cross boundary working is crucial in missing children situations. Guidance needs to be clear on specific procedures to be followed for those missing from home and those missing from care, as agencies have specific statutory responsibilities in respect of children missing from local authority care.

584. Many single agencies already participate in national as well as local alert procedures for the early identification of missing children. Child Protection Committees should ensure there are multi-agency procedures in place including issuing a national alert to help trace the whereabouts of a child or young person who goes missing and whose name is on the Child Protection Register, or for whom child protection concerns have been raised. Single agency alert databases should be cross referenced with partner agencies and information-sharing needs to be expediently managed within a developed inter-agency data-sharing protocol.

Child Rescue Alert

585. Child Rescue Alert is a partnership between the police, the media and the public that seeks the assistance of the public where a child has been abducted and it is feared that they may be at risk of serious harm. The aim is to quickly engage the entire community via media (TV and radio) in the search for the child, offender or any specified vehicle through reports of sightings to the police.

586. The scheme will only rarely be invoked by the police where there is a reasonable belief that a child has been abducted and is at risk of serious harm; it will not apply routinely in cases where a child is missing and there is no indication that an abduction has occurred.

587. If it is suspected by an person or agency that a child has been taken by, or under the influence of a third party (which may include parental abduction or ‘grooming’), it is essential that the police are notified as soon as possible in order that consideration may be given to launching an alert. In any event, all instances of missing children or abduction must be quickly reported to the police so that the appropriate decisions can be taken.

Further Information

- Malloch, M. and Burgess, C. A scoping study of services for young runaways, Stirling University, 2007.

**Under-age Sexual Activity**

588. Increasing numbers of young people are engaging in a range of sexual activity before the age of 16. The reasons behind this behaviour vary considerably. For some young people, this will be mutually-agreed activity: for others, it may be the response to peer pressure or the result of abuse or exploitation. Young people who are sexually active will, therefore, have differing needs, so services and practitioners must be able to provide a range of responses to both identify and meet those needs. National guidance provided by the Scottish Government provides a source of advice on the legal issues and the appropriate response for practitioners to take to strike a balance between assuring the freedom of young people to make decisions and protecting them from activity which could give rise to immediate harm and/or long-term adverse consequences to one or both of them.

589. The law is clear that society does not encourage sexual intercourse in young people under 16 as it can be a cause of concern for the welfare of the child, even where it is, or appears, to be consensual. However, it does not follow that every case presents child protection concerns and it is important that a proportionate response is made and only appropriate cases are brought to the attention of the police. If there are no child protection concerns there may still be needs that require to be addressed either on a single agency or multi-agency basis. Consequently, child protection measures must be instigated:

- if the child is, or is believed to be, sexually active and is 12 or under;
- if the young person is currently 13 or over but sexual activity took place when they were 12 or under; and
- where the „other person” is in a position of trust in relation to the young person

590. When a practitioner becomes aware that a young person is sexually active or is likely to become sexually active, they should undertake an assessment of risks and needs so that the appropriate response is provided. The practitioner has a duty of care to ensure that the young person’s health and emotional needs are addressed and to assess whether the sexual activity is of an abusive or exploitative nature. This process may not always be straightforward, so it will require sensitive handling and the use of professional judgment.

591. Local Child Protection Committees, in light of the national guidance, should have protocols for staff that:

- set out guiding principles on practice;
- ensure practitioners are familiar with the criteria to assist them in making quality assessments of the needs of the individual young person they are in contact with – this can be found in the Scottish Government national guidance, *Underage Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns*; and
• provide guidance for practitioners as to what they can/should do on the basis of their assessment.

Further Information

• For more detailed guidance on this area, please refer to the draft Scottish Government national guidance, Underage Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns, Scottish Government, 2010.

Armed Services

592. Family life in the armed services is, by its very nature, different to that in civilian life. Families have less control over where they live and have to cope with lengthy periods of separation often without extended family support. Families are frequently required to move both within the UK and overseas. Each service has their own welfare organisation, which supports service families and in addition the service authorities provide housing for some families. It is essential for local authorities and other agencies to note these differences and share information with the service authority when there are child protection or welfare concerns regarding a service family.

