



The Scottish  
Government

# National Guidance for Child Protection in Scotland | 2010





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## THE NATIONAL GUIDANCE FOR CHILD PROTECTION IN SCOTLAND

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## MINISTERIAL FOREWORD



The protection of Scotland's children – keeping them happy, healthy and safe from harm – is fundamental to the success of the 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.

Child protection depends on the knowledge, skills and confidence of those who work with children and families. Staff must be able to manage risk and deal with the complex and highly uncertain environments that face our most vulnerable children and families. Professionalism, commitment and courage are needed to address the most challenging of

circumstances. Strong, clear and relevant guidance in this area is an essential support for the children's workforce.

Since the Scottish Office guidance, *Protecting 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 activity at both national and local level. Online safety, child trafficking and the protection of children affected by parental alcohol and/or drug 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 the move towards children's services that put the interests of the child at the centre of every process and decision, building up from universal services: the *Getting it right for every child* programme has been instrumental in this.

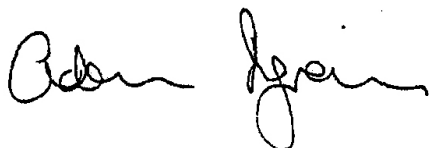
The revised National Guidance on Child Protection reflects this changed and changing landscape. It also reflects the Scottish Government's distinctive and strong commitment to working in partnership with practitioners across the child protection sector to best support local practice at national level.

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

This guidance will be the lynchpin of our work going forward, underpinning our early intervention approach to delivering children's services and crystallising a set of irrefutable principles for child protection practice that puts children's best interests first. 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 to think about how we can more effectively spot those children who fall under the radar

and miss out on the early support and protection they need. 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 a framework within which we can fulfil this responsibility.

I commend this guidance to you.

A handwritten signature in black ink, appearing to read 'Adam Ingram', written in a cursive style.

**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. Child protection is a complex system requiring the interaction of services, the public, children and families. For the system to work effectively, it is essential that everyone understands the contribution they can make and how those contributions work together to provide the best outcomes for children. Social workers, health professionals, police, educational staff and anyone else who works with children and their families, as well as members of the community, need to appreciate the important role they can play in remaining vigilant and providing robust support for child protection. Guidance provides the framework for that understanding. It enables managers and practitioners to apply their skills collectively and effectively and to develop a shared understanding of their common objective – to support and protect children, particularly those who are most vulnerable.

2. Improving outcomes for children and young people is a fundamental objective for all services and organisations. Ensuring that they and their families get the help they need, when they need it, will give all children and young people the opportunity to flourish. Agencies can improve outcomes for Scotland's most vulnerable by adopting common frameworks for assessment, planning and action that help them to identify needs and risks and work together to address them appropriately. This national guidance sets out common standards for child protection services in Scotland, making it clear how all agencies should work together where appropriate to respond to concerns early and effectively and ensuring that practice is consistent and of high quality.

3. The guidance provides a national framework within which agencies and practitioners at local level – individually and jointly – can understand and agree processes for working together to safeguard and promote the welfare of children. It sets out expectations for strategic planning of services to protect children and young people and highlights key responsibilities for services and organisations, both individual and shared. It also serves as a resource for practitioners on specific areas of practice and key issues in child protection. This guidance replaces the previous version, *Protecting Children – A Shared Responsibility: Guidance on Inter-agency Co-operation*, which was published in 1998 and incorporates the Scottish Government guidance, *Protecting Children and Young People: Child Protection Committees* (2005).

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

5. This guidance is for all services, agencies, professional bodies and organisations, and for individuals working within an adult and child service context

who face, or could face, child protection issues. Children and their families come into contact with services at different points for different reasons and with different needs. Often, those needs can be met by the family themselves or by a single agency; but where children and families are particularly vulnerable and/or have complex needs, services must work together to take a collective and co-ordinated approach. Protecting children means 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 fundamentally, what steps are required to ensure the child's safety and well-being.

## Contents of the guidance

6. 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 on dealing with specific circumstances that may impact adversely on children as well as addressing operational considerations in certain circumstances. While a range of special or specific circumstances has been included, the national guidance does not provide detailed guidelines on areas of practice/policy that are covered elsewhere. Rather, where appropriate, it signposts to relevant policies and materials or provides a framework of standards that local policies will need to consider.

## The guidance in context

7. Child protection has to be seen in the context of the wider [Getting it right for every child](#) (GIRFEC) approach and the [Early Years Framework](#) and the [UN Convention on the Rights of the Child](#). 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 met. Children and young people should get the help they need, when they need it, and their welfare is always paramount.

8. 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 in eight areas. These well-being indicators state that children and young people must be: healthy, achieving, nurtured, active, respected, responsible, included and above all in this context, safe.

9. GIRFEC has a number of key components:<sup>1</sup>

- 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 result in children, young people and their families getting the right help at the right time;
- consistent high standards of co-operation, joint working and communication, locally and across Scotland;
- a Named Person in universal services for each child and a Lead Professional to co-ordinate and monitor multi-agency activity where necessary;
- maximising the skilled workforce within universal services to address needs and risks as early as possible;
- 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.

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<sup>1</sup> The GIRFEC implementation guide, *A Guide to implementing Getting it right for every child: messages from pathfinders and learning partners*, was published in June 2010 and can be found at: [www.scotland.gov.uk/Publications/2010/07/19145422/0](http://www.scotland.gov.uk/Publications/2010/07/19145422/0).

10. At the heart of the GIRFEC approach is a shift towards early, proactive intervention in order to create a supportive environment and identify any additional support that may be required as early as possible. The Scottish Government is encouraging all agencies with children and parents and carers to work to embed the core components of the GIRFEC approach into practice. This is closely linked to the Early Years Framework which 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.

11. Between 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/carers and families. But for a significant number of children and families, early, proportionate intervention can prevent problems escalating. And in other cases, parents/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.

12. Parents/carers, families and communities have the primary role in safeguarding and promoting the well-being of children; parents/carers have ultimate responsibility for ensuring that their child's needs are met, and are often best placed to do so. 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 that a child's needs are met, either by providing support directly or by identifying when a child and/or their family needs additional support from another agency or service (this is also true of adult services). Early intervention and support can prevent a problem from escalating into a crisis and ultimately, ensure positive outcomes for children.

13. In the past decade, increasing awareness of the potential harm to children from parental issues such as alcohol and drug misuse, domestic violence and mental health problems, has risen significantly. 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, while not necessarily directly linked to familial responsibility, can and do result in significant harm to children and require a strategic response from local services.

14. Child protection is the responsibility of all who work with children and families, regardless of whether that work brings them into direct contact with children. All workers should be fully informed of the impact of adult behaviour on children and of their responsibilities in respect of keeping children safe. Social work services and the police have a legal responsibility to investigate child protection concerns; they can only do this if they are made aware of those concerns.

15. All services that work with children and/or their carers are expected to identify and consider the child's needs, share information with other agencies and work collaboratively with the child, their family and other services. Services and agencies that may previously have seen their role as being to 'pass on' concerns are now expected to take a proactive approach to identifying and responding to potential risks, irrespective of whether the child in question is their 'client', 'patient' or 'service



user'. Equally, services that work with adults who may pose a risk to children and young people have a responsibility to take action when risks to children or young people are identified.

16. Research and Her Majesty's Inspectorate of Education and Social Work Inspection Agency inspections of services to protect children have helped identify good practice in child protection and highlighted some of the pitfalls. 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.

17. Chief Officers and senior managers have a clear responsibility to deliver robust, co-ordinated strategies and services for protecting children and to provide an agreed framework to help practitioners and managers achieve the common objective of keeping children safe.

18. Perhaps most significantly, policies and services are increasingly focused on the need for interventions to be outcome-focused rather than process-led. This should underpin the way in which everyone working with children and young people look at issues of child protection. GIRFEC states that, at each stage of an intervention, practitioners should ask themselves the following questions:

- 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?<sup>2</sup>

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.

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<sup>2</sup> *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

19. 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, all stakeholders must have a clear, consistent understanding of what is meant by terms such as 'child', 'child abuse', 'neglect' and 'child protection'. This chapter of the guidance therefore provides definitions and explanations of key terms within child protection processes.

### Who is a child?

20. A child can be defined differently in different legal contexts.

- 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.
- The United Nations Convention on the Rights of the Child applies to anyone under the age of 18. However, Article 1 states that this is the case unless majority is attained earlier under the law applicable to the child.

21. 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. For example, the Adult Support and Protection (Scotland) Act 2007 can be applied to over-16s where the criteria are met. This further heightens the need for local areas to establish very clear links between their Child and Adult Protection Committees and to put clear guidelines in place for the transition from child to adult services. Young people aged between 16 and 18 are potentially vulnerable to falling 'between the gaps' and local services must ensure that processes are in place to enable staff to offer ongoing support and protection as needed, via continuous single planning for the young person.

22. Where a young person between the age of 16 and 18 requires protection, services will need to consider which legislation, if any, can be applied. This will depend on the young person's individual circumstances as well as on the particular legislation or policy framework. Special consideration will need to be given to the issue of consent and whether an intervention can be undertaken where a young person has withheld their consent.

23. This guidance is designed to include children and young people up to the age of 18. However, as noted above, the protective interventions that can be taken will depend on the circumstances and legislation relevant to that child or young person.

## Who are parents and carers?

24. 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 rights and responsibilities if he is or was married to the mother at the time of the child's conception or subsequently, or if the child's birth has been registered after 4 May 2006 and he has been 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.

25. Parental rights are necessary to allow a parent to fulfil their responsibilities, which include looking after their child's health, development and welfare, providing guidance to their child, maintaining regular contact with their child if they do not live with them and acting as their child's legal representative. In order to fulfil these responsibilities, parental rights include the right to have their child live with them and to decide how their child is brought up.

26. A 'carer' is someone other than a parent who has rights/responsibilities for looking after a child or young person. '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. A carer may be a 'relevant person' within the Children's Hearing system.

27. A 'kinship carer' 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). 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 under the terms of section 17(6) of the Children (Scotland) Act 1995. Before making such a decision the authority must, so far as reasonably practicable, obtain and record in writing the information specified in Schedule 3 to 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 to ensure that they do not make or sustain placements that are not safe or in the child's best interests and that placements are subject to regular review.

28. Preventative and protective work is necessary to support carers and, in particular, kinship carers who may face added challenges. These include the potential risks posed by parents; where the kinship carer is a grandparent, this may mean making decisions as to how best to protect their grandchild or grandchildren from their own child. Kinship carers may have ambivalent feelings about the circumstances that have resulted in them having to care for a child or young person. Services should be sensitive to these issues and offer support wherever possible.

29. 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 care. A child cared for by informal

kinship carers is not 'looked after'. The carer in such circumstances is **not** a foster carer, nor is assessment of such a carer by the local authority a legal requirement.

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

### **What is child abuse and child neglect?**

31. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to 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. Assessments will need to consider whether abuse has occurred or is likely to occur.

32. While it is not necessary to identify a specific category of abuse when adding a child's name to the Child Protection Register (for further information, see the section on the [Child Protection Register](#)), it is still helpful to consider and understand the different ways in which children can be abused. The following definitions show some of the ways in which abuse may be experienced by a child but are not exhaustive, as the individual circumstances of abuse will vary from child to child.

#### ***Physical abuse***

33. Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after. For further information, see the section on [Fabricated or induced illness](#).

#### ***Emotional abuse***

34. Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve the imposition of age- or developmentally-inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

### **Sexual abuse**

35. Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

### **Neglect**

36. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'non-organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time.

### **What is child protection?**

37. 'Child protection' means protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a *likelihood* or *risk* of significant harm from 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 Child Protection Plan. In such cases, an investigation may still be necessary to determine whether a criminal investigation is needed and to inform an assessment that a Child Protection Plan is not required.

38. There are also circumstances where, although abuse has taken place, formal child protection procedures are not required. For example, the child's family may take protective action by removing the child from the source of risk. Children who are abused by strangers would not necessarily require a Child Protection Plan unless the abuse occurred in circumstances resulting from a failure in 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.

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

39. Child protection is closely linked to the risk of 'significant harm'. 'Significant harm' is a complex matter and subject to professional judgement based on a multi-agency assessment of the circumstances of the child and their family. Where there are concerns about harm, abuse or neglect, these must be shared with the relevant agencies so that they can decide together whether the harm is, or is likely to be, significant.

40. 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 or likelihood of significant harm that the impact (or potential impact) on the child takes priority and not simply the alleged abusive behaviour. The following sections illustrate considerations that need to be taken into account when exercising that professional judgement.

41. In order to understand the concept of significant harm, it is helpful to look first at the relevant definitions.<sup>3</sup>

- 'Harm' means the ill treatment or the impairment of the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another. In this context, 'development' can mean physical, intellectual, emotional, social or behavioural development and 'health' can mean physical or mental health.
- Whether the harm suffered, or likely to be suffered, by a child or young person is 'significant' is determined by comparing the child's health and development with what might be reasonably expected of a similar child.

42. There are no absolute criteria for judging what constitutes significant harm. In assessing the severity of ill treatment or future 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 results from an accumulation of significant events, both acute and long-standing, that interrupt, change or damage the child's physical and psychological development.

43. To understand and identify significant harm, it is necessary to consider:

- the nature of harm, either through an act of commission or omission;
- the impact on the child's health and development, taking into account their age and stage of development;
- the child's development within the context of their family and wider environment;

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<sup>3</sup> *Working Together to Safeguard Children*, Department of Children, Schools and Families (2009) and *All Wales Child Protection Procedures*, Welsh Assembly Government (2008).



- the context in which a harmful incident or behaviour occurred;
- any particular needs, such as a medical condition, communication impairment or disability, that may affect the child's development, make them more vulnerable to harm or influence the level and type of care provided by the family;
- the capacity of parents or carers to meet adequately the child's needs; and
- the wider and environmental family context.

44. The reactions, perceptions, wishes and feelings of the child must also be considered, with account taken of their age and level of understanding. This will depend on effective communication, including with those children and young people who find communication difficult because of their age, impairment or particular psychological or social situation. It is important to observe what children do as well as what they say, and to bear in mind that children may experience a strong desire to be loyal to their parents/carers (who may also hold some power over the child). Steps should be taken to ensure that any accounts of adverse experiences given by children are accurate and complete, and that they are recorded fully.

### **What is risk in a child protection context?**

45. Understanding the concept of risk is critical to child protection. For further information, see the section on [Identifying and managing risk](#). This will be supplemented by a national risk identification and management toolkit currently in development.

46. In the context of this guidance, risk is the **likelihood** or **probability** of a particular outcome given the presence of factors in a child or young person'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. 'Risks' may be deemed acceptable; they may also be reduced by parents/carers or through the early intervention of universal services. At other times, a number of services may need to respond together 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. Where a child has already been exposed to actual harm, assessment will mean looking at the extent to which they are at risk of repeated harm and at the potential effects of continued exposure over time.

### **What is the Child's Plan and the Lead Professional?**

47. This guidance is rooted in the GIRFEC approach (for further information, see the next [chapter](#)). Under this approach, when two or more agencies work together to support a child or young person and their family, a 'Lead Professional' should be nominated to co-ordinate that support. Where evidence suggests that a co-ordinated plan involving two or more agencies will be necessary, a 'Child's Plan' should also be drawn up.



48. The Child's Plan should comprise a single plan of action and be managed and reviewed through a single meeting structure, even if the child is involved in several processes; for example, being looked after or having a co-ordinated support plan. The Lead Professional should ensure that the expertise of those involved is properly integrated along with evidence gathered through specialist assessments in order to give the fullest possible picture of the child's needs and how best they can be met. The Lead Professional is also responsible for co-ordinating any actions taken to improve the outcomes for the child.

49. Where a child is thought to be at risk of significant harm, the primary concern will be for their safety. The planning process *must* reflect this. The 'Child Protection Case Conference' is the term applied in this guidance to the single meeting in respect of a child about whom there are concerns about significant harm (for further information, see [Part 3](#)). It will be for the chair of the meeting to ensure that the discussion stays focused on specific concerns about the safety of the child, the actions required to reduce risk and whether the case should be referred to the Children's Reporter.

50. The Lead Professional will be responsible for ensuring the production of an agreed multi-agency Child's Plan, based on an assessment of needs and with a particular focus on the risks to the child and the interventions needed to reduce these risks. The plan will incorporate and, if necessary, amend any previous plans by individual agencies. The plan will identify when a review is needed and the Lead Professional will arrange for relevant materials to be produced in time for that review. Materials will be circulated to everyone involved, especially the child and family, and should be available in a range of formats to ensure that they are accessible to all including, for example, children or parents/carers with learning disabilities.

51. In child protection cases, the role of the Lead Professional will typically be taken by the local authority social worker. Where a child is believed to be at risk of significant harm, the Child's Plan will be known as the 'Child Protection Plan' for as long as the risk of significant harm is deemed to last. The multi-agency group working with the child and their family will be known as the core group. For further information, see the sections on [Managing risk](#), [Child Protection Plans](#) and [Core groups](#).

52. The Lead Professional will be expected to:

- act as the main 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 services 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, their 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, to link the child and family with specialist advocacy;

- support the child and family to make use of help from practitioners and agencies;
- in conjunction with other services and the child and their family, 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 as 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;
- make sure the child is supported through key transition points; and
- ensure a careful and planned transfer of responsibility when another practitioner becomes the Lead Professional, for example if the child's needs change or the family moves away.

53. A related concept is the 'named person'. The named person has an important part to play in supporting early intervention via the universal services of health and education. Where a child has a social worker, they will have a multi-agency plan and, therefore, a Lead Professional. Where a child only requires support from a single agency or service, a named person will be responsible for maintaining contact with the child and/or supporting those who do see the child every day such as nursery or playgroup staff. Further guidance on the roles of the Lead Professional and the named person is available on the [GIRFEC website](#).

### **What is the Child Protection Register?**

54. All local authorities are responsible for maintaining a central register of all children – including unborn children – who are the subject of an inter-agency Child Protection Plan. This is called the Child Protection Register. The 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 services are responsible for maintaining a register of all children in their area who are subject to a Child Protection Plan, though the decision to put a child on the register will be based on a multi-agency assessment. The local authority may have its own register or maintain a joint register with other authorities. The Child Protection Register provides a central resource for practitioners concerned about a child's safety or care.

55. The decision to place a child's name on the register should be taken following a Child Protection Case Conference where there are reasonable grounds to believe or suspect that a child has suffered or will suffer significant harm from abuse or neglect, and that a Child Protection Plan is needed to protect and support the child.

56. 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. Instead, the local authority should ensure the child's name and details are entered on the register, as well as a record of the key areas of risk to the child. The local authority

should inform the child's parents or carers and, where the child has sufficient age and understanding, the child, orally and in writing, about the information held on the register and who has access to it. For further information on dealing with dissent and dispute resolution, see the section on [Reaching decisions](#).

### ***Removing a child from the Child Protection Register***

57. If and when the practitioners who are working with the child and family decide that the risk of significant harm to the child has been sufficiently reduced and the child or young person is no longer in need of a Child Protection Plan, the local authority should remove the child from the Child Protection Register. The decision to remove a child's name will be made by a review CPCC at which all the relevant agencies are represented, as well as the child and their family. When a child's name is removed from the register, the child and their family must be informed.

58. 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 receded, but the child may continue to require a range of support; this will form part of the single planning process for the child. At the point of deregistration, consideration should be given to whether a different Lead Professional should be appointed 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***

59. 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 should make sure that all agencies know how to obtain access 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 for partner agencies wherever possible.

60. 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. 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.

61. 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 to details relating to children named on the register.

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

***Temporary moves of children who are on the Child Protection Register***

63. When families move between authority areas – whether temporarily or permanently – the original authority will notify the receiving authority immediately, then follow up the notification in writing. The receiving authority should immediately place the child's name on their local register. Where possible, the original authority should advise how long the child is expected to stay in the area. The authorities should make each other aware when the temporary registration is no longer required and why this is the case, for example because the child has returned to their home address.

64. If the child is temporarily residing in another local authority, arrangements must be agreed for the monitoring/supervision of the child while they are in the area and for the implementation of the Child Protection Plan. Assigning responsibility for monitoring is likely to depend on a number of practical considerations, for example, distance. Consultation between the two authorities is essential. Where agreement cannot be reached about monitoring arrangements, the matter must be immediately passed to senior managers for resolution. Whatever the difficulties and however these are resolved, the safety of the child is paramount and adequate monitoring arrangements must be in place. For further information on when a child on the register moves permanently, see the section on [Child Protection Case Conferences](#).

## PRINCIPLES AND STANDARDS FOR CHILD PROTECTION

### Core principles

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

66. This chapter set outs the fundamental principles that underpin all the documents and approaches that relate to child protection: GIRFEC; the [UN Convention on the Rights of the Child](#); and the [Children's Charter](#) and the [Framework for Standards](#). It describes what these principles and standards mean in practice. These principles represent an overlapping set of values that have driven the revision of the national child protection guidance.

67. Paramount among these principles is that child protection must be seen within the wider context of supporting families and meeting children's needs through GIRFEC. GIRFEC:

- puts children's needs first;
- ensures that children are listened to and understand decisions that affect them; and
- ensures that they get the appropriate co-ordinated support needed to promote their well-being, health and development.

GIRFEC requires that all services for children and young people – including social work, health, education, police, housing and third sector services – adapt and streamline their systems and practices so that, where necessary, they can work together better to support children and young people. This includes strengthening arrangements for 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 across all aspects of the child's well-being.

### UN Convention on the Rights of the Child

68. These principles, enshrined in legislation and practice in child protection, are derived from Articles of the [UN Convention on the Rights of the Child](#), ratified by the UK Government and endorsed by the Scottish Government. They should underpin all code and practice in child protection. While 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;

- every child who can form a view on matters affecting them has the right to express those views if they so wish, and those views should be given due weight in accordance with the child's age and maturity;
- 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;
- insofar 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.

### **The Children's Charter and the Framework of Standards**

69. In addition to the Convention, the [Children's Charter](#) was drawn up following consultation with children and young people as part of the Scottish Government's child protection reform programme. The Charter sets out a list of demands children should feel entitled to make:

- get to know us;
- speak with us;
- listen to us;
- take us seriously;
- 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; and
- help us be safe

70. The Charter reflects children and young people's own views regarding what they need and the standard of care they expect when they have problems or are in difficulty and need to be protected. It shows that children and young people place more value on relationships and attitudes than processes and events. This should be reflected in the planning and implementation of all child-focused interventions

71. The [Framework for Standards](#) is the detailed means for translating the commitments made 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***

72. 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. Agencies working with children and their families should consider not only immediate needs but also longer-term needs that may arise. Child protection investigations may highlight significant unmet needs for support and services among children and families. These should always be considered, even where concerns about significant harm are not substantiated. Equally, family support services should always be alert to potential indicators of abuse and neglect.

***Professionals take timely and effective action to protect children***

73. Practitioners should be alert to a child's needs. If they are concerned about a child, they should seek all the information they need to inform their assessment of a child's circumstances and this should include any protective factors in the child's life. Practitioners should be clear about who they can discuss their concerns with and what action may be required to best support and protect the child. Joint planning and intervention across agencies will help ensure that risks are thoroughly assessed.

***Professionals ensure children are listened to and respected***

74. Children should be listened to and their views should always inform any decisions made about them. Children and their carers should also be able to expect honesty and to be given explanations for actions or decisions taken. In some instances urgent, immediate action will be needed to ensure the child's protection. In most 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 good working relationship with parents/carers to ensure the best welfare of the child.

75. When involved in child protection work, agencies should ensure that:

- wherever possible, parents/carers are given full information about the nature of the concerns;
- wherever possible, the child and their parents/carers have the opportunity to either give or withhold their consent to interviews and medical examinations. For further information, see the section on [Health assessment and medical examination](#).
- the child and family are consulted on and given explanations for any actions/decisions taken. Where necessary, explanations should be given more than once and/or in writing, as the stressful nature of investigations can make it difficult to take information in;



- children and their families should be involved, wherever possible, in planning to meet the child's needs, both in the short and longer term. Children and their families are often best placed to know 'what works' for them;
- the religious and cultural background of the child and family are taken into consideration when any decisions are being taken; and
- where a child has learning disabilities or is deaf or hard of hearing, consideration is 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***

76. Sharing relevant information is an essential part of protecting children. Although those providing services to adults and children may be concerned about balancing their duty to protect children from harm and their general duty towards their patient or service user, the over-riding concern must always be the safety of the child. Whenever possible, consent should be obtained before sharing personal information with third parties but concerns about a child's safety will always take precedence over the 'public interest' in maintaining confidentiality. It should be borne in mind that a fairly minor concern raised by one agency may, when combined with information from other agencies, point to much more serious concerns.