Royal Navy and Royal Marines

593. Staffed by qualified social workers and trained and supervised welfare workers Naval Personal and Family Service and Royal Marines Welfare (NPFS and RMW) provides a professional social work and welfare service to all naval personnel and their families. NPFS and RMW also liaises with statutory social work services where appropriate, particularly where a child is subject to child protection concerns. Child protection involving a serving member of the Royal Navy or Royal Marines should be referred to the civilian Area Officer for Scotland who is in a position to negotiate service action of behalf of Naval families and NPFS and RMW should be invited to any case conferences or case discussions concerning them. The Area Officer for East and Overseas has an overview of all Naval child protection cases in the UK.

Area Officer NPFS and RMW North
1-5 Churchill Square
Helensburgh
G84 9HL
Tel: 01436 672798
Fax: 01436 674965
Email NPFS-N-AreaOfficer@mod.uk

Area Officer NPFS and RMW East and Overseas
HMS NELSON
Queen Street
Portsmouth
PO1 3HH
Army

594. Staffed by qualified civilian Social Workers and trained and supervised Army Welfare Workers, the Army Welfare Service (AWS) provides professional welfare support to Army personnel and their families. AWS also liaises with local authorities where appropriate, particularly where a child is subject to child protection concerns. Local authorities who have any enquiries or concerns regarding child protection or promoting the welfare of a child from an Army family should contact:

The Senior Army Welfare Worker
AWS Edinburgh
Tel: 0131 310 2845

or

Chief Personal Support Officer
HQ AWS
HQ Land Command
Erskine Barracks
Wilton
Salisbury
SP2 0AG
Tel: 01722 436564
Fax: 01722 436307
e-mail: LF-AWS-CPSO@mod.uk

Royal Air Force

595. The Royal Air Force has an independent welfare organisation on each station in an area. Social work is managed as a normal function of Command and co-ordinated by each station’s personnel officer. The Officer Commanding Personnel Management Squadron (OC PMS) is supported by Personal and Families Support Workers/Senior Social Work (P&FSW) practitioners from the SSAFA Forces Help P&FSW Service (RAF). There are five teams in the UK and they are managed by qualified social work team managers. Where there are child protection enquiries or concerns regarding the family of a serving member of the RAF, the parent unit should be notified, or if this is not known, the nearest RAF unit by contacting the OC PMS or SSAFA Forces Help social work team manager. Every RAF unit has an officer appointed to this duty and they will be familiar with child protection procedures.

SSAFA Forces Help
Social Work Team Manager
RAF Leuchars
Tel: 01334 857962
Service Families Overseas

596. For Service families based overseas or being considered for an overseas appointment, the responsibility for safeguarding and promoting the welfare of their children is vested with the Ministry of Defence (MoD).

597. MoD funds the British Forces Social Work Service (BFSWS) overseas which is contracted to the Soldiers, Sailors and Airmen’s Association, Forces Help (SSAFA-FH) who provide a fully qualified social work and community health service in major locations overseas. Instructions for the protection of children overseas are issued by the MoD as ‘Defence Council Instruction’, Joint Service.

598. Larger Overseas Commands issue local child protection procedures, hold a Command Child Protection Register and have a Command Safeguarding Children Board.

599. Local Authority Social Work Departments should ensure that SSAFA-FH and NPFS for RN families are made aware of any service child who is subject of a child protection plan, and whose family is about to move overseas.

600. In the interests of the child, SSAFA-FH, the BFSWS or NPFS can confirm that appropriate resources exist in the proposed location to meet identified needs. Full documentation should be provided and forwarded to the relevant overseas command.

601. All referrals should be made to:

The Director of Social Work
HQ SSAFA-FH,
19 Queen Elizabeth Street,
London, SE1 2LP
Tel: 020 7403 8783
Fax: 020 7403 8815

602. For the Royal Navy and Royal Marines:

Area Officer,
NPFS
East and Overseas
HMS Nelson
Queen Street
Portsmouth
PO1 3HH
Tel: 02392 722712
Fax: 02392 725083

603. Comprehensive reciprocal arrangements exist for the referral of child protection cases to the appropriate UK local authorities, in the event of either temporary or permanent relocation of children from overseas to UK.
Bullying

604. Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are:\(^{22}\)

- physical (for example, hitting, kicking and theft);
- verbal (for example, racist or homophobic remarks, threats and name-calling); and
- emotional (for example, isolating an individual from the activities and social acceptance of their peer group).