77. Children and their families should be made aware of how information may be held and with whom it may be shared. Agencies should have clear and robust mechanisms for recording and storing information about a child and their family. For further information, see the chapter on [Information-sharing and recording](#).

***Agencies and professionals work together to assess needs and risks and develop effective plans***

78. Practitioners involved with a potential child protection case will, first and foremost, need to ensure the safety of the child, initially by assessing any risks and 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 of 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 of both protective and adverse factors on the child. Any subsequent interventions, 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 each others' roles and the 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 these may affect the child and family.

***Professionals are competent and confident***

79. All staff who 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; equally, multi-agency training should be widely available for local services, including managers and leaders as well as direct practitioners.

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

80. All services that work with children and/or their families are responsible for promoting child safety and ensuring that members of the public know who to contact if they are concerned about a child. This may include raising public awareness and promoting community responsibility for child protection. Child protection must be seen as the responsibility not only of the statutory agencies but also of the wider public. Local services should be accessible, transparent and accountable to the general public.

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

81. Effective service delivery requires effective leadership at both strategic and operational levels. Chief Officers are responsible for ensuring that 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 that they have robust quality assurance and self-evaluation mechanisms in place so that the impact of service delivery can be measured. Practitioners involved in child protection often face complex and demanding challenges and senior managers must have an understanding of their staff's needs.

**Equality and diversity**

82. Finally, child protection policy must pay due attention to equality and diversity issues. 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, 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.

83. [The Equality Act 2010](#) restates, streamlines and harmonises equality legislation. It replaces a number of Acts including the Race Relations Act 1976, the Sex Discrimination Act 1975 and the Disability Discrimination Act 1995. The bulk of the Equality Act 2010 came into force on 1 October 2010.

84. Public authorities also have responsibilities under equality legislation for ensuring that discrimination does not occur and promoting equality of opportunity on the grounds of race, sex and disability. This proactive duty to promote equality is expected to change in April 2011 as a result of the Equality Act 2010. From April 2011 the public sector equality duty will cover race, disability, gender, sexual

orientation, gender reassignment, age, religion and belief, and pregnancy and maternity.

85. Account should always be taken of diversity and equality issues. For example, adults with a learning disability or people from minority ethnic communities – including the traveller community – may have specific communication needs and require flexible approaches by staff to engage with them.

## INFORMATION-SHARING AND RECORDING

86. 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 from and 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 being shared. Where possible, their consent should be sought, unless doing so would increase the risk to a child or others, or prejudice any subsequent investigation.

### Information-sharing for child protection: general principles

- 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.
- The reasons why information needs to be shared and particular actions taken should be communicated openly and honestly with children and, where appropriate, their families.
- In general, information will normally only be shared with the consent of the child (depending on age and maturity). However, where there are concerns that seeking consent would increase the risk to a child or others or prejudice any subsequent investigation, information may need to be shared **without consent**.
- At all times, information shared should be relevant, necessary and proportionate to the circumstances of the child, and limited to those who need to know.
- When gathering information about possible risks to a child, information should be sought from all relevant sources, including services that may be involved with other family members. Relevant historical information should also be taken into account.
- 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 informed consent. Similarly, any decision *not* to share information should also be recorded.
- Agencies should provide clear guidance for practitioners on sharing information. This should include advice on sharing information about adults who may pose a risk to children, dealing with disputes over information-sharing and clear policies on whistle-blowing.

87. Local areas should ensure there are robust information-sharing protocols in place and that 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 producing these protocols.

88. This chapter addresses the issues surrounding the sharing and recording of information across and between services, and with children and their families.

### **Confidentiality and consent**

89. Privacy and confidentiality is governed by legal provisions that aim to safeguard personal information, particularly:

- the UN Convention on the Rights of the Child (1989);
- the Human Rights Act 1998;
- the Data Protection Act 1998; and
- professional codes of conduct.

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

91. Where agencies are acting in fulfilment of their statutory duties, it is not necessary or appropriate to seek consent – for example, where a referral is made to the Reporter under the Children (Scotland) Act 1995 or where a report is provided by the local authority in the course of an investigation by the Reporter under the Act. In such instances, the consent of a child and/or parents should not need to be sought prior to the submission of a report.

92. There is an important distinction between making the child aware that information will/may be shared and seeking their consent for that sharing.

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

94. The application of this principle can be highly sensitive, particularly where children and young people make use of a service on the basis of its confidentiality. Good examples of this are helplines set up to support children and young people, such as ChildLine. Many young people need the time and space that such confidential services can offer to talk about their problems with someone who can listen and advise without necessarily having to refer. However, on some occasions, this contract of confidentiality can be suspended if the information received concerns life-threatening situations, risk to other children, adult abusers and/or abuse by an adult in authority.

## Recording and analysing information

95. Decision-making depends on having sufficient, succinct, accurate and accessible records. A distinction should always be made between facts, hearsay and opinions. Records should include note of:

- dates of staff contacts with children and families;
- the child's views and emotional well-being;
- actions and decisions and the rationale behind them;
- 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 involving the child.

Chronologies can help identify patterns of events or accumulation of concerns (or positive developments). 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. For further information, see the [SWIA Practice Guide on Chronologies](#).

## Storage and retention of records

96. Good information-sharing depends on the quality of record-keeping and on robust processes for storing information. All agencies should have clear procedures for recording and handling personal information, including managing 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. Local procedures should provide clear guidance on how different types of information (e.g. verbal, written or electronic) should be recorded and/or stored. These 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 are kept 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 with regard to recording, storing and sharing information.

98. Public access to information is governed by the Data Protection Act 1988 and the Freedom of Information (Scotland) Act 2002 (FOI), which came into force in 2005. The subject access provisions of the Data Protection Act 1998 give individuals the right to apply for a copy of any personal data held about them. 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 local authority, the originating area is responsible for forwarding information, including details of any increased levels of risk resulting from the move, to the receiving local area.

100. Where active involvement with a child and their family is effectively reducing risk and the family then moves, the original area **must** refer to the receiving area and pass on the child's records. When involvement with the family has recently commenced or terminated, the details of the concerns should be passed on to the receiving area as quickly as possible.

101. Concerns must be communicated to the receiving area and a written notification provided, even where initial contact was made by other means. This notification should include information on the history of original authority's involvement with the child and their family and the identified risks, including the most recent intervention plan and any progress made.

102. Where the case history is lengthy and/or significant, a face-to-face meeting between relevant staff from both areas should be considered as a follow up to the written referral.

103. Where a child or young person is on the Child Protection Register and moves to another local authority, the process described in the section focusing on transfer [Child Protection Case Conferences](#) should be followed.

104. For further information on what should happen when a child or young person and their family go 'missing' from an area, see the section on [Children and young people who are missing](#).

## LEGISLATION RELATING TO CHILD PROTECTION

105. Legislation places a variety of duties and responsibilities on services and organisations. These can include:

- 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;
- 'overarching' legislation (e.g. data protection) where some aspects are particularly relevant; and
- other legislation including laws relating to offences against children and young people and to civil law or administrative arrangements,

106. Staff should be aware of their legal responsibilities and duties as well as understanding the legal framework within which they and other organisations and agencies operate. This chapter reviews the legislation covering the duties placed on services and outlines the key overarching legislation. For further information on other relevant legislation, see [Appendix A](#).

### Duties to protect

107. 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, section 53 of which provides the mandate for local authorities and section 56 for Reporters to the Children's Hearing.

#### [Police \(Scotland\) Act 1967](#)

108. The Police (Scotland) Act 1967 lays down the general functions and jurisdiction of the police in Scotland, in that it is the duty of constables of a police force to guard, patrol and watch so as to:

- (i) prevent the commission of offences;
- (ii) preserve order; and
- (iii) protect life and property.

109. In addition, it is the duty of the constables of a police force, where an offence has been committed, whether within or outwith the police area for which the police force is maintained, to take all such lawful measures, and make such reports to the appropriate prosecutor, as may be necessary for the purposes of bringing the offender, with all due speed, to justice.

#### [Children \(Scotland\) Act 1995](#)

110. 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 and the



duties and responsibilities it establishes are discussed at different points elsewhere in this guidance. The duties of the local authority within this legislation are, in the main, discharged by statutory social work services.

### [Social Work \(Scotland\) Act 1968](#)

111. 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 overarching 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](#)

112. 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.

113. 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](#)

114. 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 8 of the 2004 Act, where a local authority has responsibility for the child's or young person's education, and it has been established that the child or young person has additional support needs, the authority has a **duty** to provide such support as is necessary to help them benefit from school education. Under section 9 of the 2004 Act, where a local education authority has responsibility for the child's or young person's education and it has been established that the child or young person requires a co-ordinated support plan, the education authority has a **duty** to provide a co-ordinated support plan for the child.

## **Overarching legislation**

### [Data Protection Act 1998](#)

115. 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. For further information, see the chapter on [Information-sharing](#).

### [Human Rights Act 1998](#)

116. 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. Sometimes there may be a potential conflict of interest between children and adults and a balancing of competing rights will be required. For further information, see the chapter on [Principles and standards](#).

### [UN Convention on the Rights of the Child](#)

117. Ratified by the UK Government in 1991, this Convention serves to inform all subsequent child care legislation. The rights of the child to express their views freely in all matters affecting them and to have them taken into account and the right to have the best interests of the child as a primary consideration in making decisions affecting the child are important aspects of this Convention. Conformity with the standards established by competent authorities is another requirement of the convention. For further information, see the chapter on [Principles and standards](#).

### [UN Convention on the Rights of Persons with Disabilities](#)

118. Ratified by the UK Government in 2009, the Convention stipulates that in order for disabled children to be able to realise the rights mentioned above, they need to be provided with disability and age-appropriate assistance.



# Part 2:

## Roles and responsibilities for child protection





## COLLECTIVE RESPONSIBILITIES FOR CHILD PROTECTION

119. All agencies, professional bodies and services that deliver adult and/or child services and 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 the main focus of their involvement. 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 for the child.

120. Accordingly, greater emphasis needs to be placed on the role of agencies and professional bodies that work with the public. An awareness and appreciation of what others do 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 Child Protection Committees, the key strategic fora for local inter-agency child protection partnerships.

121. Strong leadership and a competent and confident workforce play a critical role in child protection. Two key issues here are the importance of leadership in local child protection, particularly with regard to the way in which services are steered by senior managers, and to the professional development of those working in child protection. The individual roles and responsibilities of statutory organisations, professional bodies and the independent and third sector in child protection are considered in the next [chapter](#).

### Local communities and the general public

122. Referrals concerning a child at risk of significant harm will often come from family members, friends or neighbours; sometimes, children will make allegations directly. Agencies working with families and children are in an ideal position to inform and educate the general public about how they are working to protect children, and about the contribution that the wider community can make. Local authorities and other relevant agencies, including third sector services, should disseminate information to the general public that promotes a sense of shared responsibility and provides clear information on how to communicate concerns. Practitioners must make it clear to members of the public that they have an obligation to pass on information about child abuse and neglect to the statutory agencies and that confidentiality cannot be guaranteed where the child is thought to have experienced, or be likely to be at risk of, significant harm. Services should be clear from the outset about their responsibilities for sharing information.

123. Local services, under the co-ordination of their Child Protection Committees, should develop strategies for engaging with the public on child protection issues. Crucial to the success of these strategies is the provision for some form of communication with individual members of the public once child protection concerns have been passed on. Members of the public need to understand how the information they provide is being used, both in order to manage their expectations

and secure their continuing vigilance with regard to child protection. In the context of a child protection investigation this may not always be possible, but services should strive to provide direct, follow-up feedback to members of the public who pass on child protection concerns and this should be reflected in local protocols.

### **Chief Officers' Groups**

124. Chief constables and chief executives of health boards and local authorities (a group hereafter referred to as Chief Officers) are responsible for ensuring that their agencies, individually and collectively, work to protect children and young people as effectively as possible. They also have responsibility for maximising the involvement of those agencies not under their direct control, including the Scottish Children's Reporter Administration, the Crown Office and Procurator Fiscal Service and the third sector. 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 are 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.

125. 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 on child protection matters.

126. Chief Officers should agree and disseminate a clear vision, shared values and aims that promote the protection of all children and young people. That vision should clearly highlight the desired outcomes for child protection and be linked to the key processes required to achieve those outcomes. It should be disseminated amongst staff and the general public. Chief Officers should demonstrate effective collaborative working to discharge their child protection responsibilities and consistently promote effective joint working within and across services.

127. Chief Officers will determine their own local membership and business arrangements. They will ensure that they are transparent and accountable to elected members and Scottish Ministers. 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 and taking appropriate action in response to unsatisfactory performance. They will ensure that there is an interface with adult protection, offender management/Multi-Agency Public Protection Arrangements (MAPPA), Alcohol

and Drug Partnerships and other planning fora. For further information, see the chapter on [Wider planning links](#).

128. It is essential that Chief Officers make clear what management performance information they need to assure themselves that their areas are continually improving and to address 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 are addressed promptly. Services should work together to develop robust arrangements for gathering and managing performance information 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 both the short and longer term. This will strengthen joint working between Chief Officers and senior managers, improving services and ensuring that Child Protection Committees have the resources they need to work effectively and support improvements.

### Support for staff

- Child protection can be a complex and demanding area for staff and volunteers 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. Opportunities to reflect on individual and collaborative practice are particularly valuable.
- Practitioners from all agencies involved in child protection require high quality, consistent and accessible support and supervision. Each agency should have formal procedures in place that promote good standards of practice and support individual staff members and effective prioritisation of workloads. Senior managers should ensure that supervision procedures are implemented and that staff feel supported.
- Supervision should ensure that practitioners – whether paid or volunteers – 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, ensuring that they have the skills to provide an effective service.
- 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.

### Child Protection Committees

129. 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 reviews, in particular in 2005 when they were strengthened as part of the then

Scottish Executive's Child Protection Reform Programme.<sup>4</sup> The national guidance for Child Protection Committees was published in 2005 and has been embedded in this revised guidance with some amendments.

130. 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.

131. This guidance is, therefore, deliberately 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.

132. Chief Officers must ensure that their Child Protection Committees are properly constituted, resourced and that its arrangements are clearly focused and relevant to all members of the committee itself, any sub-committees and partner agencies, and the wider public at large. Child Protection Committees must work within the wider planning framework so that their work is fully integrated with other planning fora and is as effective as possible.

133. Chief Officers are responsible for ensuring that 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. Chief Officers and Child Protection Committees should consider joint funding and effective approaches to sharing resources for appropriate areas of activity.

134. Each Child Protection Committee should appoint a lead officer to co-ordinate its activities, including the work of any sub-committees. Each Child Protection Committee should have in place the necessary resources to deliver inter-agency child protection training, such as a dedicated child protection training officer.

135. Membership of the Child Protection Committee will be representative and 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. Chief Officers may appoint a chair from a single representative service or agency, or appoint an independent chair. This remains at local discretion. Chief Officers will also appoint, or agree the appointment of, a vice chair and the rest of the committee members.

136. Chief Officers will ensure that the chair and vice chair fully understand their specific role, responsibilities and remit, and that they have an in-depth knowledge of child

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<sup>4</sup> *Protecting Children and Young People: Child Protection Committees*, Scottish Executive (2005).



protection. Chief Officers will agree their working arrangements, term of office and reporting and accountability arrangements.

137. 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.

138. 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) and have protected time in which to fulfil their responsibilities before, during and after meetings. They will also ensure that the work of their Child Protection Committee is transmitted widely, so that it is 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.

139. 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

140. 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 of Child Protection Committees and provides a working framework. They are presented here in no particular order of priority or importance. This list should not be considered all-inclusive or exhaustive.

### *Continuous improvement*

141. 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

142. 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. This may be done in conjunction with other Child Protection Committees or as part of cross-authority consortia. 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 policies 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 arrangements for the management of Child Protection Case Conferences.

#### Self-evaluation, performance management and quality assurance

143. Self-evaluation, performance management and quality assurance are all drivers for, and ways of achieving, improvements in service delivery and outcomes for children. While individual services and agencies are responsible for assessing and improving their own work, effective multi-agency self-evaluation can lead to both improved processes and better outcomes for children and families. Self-evaluation should be seen as a continuous process and requires strong collective leadership on the part of Chief Officers and Child Protection Committees. Effective self-evaluation improves joint accountability and promotes partnership and joint working at all levels.

144. Robust performance management and quality assurance processes need to be in place across services 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 all children and in particular vulnerable children in both the short and longer term. These processes will include:

- systematic approaches to self-evaluation and quality assurance which focus on the experiences and outcomes for children and families
- establishing effective systems to monitor the quality of key child protection processes, such as core groups, risk assessment and Child Protection Plans;
- involving all key stakeholders, including children and families, in self-evaluation and review;
- monitoring and implementing improvement plans effectively to ensure they lead to positive changes;
- communicating learning effectively to staff, including learning from self-evaluation;
- building capacity among the workforce by supporting the development of practitioner fora and other methods of sharing good practice;
- providing an overview of management information and statistics relating to children and young people on the local Child Protection Register, which includes analysis of trends to inform a strategic assessment of service need;
- ensuring that management information and statistics reports inform the development of inter-agency child protection policy and practice; and

- measuring the extent to which self-evaluation, and changes made as a result of self-evaluation, contribute to actual improvements in services and outcomes for children.

### Promoting good practice

145. 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. These should include a vigorous evaluation process for actions resulting from the review<sup>5</sup>;
- 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

146. The importance of professional judgement in dealing with the risk and uncertainty of child protection situations means that training must be a core consideration. 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 help develop and deliver such training. Training on a single and an inter-agency basis can help develop the core skills needed to support effective inter-disciplinary working both on actual cases of abuse and on prevention and post-abuse programmes. Child Protection Committees should make sure mechanisms are in place for the delivery and evaluation of local training initiatives.

147. 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. Child Protection Committees should develop training programmes that complement and build upon the work already done by individual agencies and which embrace multi-agency training needs among the staff of the agencies concerned. Different staff groups will have different skill sets, knowledge and responsibilities and staff from all agencies should be confident about their own roles and how these fit into the wider picture. Child Protection Committees need to identify collective training needs on an ongoing basis, responding quickly to any gaps highlighted by inspection reports, significant case reviews or other sources,

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<sup>5</sup> 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](#), Scottish Government (2007).

working in collaboration with single agencies which may have their own training responsibilities.

148. Child Protection Committees should have an overview of the training needs of all staff involved in child protection activity, including:

- Staff with a particular responsibility for protecting children, such as Lead Professionals, named persons or other designated health and education practitioners, police, social workers and other practitioners undertaking child protection investigations or working with complex cases. They will need a thorough understanding of working together to protect and meet the needs of children and young people.
- Other staff who work directly with children, young people and parents/carers and who may be asked to contribute to assessments, for example children's group workers. This group will need a fuller understanding of how to work together to identify and assess concerns, and how to plan, undertake and review interventions.
- Other staff who have regular contact with children as part of their job, for example school bus drivers. These staff are well placed to recognise signs of abuse and raise concerns about a child's welfare and should understand their responsibility to share such concerns appropriately.
- Those in regular contact with parents/ carers, who are well placed to identify where a parent's or carer's behaviour may impact on a child. This group must be aware of their responsibility to consider such issues and know what they should do if they are concerned about a child's welfare.

149. Training and development for managers is also essential, at both operational and strategic levels. As well as 'foundation level' training, this may include training on joint planning and investigations, chairing multi-disciplinary meetings, supervision and support of staff, and decision-making. Some managers will also need training on the conduct of significant case reviews.

150. Training may be delivered more effectively if there is collaboration across local areas, especially where police or health service boundaries span 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. It should be relevant to different groups from the statutory, third and other sectors, including volunteers, and be regularly reviewed and updated in the light of research and practice experience. A number of resources are available to assist staff development and training and some of these can be found in [Appendix B](#).

151. Child Protection Committees are responsible for publishing, implementing and reviewing an inter-agency child protection training strategy. They should also quality assure and evaluate the impact of that training.

### ***Strategic planning***

152. 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 arrangements for integrated children's services planning and community planning and other public protection fora. The contribution of Child Protection Committees to strategic planning falls into the following two broad categories:

#### Communication, collaboration and co-operation

153. 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 committee and sub-committee level;
- actively promote effective communication, collaboration and co-operation between all services and agencies;
- identify and resolve any issues between services and agencies that hinder the protection of children and young people;
- demonstrate effective communication with other inter-agency partnerships and bodies;
- communicate effectively 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.

#### Making and maintaining links with other planning fora

154. 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 need 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 areas where 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.

155. While this list is not exhaustive, these connections will include:

- the Chief Officers' Group;
- all services and agencies represented on the Child Protection Committee, sub-committees and/or groups including the local authority, the NHS, police and the Scottish Children's Reporter Administration;
- Elected Members Committees;

- Adult Protection Committees;
- adult services (e.g. mental health, criminal justice or learning disability services);
- 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;
- Violence Against Women/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 Procurator Fiscal Service; and
- NHS Child Protection Action Groups.

### ***Public information and communication***

#### Raising public awareness

156. 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.

157. Child Protection Committees will produce and disseminate public information about protecting children and young people. Child Protection Committees will design, develop, publish, distribute, disseminate, implement, 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 among children and young people;
- adapting good practice from others and exploring opportunities to fulfil these responsibilities with other Child Protection Committees;
- promoting the ethos that “child protection is everyone’s job” in keeping with the GIRFEC approach; 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

158. Child Protection Committees will ensure that the views of children, young people and their families are clearly evidenced in their work, in accordance with GIRFEC principles. It is vital that this area is not addressed in a tokenistic manner and that children's views are fed into the planning and implementation of improvements. Each Child Protection Committee will:

- be able to demonstrate that its work is informed by the perspective of children and young people, including the most vulnerable and those with direct experiences of child protection services;
- review and develop their strategies for doing so; and
- involve children and young people in the design, development and implementation of Child Protection Committees' public information and communication strategies, to ensure that information is accessible and that children's experiences and perspectives are properly reflected.

159. There are a number of ways of doing this. For the purposes of 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; and
- ensuring that the views of children and young people are accounted for through the application of inter-agency quality assurance mechanisms.



## SINGLE AGENCY RESPONSIBILITIES FOR CHILD PROTECTION

160. All agencies that 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. These include: identifying concerns; sharing relevant information; contributing to risk assessments and Child Protection Plans; and, in some instances, actively contributing to investigations and providing specialist advice or support. 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.

### Shared responsibilities

All staff at all levels in all services, including third and private sector services, should:

- have information, advice and training to make them aware of risks to children and understand their particular responsibilities in keeping children safe;
- have ready access to appropriate, relevant and up-to-date guidance that tells them what action to take if they are concerned about a child's safety or welfare;
- understand what, how and when to record and share information to keep children safe, and be able to do so;
- know what action to take if families with children whose names are on the Child Protection Register, or about whom there are significant concerns, fail to attend services or agreed appointments;
- be given information, advice and training to help them understand key child protection processes and the roles and responsibilities of staff in their own and other services who may play a significant role in protecting children; and
- have appropriate support from managers when they are concerned about a child or when they are involved in child protection processes.

161. 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

162. Local authorities have a duty to safeguard and promote the welfare of children in need in their area, including disabled children, and, insofar as is consistent with that duty, to promote the upbringing of children by their families by providing a range and level of services appropriate to children'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 they have about the child. [\*The Role of the Registered Social Worker in Statutory Interventions: Guidance for Local Authorities\*](#) stipulates that, where children are in need of protection and/or in danger of serious exploitation or significant harm, a registered social worker will be accountable for:

- carrying out enquiries and making recommendations where necessary as to whether or not the child or young person should be the subject of compulsory protection measures;
- implementing the social work component of a risk management plan and taking appropriate action where there is concern that a multi-agency plan is not being actioned; and
- making recommendations to a children's hearing or court as to whether the child should be accommodated away from home.

163. Children and family social workers also either directly provide, or facilitate access to, a wide range of services to support vulnerable children and families, increase parents' competence and confidence, improve children's day-to-day experiences and help them recover from the impact of abuse and neglect. For children in need of care and protection, social workers usually act as Lead Professional, co-ordinating services and support as agreed in the Child Protection Plan. Social workers play a key role in helping to ensure that suitable care arrangements are put in place by identifying appropriate placements, assessing and supporting kinship carers and foster carers and supporting children within these placements.