605. Children will vary in their degree of resilience in dealing with the issue but bullying can result in significant harm (including self-harm) for a child or young person. It can take place within the school environment, the community or online via cyber-bullying.

606. Children and young people are entitled to feel safe and protected during their time in school. Schools will, in many cases, have a range of tried and tested strategies for dealing with bullying and safeguarding those in their care. All schools should have in place a clear, sound policy on the prevention of bullying which is shared with pupils, Parent Councils and the general parent body, and reviewed regularly.

607. There has been significant national work done on the subject of bullying by organisations, such as Respect Me and the Anti-Bullying Network, and both organisations can provide support and advice on the issue. The Department for Schools, Children and Families has also produced useful guidance specific to the issues of cyber-bullying.

608. Local services need to put policies and strategies in place that are both proactive and reactive to instances of bullying. These should promote a zero tolerance of all types of violence and encourage parental involvement and raise awareness of bullying. Staff need to be aware of the negative impact of bullying and take steps to address this, both with the victim and children and young people in general.

Further Information

609. More resources on bullying can be found at:

- Respect Me (Scotland’s anti-bullying service).
- Anti-Bullying Network.

\(^{22}\) Working Together to Safeguard Children, HM Government 2006.
### Appendix 1

**Table of Suggested Timescales for Different Stages of Acting on Child Protection Concerns**

<table>
<thead>
<tr>
<th>Notification of concern to Initial CPCC</th>
<th>The initial CPCC should be held as soon as practically possible and no later than <strong>21 calendar days</strong> from the notification of concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invitations</td>
<td>Participants should be given a minimum of five calendar days notice of the decision to convene a CPCC whenever possible</td>
</tr>
<tr>
<td>Review CPCC</td>
<td>The First Review CPCC should be held <strong>within three months</strong> from the Initial CPCC. Thereafter, Reviews should take place <strong>six monthly</strong> or earlier if circumstances change</td>
</tr>
<tr>
<td>Pre-birth CPCC</td>
<td>The CPCC should take place <strong>no later than at 28 weeks pregnancy</strong>, or in the case of late notification of pregnancy as soon as possible from the Notification of concern and in any case <strong>within 21 calendar days</strong></td>
</tr>
<tr>
<td>Core Group</td>
<td>The Initial Core Group meeting should be held <strong>within 15 calendar days</strong> from the Initial CPCC</td>
</tr>
<tr>
<td>Minutes</td>
<td>Participants should receive the Minutes <strong>within 15 calendar days</strong> of the CPCC</td>
</tr>
<tr>
<td>CP Plan</td>
<td>Participants should receive a copy of the agreed child protection plan <strong>within five calendar days</strong> of the CPCC</td>
</tr>
<tr>
<td>Changes to CP Plan</td>
<td>Where a Core Group identifies the need to make significant changes to the CP Plan they must notify the CPCC Chair of this <strong>within three calendar days</strong></td>
</tr>
</tbody>
</table>
Appendix 2

Useful Links Referenced in the Guidance


Scot Xed – [https://www.scotxed.net/](https://www.scotxed.net/)


MARS – [http://www.mars.stir.ac.uk/](http://www.mars.stir.ac.uk/)

SCCPN – [http://www.sccpn.stir.ac.uk/](http://www.sccpn.stir.ac.uk/)


University of Strathclyde – [http://www.strath.ac.uk/](http://www.strath.ac.uk/)


Royal College of Paediatrics and Child Health – http://www.rcpch.ac.uk/Policy/Child-Protection

Survivor Scotland – http://www.survivorscotland.org.uk/

Ritual Abuse Network Scotland – http://www.rans.org.uk/

Home Office – Crime – http://www.homeoffice.gov.uk/crime/

CEOP – https://www.ceop.police.uk/

Internet Watch Foundation – www.iwf.org.uk

Respect Me – http://www.respectme.org.uk/

Anti Bullying Network – http://www.antibullying.net/