164. In fulfilling the local authorities' responsibilities to children in need of protection, social work services have a number of key roles. These include co-ordinating multi-agency risk assessments, arranging Child Protection Case Conferences, maintaining the Child Protection Register and supervising children on behalf of the Children's Hearing.

165. Local authority social work services also have a clear responsibility towards children from their own area, including when those children are placed outside the authority's geographical boundaries or with carers or in establishments managed by providers other than the local authority.

### Criminal justice social work services

166. Local authorities' criminal justice social work services also have responsibilities for the supervision and management of risk relating to adults who have committed offences against children as well as other high-risk offences. Criminal justice staff may be directly involved in risk assessment, supervision and intervention with 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 cases of domestic abuse or alcohol and/or drug misuse.

### Adult support services

167. Adult services can include a range of specialist provisions for particular groups, including the elderly, those with mental health issues, people with disabilities and adults at risk and in need of support and/or protection. Although the services will invariably be offered to the adult, all staff should be aware of the circumstances in which a child's needs within the family should be identified and considered. Adult services, along with colleagues in children and families services, should ensure there is strong transitional planning for young people entering their services. This should form part of the single planning process for that young person.

### Youth justice

168. Youth justice staff work with children and young people involved in offending behaviour. Such young people may need support in relation to past experiences of abuse, as well as help to manage their offending behaviour. Youth justice staff may be asked to contribute to risk assessments as well as to support or protection plans. Youth justice staff can also play an important role in assessing and intervening with children and young people who may present risks to others.

### ***Education services***

169. Education practitioners, school staff and staff in other learning settings play a crucial role in the support and protection of children as well as the development of their well-being. Teachers are likely to have the greatest level of day-to-day contact with children and so are well placed to observe physical and psychological changes in a child that could indicate abuse and to contribute 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. They should share information about any concerns with the social work service or the police at an early stage via their established reporting mechanisms. They may also be asked to help with investigations into alleged or suspected abuse or neglect. Children and young people often see teachers as a trusted source of help and support and where the concerns do not constitute a child protection concern the teacher may have a supporting role in developing a Child's Plan

170. Through Curriculum for Excellence, education practitioners have an important role in equipping children with the knowledge, skills and understanding they need to

keep themselves and others safe. This could include offering advice and guidance on issues such as drugs, alcohol, using e-technology and bullying.

171. Education services work with a range of other agencies, including youth workers and Community Learning and Development. Education services can provide a range of services and support to meet the needs of a child or young person and education staff can support a child in ongoing planning and support for children, including participation in Child Protection Case Conferences and core groups.

172. Where a child goes missing from education, education services within local authorities will conduct local investigations to try and locate the child. If these are not successful, the local authority may make a referral to Children Missing From Education (CME). CME (Scotland)<sup>6</sup> can assist local authorities by co-ordinating wider searches across the range of local authorities, other organisations and outside Scotland.

173. Education services also have certain responsibilities towards children educated at home, which can include assessing the educational provision being made. Where a parent elects not to allow access to their home or their child, this should not in itself constitute grounds for concern.

### Early Years services

174. 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. Establishments for the under-fives can offer significant support to vulnerable children and their families and may often be the first to become aware that a family needs additional support or identify concerns about possible harm to a child. They may also be the first point of contact for a parent/carer who needs support. Often they will play a crucial role in providing support and effective intervention to a child and their family once concerns have been identified, as well as monitoring the child's well-being on an ongoing basis. Family centre staff can play a key role, supervising contact between looked-after children and their parents, assessing the quality of parent/child interaction, promoting positive parenting and supporting bonding. They make an essential contribution to risk and need assessment and planning. Early Years staff help all children build resilience, and where they are vulnerable, make sense of their situations and recover from trauma.

### **Police**

175. 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 provide any information that will assist the Procurator Fiscal to decide whether a criminal prosecution should take place. The police will refer a child to the Children's Reporter if they believe that they may be in need of compulsory measures of supervision.

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<sup>6</sup> For further information, see [www.scotxed.net](http://www.scotxed.net).

176. Child protection is a fundamental part of the duties of all police officers. Officers may become aware of children who may be at risk in a variety of ways. Patrol officers attending domestic violence incidents or investigating drug use, for example, should be aware of the impact of adults' behaviour on any children normally resident within the household. Officers may gain access to homes where living conditions are poor. When conducting investigations, they may become aware of children who are at home where they should be at school or be suspicious about a child's status within the household. A child's appearance or demeanour may give rise to concern. Officers will also be mindful of the need to ensure adequate care arrangements when parents are detained or cannot care for their children for other reasons. Community safety officers and campus police officers contribute to prevention and personal safety programmes for children and young people.

177. In an emergency the police have the specific power under the Children (Scotland) Act 1995 to ensure the immediate protection of children believed to be suffering from, or at risk of, significant harm, commonly referred to as 'Police Emergency Powers'. It should be borne in mind that these measures are utilised in emergency situations. Where a child is removed to a place of safety, the local authority must seek a Child Protection Order to ensure the ongoing protection and safety of that child

#### Specialist public protection units

178. All police forces in Scotland have dedicated child protection officers to tackle the abuse of children. The police are responsible for investigation and for gathering evidence in criminal investigations. This task may be carried out in conjunction with other agencies, including social work services and medical practitioners, but the police are ultimately accountable for the product of criminal enquiries.

179. The police hold important information about children who may be at risk of harm or significant harm, as well as about those who cause such harm. They will share this information and intelligence with other organisations when required to protect children or help other agencies to carry out early intervention in response to concerns about well-being. Where appropriate, the police should attend and contribute to Child Protection Case Conferences. However, police are unlikely to play an active role in the core group responsible for developing the Child Protection Plan, unless their involvement is crucial to the successful implementation of the plan.

180. Police also liaise with a number of adult services where investigations dealing with adults may impact upon children. For example, they may liaise with social services on issues such as youth justice, adult protection, children affected by parental alcohol and/or drug misuse, anti-social behaviour, domestic abuse and offender management.

181. Following a risk assessment, there are a range of circumstances in which the police may consider that the need to protect children and vulnerable adults will not be fulfilled by disclosing such information to the local authority or other agencies alone. Any decision to disclose to further third parties is made carefully on a case-by-case basis, in consultation with any other relevant agencies and taking into account a wide range of factors.

### **Health services**

182. Health practitioners are responsible for the physical and psychological well-being of their patients. In addition to their work in promoting well-being they 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 investigations into alleged or suspected abuse or neglect and will be involved in the joint planning. Health practitioners are an integral part of inter-agency Child Protection Plans and provide support and assistance to families. All NHS services should have a designated nurse for child protection/nurse consultant or lead nurse and designated child protection advisory staff who are experienced child protection professionals with a health background.

183. The following list of health practitioners is not intended to be exhaustive. All staff working in a healthcare setting should be aware of their responsibilities in identifying and sharing concerns about a child's care or protection:

#### Maternity services

184. Maternity services, and midwives in particular, have a significant role in identifying risk factors to the child during pregnancy, birth and in the post-natal period, both in the hospital and the community. Midwives should be alert to risk factors for the mother and the infant including, but not limited to, alcohol and/or drug misuse, domestic abuse and mental health problems such as post-natal depression. Midwives and staff in hospital settings, including paediatric hospital services, can assess the attachment of infants to their carers and offer early intervention and support to expectant and new parents.

#### Community nursing services for children

185. Health visitors/public health nurses play a key role in the prevention and early identification of child protection and care concerns. After the midwife's post-natal care ends, a health visitor/public health nurse will become a child's named person (or, in some cases, their Lead Professional), normally until the child starts full-time primary education. Health visitors/public health nurses provide a consistent, knowledgeable and skilled point of contact for families, assessing children's development and planning 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 providing support.

186. The school nurse can contribute to prevention and early detection of child abuse through a range of health promotion activities. These include: working with teachers on personal, social and health education; monitoring the health of the school population; liaising effectively with teachers and other practitioners; and profiling the health of the school population so that nursing services can be targeted

where they are needed most. School nurses continue to monitor the development and health and well-being of all children who have additional and intensive health plan indicators from primary 1 onwards for as long as necessary. Where child protection concerns arise, the school nurse should always be alerted and, where appropriate, involved to ensure the child's health needs are fully identified and met.

### General practitioners

187. The role of the general practitioner (GP) and the practice team in child protection can be critical in detecting potential concerns, since they will often regularly engage with children and families. Their role 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/public health nurses, midwives, school nurses and practice nurses will all help to build up a picture of the child's situation and highlight any areas of concern. GPs can provide direct support to children and their families and contribute to the Child's Plan and specifically, the Child Protection Case Conference and/or the Child Protection Plan. GPs and practices must have protocols in place for engaging with other services where child protection concerns arise.

### Paediatricians

188. Paediatricians working in hospitals or in the community will come into contact with child abuse in the course of their work. All paediatricians have a duty to identify child abuse and neglect and must therefore maintain their skills in this area and make sure they are familiar with the procedures to be followed where abuse or neglect is suspected.

189. Consultant paediatricians, in particular, will be involved in difficult diagnostic situations, where they must differentiate abnormalities resulting from abuse from those with 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 skills, including examination of children who allege sexual abuse, interpretation of injuries, report writing and appearing as expert witnesses.

### Accident and emergency services

190. Accident and emergency staff may be the first point of contact in cases of suspected or actual child abuse and neglect. This may include scenarios where adult carers are presenting with an injury/health problem. The same applies to the Ambulance Service. Emergency Dispatch Centres record and register all calls and can act as an initial hub for emergency medical responses or notifications.

191. Carers may seek medical care from a number of sources in order to conceal the fact that a child is being injured regularly. Local arrangements will need to be in place to address this. Similarly, staff may notice a child or young person presenting themselves repeatedly, even with slight injuries, in a way that they find worrying. This may include signs of self-harming or of alcohol and/or drug misuse. Arrangements



for obtaining medical and nursing advice from the appropriate designated professional/team should be in place locally.

### NHS 24

192. NHS 24 is a special health board providing national services including online, telephone, video and web-based services. NHS 24 provides access to clinical assessment, healthcare advice and information and aims to give customers the assistance and advice they require to meet their health needs. Most calls to NHS 24 are made out-of-hours, when GP surgeries are closed, but the service is available 24 hours a day. When NHS 24 staff identify a child protection issue they will share this information with partners from other agencies to ensure that services are alert to the protection needs of the unborn baby, child or young person.

### Community pharmacy services

193. Community pharmacists, pharmacy technicians and pharmacy support staff regularly deal with children and parents/carers including those in 'at risk' groups such as children of drug misusers in the course of their day to day practice. As such, they have an important role to play in identifying whether a child is at risk of abuse.

### Mental health services

194. Child and adolescent services have an active role to play in identifying concerns about children and young people. Child and adolescent mental health services (CAMHS) may become aware of children and young people who have experienced, or are at risk of, abuse and/or neglect, and are well placed to carry out assessments and provide support. In some cases, adults and older young people may disclose abuse experienced some time ago. Even if they are no longer in the abusive situation, a crime may still have been committed and other children may still be at risk. CAMHS staff can help implement Child Protection Plans, providing therapeutic support to help children recover from the impact of abuse or neglect, build resilience and develop helpful strategies for the future.

195. Health practitioners working with adults with mental health problems should always be aware of how those problems might impact on any children in the family. Where they have concerns – for example regarding domestic abuse, drug and /or alcohol misuse – they should liaise with colleagues in children's services. If they are concerned that a patient's mental state could put children at risk of immediate or significant harm, they should take action in line with local procedures.

### Adult healthcare providers

196. All health staff – including those providing services to adults – have a duty of care to children and young people, and must work to consider and identify their needs. Providers of adult health services are responsible for identifying concerns over a child or young person's well-being and putting procedures in place for reporting and responding to those concerns.

### Dental care practitioners

197. 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 that information.

### Other health services

198. Other staff are well placed to identify child protection concerns, for example, medical and nursing staff in hospital specialisms such as paediatric surgery, orthopaedics, gynaecology and sexual health services. Staff assessing and treating children and young people may identify unusual patterns of injuries which are not consistent with explanations offered or notice delays in seeking healthcare. All staff can observe behaviour that may be harmful to a child or young person, for example, at visiting times. Medical advice can be sought from the lead designated consultant paediatrician for child protection or from the designated nurse for child protection, nurse consultant or child protection team/service, as per local arrangements.

### **Addiction services**

199. Addiction services, whether based within health or social work services or delivered by a community-based joint addiction team, have an important role to play in the protection of children. Staff from addiction services can play a critical role in the ongoing assessment and monitoring of risk by monitoring adults' behaviour, sharing information and participating in core groups and other planning meetings. All addiction staff should identify where children are living in the same household as and/or are being cared for by adults with alcohol and/or drug use problems. Consideration should then be given to how the alcohol and/or drug misuse of the parent or carer impacts on the child, in conjunction with children and family services. For further information, see the section on [Parental alcohol and drug misuse](#).

### **Other local authority services**

200. Staff in other local authority services may encounter situations 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

201. While 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 investigation or assessment and should be prepared to share this information and to attend conferences as required. Housing departments may be involved in providing accommodation or advice in situations where, for example, a woman and her child or children become homeless due to domestic abuse or where overcrowding, poor conditions or social isolation contribute to the risk of abuse. Housing services will also often play a key role in the management of risk posed by dangerous offenders. Where the local authority does not provide the housing service, independent housing organisations



and associations can and should still play an active role in supporting and identifying vulnerable children.

### Culture and leisure services

202. Culture and leisure services will encompass a number of services that are specifically designed for or include children and young people. Services such as libraries, play schemes and play facilities, parks and gardens, sport and leisure centres, events and attractions, museums and arts centres all have a responsibility to ensure children and young people's safety. Such services may be directly provided or purchased or grant-aided by local authorities from voluntary and other organisations and, as such, represent an opportunity to promote child protection across sectors. Those working in sport-related services should be familiar with the [National Strategy for Child Protection in Sport](#).

### Community safety services

203. Community safety services provide a range of support for a number of socially isolated and vulnerable groups, including asylum seekers, domestic abuse victims and young people involved in anti-social behaviour. As many individuals involved in such situations have experienced abuse themselves and/or been in contact with children and young people who are particularly vulnerable, all staff should be alert to the welfare of children and young people and understand their responsibilities to share any concerns with the relevant services.

### ***Scottish Children's Reporter Administration***

204. Children can be referred to the Reporter by anyone 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.

205. In making this assessment, the Reporter will rely on information from other agencies, most commonly social work and education services, although healthcare staff may also be asked to contribute. If the Reporter decides that there is sufficient evidence to necessitate supervision measures, the child will be called to a Children's Hearing. The investigation can take place at the same time as a criminal investigation or criminal court case, but the focus will remain on the needs and welfare of the child or young person.

206. A Children's Hearing is a lay tribunal made up of a panel of three specially trained volunteers from the local community. The Hearing decides on a course of action that it believes is in the child's best interests, based on reports from a social worker in the local authority and, where appropriate, from the child's school. Medical, psychological and psychiatric reports may also be requested. The Hearing discusses the child's circumstances fully with the parents, the child or young person themselves and other relevant representatives and professionals (most commonly

the social worker) before reaching a decision.

207. Supervision requirements are the most common form of compulsory supervision made by Children's Hearings. (Children who are referred on care and protection grounds, as well as those referred on offence grounds, can be the subject of a supervision requirement.) Supervision requirements vary, although the most common involve supervision at home by a social worker. In other cases, a child could be required to live away from home, for example with foster carers, in a local authority home or in a residential school. It is the statutory responsibility of local authorities to implement supervision requirements. Where there is no requirement for compulsory measures of supervision, children and young people can be dealt with in a number of ways, including: restorative justice, voluntary measures or tailored programmes to tackle their behaviour.

208. 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 have accepted that there is a problem and are already working with agencies such as restorative justice or social services.

209. The Reporter also has a role as a legal agent at Sheriff Court. First, 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 the evidence in court and seek to have the grounds established. Second, 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***

210. 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. In child protection matters the police carry out a criminal investigation and submit a report to the local Procurator Fiscal. The Procurator Fiscal considers this report and decides whether criminal proceedings should take place. This decision is taken in the public interest. In taking this decision, the Procurator Fiscal will consider if there is enough evidence in the case. Where there is, the Procurator Fiscal will consider a number of additional factors including: the seriousness of the offence; the length of time since the offence took place; the interests of the victim and other witnesses; the age of the offender; any previous convictions and other relevant factors; local community interests or general public concern; and any other factors at his/her discretion according to the facts and circumstances of the case.

211. If there is enough evidence, the Procurator Fiscal will then decide what action is appropriate: whether to prosecute, offer an alternative to prosecution or to take no action in the case. In cases that will be considered by a jury, the Procurator Fiscal

will interview witnesses and gather and review the forensic and other evidence before Crown Counsel makes the final decision on whether to prosecute.

## **Other community and related services**

### ***Third sector***

212. The third sector is made up of various types of organisation with certain characteristics in common. They are non-governmental, value-driven and typically reinvest any profits in furthering their social, environment or cultural objectives. The term encompasses voluntary and community organisations, charities, social enterprises, co-operatives and mutuals, both large and small.

213. The third sector is a significant provider of services for children and young people, including nurseries, residential care, pre-school play groups, parenting and family support, youth work and other youth services, befriending, counselling, respite care, foster care, adoption, through-care and after-care, advocacy, helplines and education. Some services are provided substantially by volunteers, particularly in relation to youth work (e.g. Scouts Scotland and Guiding Scotland) and helplines (e.g. ChildLine). The third sector includes a number of large to medium-sized charities providing a wide range of specialised services. These often deploy both professional staff and volunteers.

214. The third sector plays a significant role in engaging with and improving outcomes for children and young people who are vulnerable or disadvantaged for a wide range of reasons including poverty, neglect and disability. Voluntary organisations are often in an ideal position to win the trust and confidence of those children and families who are suspicious of statutory interventions.

215. Many voluntary organisations will have direct or indirect engagement with children, young people and parents, even if this is not their principal activity. Providers of services to adults, for example, in relation to housing/tenancy support, mental health, disability, drug and alcohol abuse, may become concerned about children within a family, without necessarily having seen the children.

### ***Sport organisations and clubs***

216. Sports organisations work with a diverse range of children and young people in the community. Some young people may only attend a holiday sport activity, while others may regularly attend and participate in a sports club and a small number are involved in elite sports. All of these activities are run by committed, paid and unpaid coaches and workers who have various degrees of contact with children and young people. These workers will often become significant role models and trusted people in a child's life. The Safeguarding in Sport service is a partnership between Children 1<sup>st</sup> and sportscotland which supports sports organisations and individuals across Scotland, including sports governing bodies, clubs, local authorities and parents and carers, to keep children safe in and through sport by providing advice, consultancy, training and support. Organisations and community groups involved in sport activities should familiarise themselves with the [National Strategy for Child Protection in Sport](#).

### ***Faith organisations***

217. It is widely recognised that many churches and faith communities provide regulated care as well as a wide range of voluntary services for children and young people. Religious leaders, staff and volunteers have an important role in protecting children and supporting children and families.

218. Churches and faith communities provide carefully planned activities for children and young people, supporting families under stress, caring for those hurt by abuse in the past, and ministering to and managing those who have caused harm. It is because of these varied ministries that all reasonable steps are taken to provide a safe environment that promotes and supports the well-being of children and young people. This will include carefully selecting and appointing those who work with children and responding robustly where concerns arise.

219. All major denominations in Scotland now employ paid professional staff to advise and guide their church in child protection matters. These staff are available for consultation and will work with social workers and police officers as and when required.

### ***Independent schools***

220. As with teachers in local authority establishments, staff in independent schools have a responsibility to ensure that the children in their care are not harmed. This applies to teachers generally, but has added force in 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 and the Protection of Vulnerable Groups (Scotland) Act 2007 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.

### ***Early Years providers***

221. Early Years provision can be delivered by private nurseries and day care services including all-day care groups, playgroups, parent and toddler groups and under-5s groups. Many services are provided by third sector organisations but providers may also be private sector or independent groups. Early Years provision can also be delivered by self-employed childminders who must register their services with the Care Commission. As with any service that works directly with children and their families, Early Years providers are often well placed to identify concerns and offer support.

### ***Carers looking after children away from home***

222. 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, creating and maintaining a safe environment where the child feels valued and listened to. Carers looking after children away from home can provide pivotal support to the child via the Child Protection Plan as well as particular insight into the child or young person's needs through day-to-day care and interaction. All carers should adopt practices that minimise situations where abuse could occur, know how to respond to any disclosures of abuse and work within the agreed local reporting arrangements within their area. For further information, see the section on [Children who are looked after away from home](#).

## WIDER PLANNING LINKS

223. As child protection and social work services inspection reports have underlined in recent years, planning by all relevant services is critical to ensuring the best possible outcomes for children, especially the most vulnerable. 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 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

224. Child protection planning is embedded in the statutory duties of local authorities 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. The Act also requires local authorities to consult a range of partners. Integrated children's services plans should be overarching 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.

225. 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*

226. Local services plans should reflect the 15 national outcomes set out in the Concordat between the Scottish Government and the Convention of Scottish Local Authorities (COSLA) through the Single Outcome Agreement. 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.

227. However, there are other cross-cutting national outcomes that will also 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.

228. There is a range of policy frameworks in place in addition to the Early Years Framework that aim to deliver these outcomes through the GIRFEC approach. These should be reflected in services planning and include:

- [Curriculum for Excellence](#), which sets the goal of enabling 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 alcohol and/or drug misuse, children affected by domestic abuse, disabled children and children at risk of being trafficked.

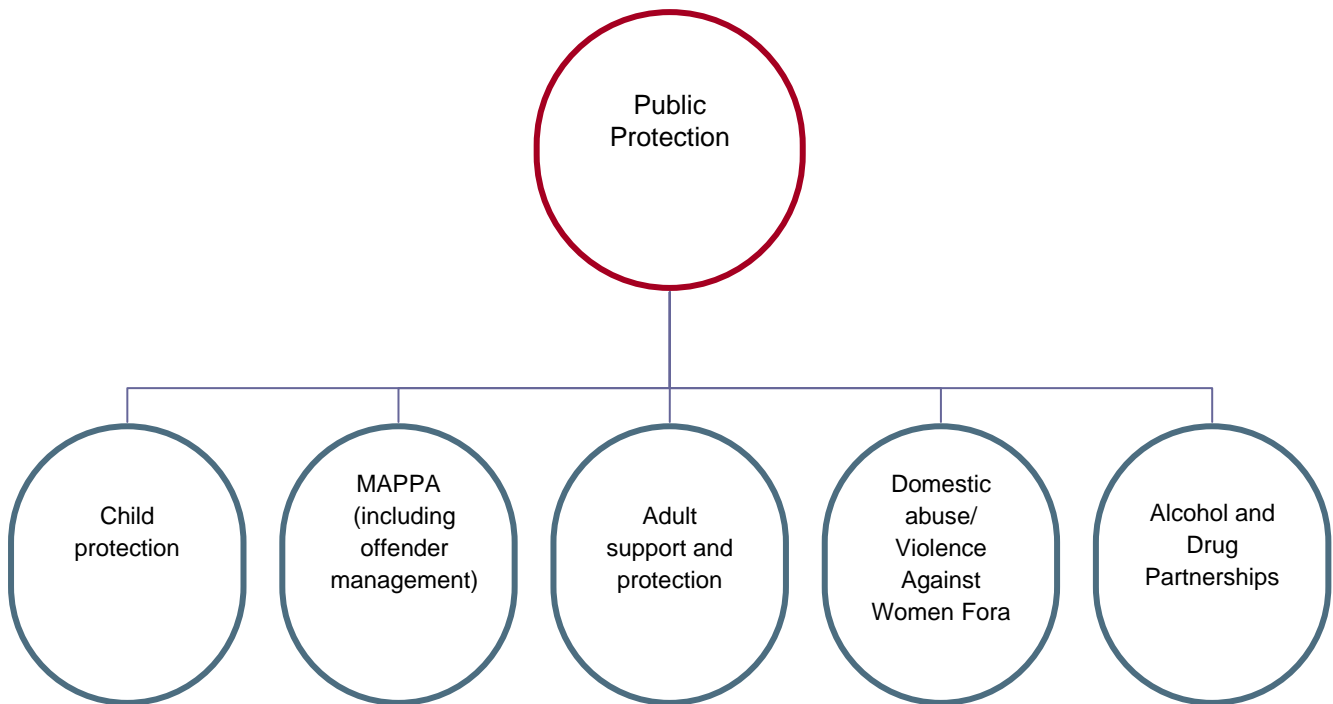
### **Local links**

229. 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 sit within service planning processes, the child protection agenda ought to be reflected in wider social and economic strategies so that all the factors that contribute to poor outcomes for children can be addressed.

230. Children's services planning should be within the community planning framework. There should be direct links from the children's services plan to the Single Outcome Agreement and the Community Plan and the local Child Protection Action Plan should be part of the integrated Children's Services Plan. Local areas must ensure 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's services and community planning.

231. Linkages need to be made across service areas as well, particularly between child protection and adult and public protection. These links should identify common themes and determine joint and separate actions that need to be taken. The process can be illustrated as follows:





### Public protection

232. 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 support needed to reduce the risk in their lives. In some areas this work is overseen by a dedicated public protection forum, while in others individual fora are responsible for their particular area of activity. Whatever the local arrangements, steps need to be taken locally to ensure that areas of overlap and commonality are identified to ensure a consistent approach to planning and service delivery.

233. Public protection is the prevention of harm to vulnerable groups and involves working with both victims and perpetrators. With perpetrators, the aim should be to reduce future risk. At a minimum this may involve ensuring that the right monitoring arrangements are in place to track an individual's behaviour, but it may also mean working with that individual to help them understand their behaviour and how it impacts on others.

234. 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 the other agencies involved. Agencies must also agree the outcomes they are working towards. Achieving a balance between the welfare of the child, which should be paramount, and the needs of the adult will require effective management.

235. Co-ordinated planning and intervention needs to be supported by training and awareness-raising and ensuring that the right frameworks are in place. For example,



there will need to be 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.

## Transition planning

236. The move from child to adult services presents significant risks. Young people at this transition stage can drop out of services altogether, losing their safety net of support. The risk is exacerbated by the fact that different agencies have different criteria for defining when someone becomes an adult, or can access particular services. The importance of ensuring appropriate planning to support these transitions is vital. Local services should consider how best to manage transition, establishing clear planning processes, taking steps to identify the needs of individual young people and looking at the interventions they might need to support and, if necessary, protect them in adulthood. Agencies should be clear about the collective responsibility to manage this transition effectively and Chief Officers should ensure this understanding is reflected in single forum objectives. There needs to be agreement with those responsible for areas such as MAPPA, adult protection, Violence Against Women and Alcohol and Drug Partnerships to ensure that mutual responsibilities are properly reflected in each agency's guidance.

237. The Lead Professional for the child or young person must ensure a careful and planned transfer of responsibility when another practitioner becomes the Lead Professional and/or when another service becomes the lead agency.

### Key considerations for strategic transition planning

- Particular areas where Child Protection Committees and other public protection fora will need to work together include the development of policies and procedures and training plans and provision. Child Protection Committees should establish sub-group arrangements so that other relevant public protection services are properly represented in those areas where their remits overlap. There may also be opportunities for public protection fora to share learning and development in relation to quality assurance (particularly multi-agency case file audits and significant case reviews).
- Child Protection Committees should ensure that there are appropriate operational links between adult and children's services to address protection issues. These links should ensure good communication, fostering a good understanding of risk and safety issues for all age groups. There will be overlap between child and adult protection. Assessment and planning processes may need to be aligned and some investigations or assessments may be best undertaken jointly, for example when child and adult protection issues are identified within the same family. The aim should be to maximise the safety and welfare of children and at-risk adults while minimising the impact of the investigation on those involved.

## MAPPA

238. Multi-agency public protection arrangements (MAPPA) are a set of arrangements established by statute [Management of Offenders etc \(Scotland\) Act 2005](#).<sup>7</sup> They require responsible authorities and others to establish jointly arrangements for assessing and managing risks posed by high-risk offenders, and apply to registered sex offenders and restricted patients. MAPPA is not a statutory body in itself, but a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. The responsible authorities are local authorities, the police, Scottish Prison Services and health services, but the duty to co-operate extends to other services including the third sector (such as those providing housing services). 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.

239. Which agency has primary responsibility for co-ordinating the management plan will depend on the statutory basis for involvement. The level of risk is determined by the application of formal assessment tools and the resulting action plan will focus on effective risk management.

240. As part of the MAPPA process, those responsible should consider the impact on victims and adult survivors, including child and adult protection issues. 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.

241. Where there are child protection issues, it is critical that the Child Protection Plan and plans for managing the risk posed by the offender complement each other. Any discussion of child protection issues should be informed by information available on the offender's behaviour, mode of operation and level of risk. Consideration should also be given to the needs of others, for example immediate family members and former victims.

242. In addition to local arrangements for MAPPA, eight Community Justice Authorities were established in 2006 by the [Management of Offenders etc \(Scotland\) Act 2005](#). They are independent statutory bodies with planning, monitoring and reporting functions. The Act establishes a duty to co-operate between Community Justice Authorities, local authorities and Scottish Prison Service in the management of offenders. The Authorities' aim is to target services to reduce reoffending and to ensure close co-operation between community and prison services to aid the rehabilitation of offenders and provide local solutions to local issues. Community Justice Authorities work in partnership with a range of agencies including local authorities and police forces within their area, NHS Boards, third sector services, the Crown Office and Procurator Fiscal Service and Victim Support Scotland.

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<sup>7</sup> For further information, see <http://scotland.gov.uk/Publications/2008/04/18144823/0>.

## Violence Against Women/Domestic Abuse Partnerships

243. Following the publication of the [National Strategy to Address Domestic Abuse](#) in 2000, Domestic Abuse Multi-Agency Partnerships (MAPs) were established in every local authority area in Scotland and 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, establishing strategic priorities and, generally, developing 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 or are at risk of violence and abuse are firmly embedded in local priorities and service initiatives and that positive outcomes are achieved. This has been supplemented by the [National Domestic Abuse Delivery Plan for Children and Young People \(2008\)](#) which is based on the GIRFEC principles and the National Strategy.

244. 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; relevant local authority departments; health services; the 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

245. Adult and child protection interact in numerous ways. Co-ordination and collaboration between both sets of services is crucial at both individual case and wider service level. Whatever structures are established for governance and strategic leadership of child and adult protection services, arrangements for linking child and adult protection services which can address common agendas, resolve potential conflicts and create synergies must be in place at Chief Officer/Executive Group level (local and/or regional) and Child Protection Committee level. As a minimum, these arrangements need to 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.

246. Consideration should, in particular, be given to the roles of chairs, child protection lead officers and adult protection co-ordinators, and to how best these roles can be linked. As a minimum, linking 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.

247. Some young people may behave in ways that are abusive to adults at risk. While they 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 share concerns and work with the appropriate children's services. Similarly, there may also be situations where an adult in need of protection is assessed as being a risk to children. Local arrangements should ensure that appropriate assessments and plans are put in place in such situations.

248. In respect of adult support and protection, the statutory framework governing adult protection establishes specific criteria for identifying an adult at risk. Young people identified as in need of protection will not automatically fit these criteria when they reach the age of 16, and services should ensure there is routine consideration of their 'risk' status. Child and Adult Protection Committees should jointly develop robust procedures to ensure ongoing support for any child about whom there are child protection concerns at the point where 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 15<sup>th</sup> birthday should be made so that plans are put in place in good time and any necessary legal steps can be pursued. These arrangements should include provision 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; rather, they will underpin the transition 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. Issues of consent are of particular significance here as the young person may choose not to accept the services offered.

249. These operational considerations clearly show that staff working in child protection services will need training to help them identify and act on adult protection issues; and 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 best understood through appropriate joint training.

### **Alcohol and Drug Partnerships**

250. Children affected by parental alcohol and/or drug misuse are among the most vulnerable in society and require particular care and support. This is because alcohol and/or drug 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 alcohol and/or drug-misusing parents and carers, and ensure that adequate and early plans are in place to support them.

251. 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. As part of this change, new Alcohol and Drug Partnerships were created in October 2009 in each local authority area. The Alcohol and Drug Partnerships replaced the former Alcohol and Drug Action Teams.

252. National alcohol and drugs policy (including the range of activity underway across Government to improve circumstances for children affected by parental alcohol and/or drug misuse) is largely set out in: the 2008 National Drugs Strategy, [The Road to Recovery](#); and the 2009 National Alcohol Framework, [Changing Scotland's Relationship with Alcohol](#).

253. Alcohol and Drug Partnerships are ultimately responsible for providing strategic direction on alcohol and drug issues within local Community Planning Partnerships. Alcohol and Drug Partnerships should ensure that community planning takes a coherent response to alcohol and/or drug misuse. They are also expected to be involved in producing, implementing and monitoring of those local Single Outcome Agreements that include an alcohol and/or drug misuse element.

#### Strategic links

254. The creation of Alcohol and Drug Partnerships presents an 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 Alcohol and Drug Partnerships and Child Protection Committees. In particular, the Alcohol and Drug Partnerships will play a vital role in making sure that local adult services understand and optimise their contribution to improving outcomes for children. It is important that any local arrangements also take account of key national guidance documents about alcohol and/or drug misuse and child protection.

255. Chairs and lead officers of Alcohol and Drug Partnerships 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 Alcohol and Drug Partnerships should place a designated representative on their local Child Protection Committee, and vice versa, so that there is a direct link between these groups. Alcohol and Drug Partnerships 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

256. It is essential that Alcohol and Drug Partnerships and Child Protection Committees develop local protocols for information-sharing between services and for working with families affected by alcohol and/or drug misuse generally. This should include guidance on resolving disputes where information is not shared and on the use of standardised language by all services involved in making assessments. Local performance monitoring frameworks should be established, to include audit and

longer term evaluation of inter-agency guidelines and outcomes for children and families at local level.

257. Early intervention, including, in particular, early screening for alcohol and/or drug misuse and referrals to services at or around birth are associated with positive longer-term outcomes for a child. Co-ordinated activity in this area should be a theme in any local protocols.

258. Local protocols should set out any local arrangements 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 make early and effective links 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 adults or children.

259. Local protocols should also describe any procedures for ensuring that all services develop a good understanding of adult alcohol and/or drug misuse as well as child protection issues. This is to make certain that relevant information is shared and understood. This will enable practitioners to ask the right questions and know when to forward information to the appropriate agency or individual. Ultimately, Alcohol and Drug Partnerships 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 a child may be at risk.

### Training

260. The complex and varied issues that can underlie alcohol and/or drug misuse are best understood at individual and community level. Training and development may be required to ensure that outcomes for children form an intrinsic part of the planning, commissioning and delivery of services aimed at improving outcomes for adults. All relevant individuals in both children's and adult services should be given bespoke training in dealing with children affected by parental alcohol and/or drug misuse. The training should reflect specific local needs and be delivered on a multi-disciplinary basis so that local agencies and third sector organisations share a common understanding of local issues and can work effectively together to achieve shared goals.



**Part 3:**  
**Identifying and responding**  
**to concerns about children**







## IDENTIFYING AND MANAGING RISK

261. Working with risk is at the heart of child protection. Staff must have the training, tools and confidence to apply their professional judgement in a highly uncertain, complex and rapidly changing environment. 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 of accurate and relevant information and robust decision-making. Failure to properly identify risk can lead to serious, and even fatal, outcomes for children.

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

### The nature of risk

263. 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. From a child protection perspective, it is the risk of 'significant harm' that is central here: where concerns are raised about the potential significant harm to a child, they should be considered **child protection** concerns. There are no absolute criteria for judging what constitutes significant harm: sometimes, it can be a single traumatic event, such as a violent assault or poisoning; often, it is a combination of significant events which can interrupt, change or damage the child's physical and psychological development. The challenge for practitioners is identifying which children require protective measures.

264. When considering the immediate needs of a child or young person once a concern about their possible safety is raised, it is essential that practitioners consider the following questions.

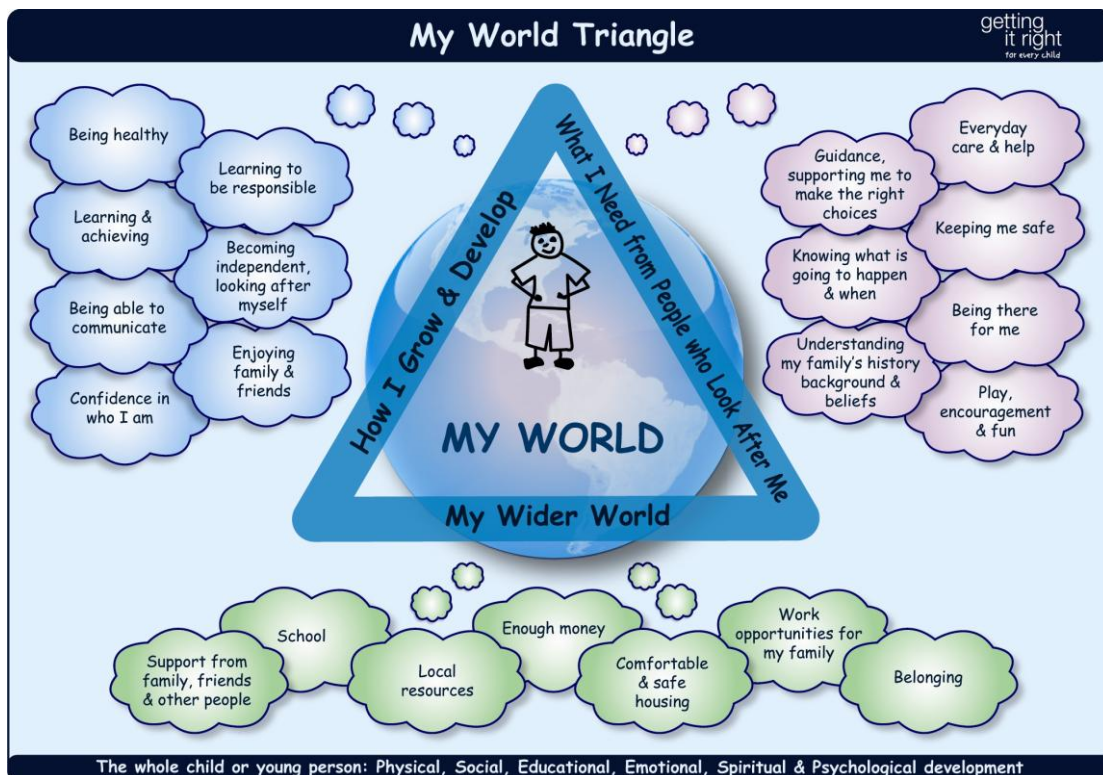
- Is this child or young person at immediate risk?
- What is placing this child at immediate risk?
- What needs to happen to remove this risk now?

265. The GIRFEC approach 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. When assessing a child all staff should therefore be alert to the potential risk factors in their 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. In some cases where a risk assessment is being

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.

266. The [Well-being Indicators](#) provide the broad framework for identifying a child's needs. They do so under eight headings, which should form the basis for single planning around the individual child: safe; healthy; achieving; nurtured; active; respected; responsible; and included. These headings are used to identify what needs to change in the Child's Plan and how progress on outcomes should be monitored and recorded. Because of their role in Child's Plans (and Child Protection Plans), they are a key element in the identification of child protection concerns and management of risk.

267. The [My World Triangle](#) serves as a starting point for considering what risks might be present in a child's life. The Triangle focuses attention on the three dimensions of a child's world: the child themselves; their family; and their wider environment. Once a child protection concern has arisen, the Triangle is a useful tool for gathering information as part of an investigation, focusing attention on areas where there may be risks of significant harm or assessing the factors that have caused the concerns to arise, as expressed in the following diagram.



268. Practitioners using the My World Triangle 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 the following.<sup>8</sup>

- 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?

269. Clearly, not all the issues considered under the triangle will involve risk factors. Together, though, they provide a comprehensive outline of areas to be considered when assessing a child's circumstances.

### Identifying vulnerabilities and the need for risk assessment

270. Using the My World Triangle to identify risk factors is the first step in assessing risk. The next step is to look at how those factors impact on the individual child. The Resilience Matrix developed by Daniel and Wassell<sup>9</sup> provides a framework for weighing up particular risks against protective factors for the individual child. By helping practitioners make sense of the relationship between the child's levels of vulnerability or resilience and the world around them, the matrix may also help highlight areas of risk that need more comprehensive or specialist assessment and analysis. As the diagram below shows, the matrix can be used to examine factors in relation to:

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

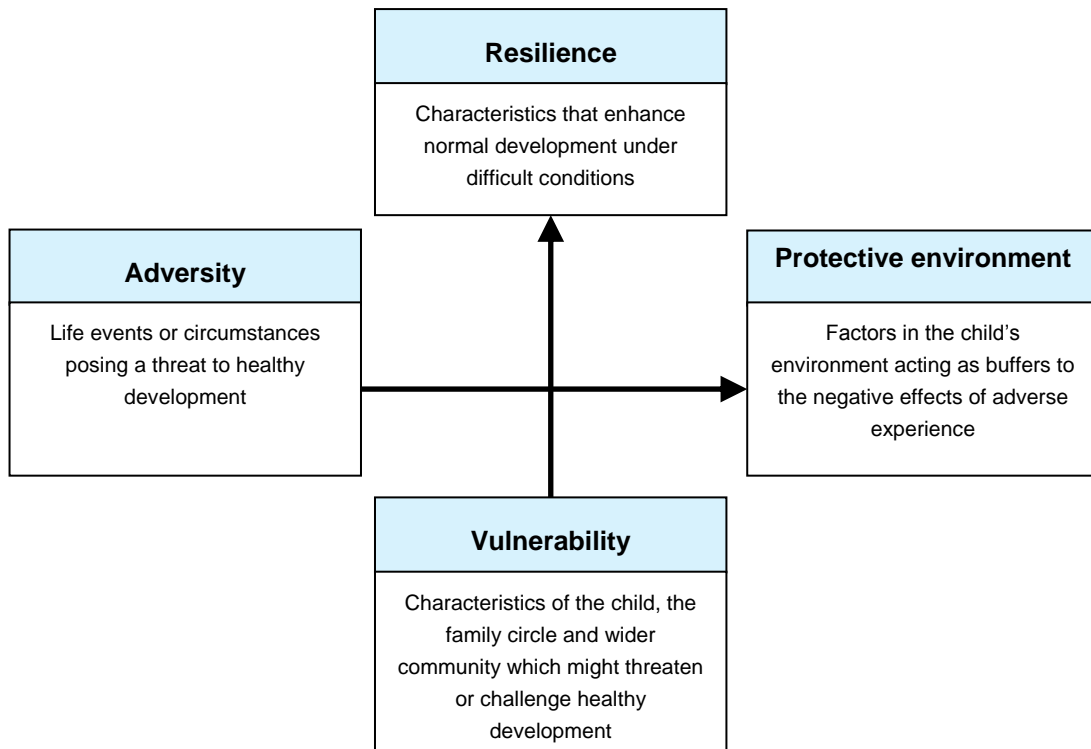
271. This step marks the start of the process of 'unpacking' the individual child's circumstances and exploring their potential impact. The child's circumstances can be plotted on each of the two continuums, allowing the practitioner to see where the impact of these circumstances places them within the matrix and, therefore, how at risk they are:

- resilience within a protective environment (low risk);
- resilience within adverse circumstances (medium risk);
- vulnerable within a protective environment (medium risk); and
- vulnerable within adverse circumstances (high risk).

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<sup>8</sup> *Getting it right for every child: The approach in practice*, Section 4, Scottish Government (2008).

<sup>9</sup> Daniel, B. and Wassell, S. *Assessing and promoting resilience in vulnerable children*, Jessica Kingsley (2002).



272. Where it emerges that a vulnerable child is living in a situation with a high level of adversity, a detailed risk assessment should be carried out. A number of specialist tools can be used. These may focus on specific family/environmental circumstances (such as parental alcohol and/or drug misuse) and/or address particular groups of children (such as children with disability or communication difficulties).

273. A national risk assessment toolkit that sets out in detail how these risk assessment tools can be used effectively is currently under development.

### Assessing risk

274. Risk assessment is not static, 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. The process of identifying and managing risk must therefore also be dynamic, taking account of both current circumstances and previous experiences, and must consider the immediate impact as well as longer-term outcomes for children.

275. Risk assessments are needed in numerous different situations, but there are two scenarios that are worth reviewing:

- where significant harm may arise from a single event; and
- where significant harm may result from an accumulation of events or circumstances.

### ***Risk assessment of a single event***

276. In some child protection circumstances, urgent action is needed to protect the child from any further harm and the immediate safety of the child is the priority consideration. Where such concerns arise and can be immediately verifiable – for example, sexual assault or injury – risk assessment must be carried out straight away in order to guarantee the child’s safety.

277. However, once these steps have been taken, practitioners will need to determine the longer-term safety of the child. Risk identification and management at this stage will focus on the likelihood of future significant harm to the child, the family’s capacity for change and the interventions needed to reduce risk of that significant harm.

278. In other circumstances, a specific, individual concern may be raised about a child and professional judgement will be needed to determine the likelihood and scope of any significant harm. Further investigation may be required to determine the nature and circumstances of events, and a balance will need to be struck between understanding what **has** happened and what **may** happen.

### ***Risk assessment of accumulative concerns***

279. Children are often identified as being at risk of significant harm not as a result of a one-off incident but rather because of increasing, ongoing concerns about their circumstances. These concerns may appear relatively minor in themselves but, together, trigger a need to act.

280. There may also be a need for ongoing assessment of a child who is already subject to child protection actions. Practitioners will need to assess whether there have been any improvements in a child’s circumstances – for example, an increase in parenting capacity – and whether there are still important unmet needs.

### **Managing risk through Child Protection Plans**

281. Having identified risks to a child and their actual or potential impact, the next step will be to consider strategies and interventions for reducing those risks. This will form part of the Child Protection Plan and may build on work already undertaken in the context of a Child’s Plan. Again, consideration should be given to immediate and short-term risks as well as longer-term risks to the child. In addition, Child Protection Plans should reflect a child’s wider emotional, social and developmental needs, as well as their child protection needs.

282. Child Protection Plans should set out in detail the perceived risks and needs, what is required to reduce these risks and meet those needs, and who is expected to take any actions forward including parents and carers (as well as the child themselves). Children and their families need to understand clearly what is being done to support them and why.

283. 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 a positive impact on the child. The Well-being Indicators can help to measure this progress. The Child Protection Plan should include a detailed explanation of specific needs, risks, interventions and desired outcomes under each indicator.

284. Child Protection Plans should also clearly identify:

- the key people involved and their responsibilities;
- timescales;
- support and resources required and, in particular, access to specialist resources;
- the process of monitoring and review; and
- any contingency plans.

### **Risk assessment skills**

285. 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.

286. Staff need to understand their own roles and responsibilities towards children and the role of other services. 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. It is important that practitioners are aware of the latest thinking on how risk indicators affect children, how they can interact together, different tools for identifying these risks and the appropriate actions to take, and the efficacy of existing and new approaches to supporting children.



## RESPONDING TO CONCERNS ABOUT CHILDREN

287. All staff who work and/or come into contact with children and their families have a role to play in child protection. That role will range from identifying and sharing concerns about a child or young person to making an active contribution to joint decision-making and/or planning an investigation to supporting the child or young person and their family (for further information, see [Part 2](#) for more information on roles and responsibilities). Staff should be alert to signs that a child may be experiencing significant harm. When they recognise that a child's safety is compromised and/or that they are, or likely to experience, significant harm, they have a responsibility to follow local procedures for reporting and sharing these concerns.

288. There are a number of tasks for which specific agencies will take the lead role, including: the decision to undertake a child protection investigation; the planning of a joint investigation, including the need for a medical examination; and co-ordinating Child Protection Case Conferences and the Child Protection Plan. It should be noted, however, that where agencies have a specific role, they should still be making use of information from all relevant services and operating as part of a multi-agency response.

289. Formal child protection measures can be broadly divided into a number of different stages, which are discussed in detail in the sections below:

- recognising actual or potential harm to a child;
- sharing concerns and initial information-gathering;
- joint investigation/assessment;
- medical examination and assessment;
- Child Protection Case Conferences; and
- developing a Child Protection Plan.

290. At each stage, consideration must be given to whether emergency action is required to protect the child and to involving the child or young person and their family.

291. Investigating services are responsible for considering, at all stages, whether the child's safety is at risk. They should also look at the appropriateness of continuing to carry out a child protection investigation when it is clear that there are alternative explanations for the presenting concerns. Child protection investigations may highlight significant unmet needs for support and services among children and families. These should always be explicitly considered, even where concerns about significant harm are unsubstantiated.

## Recognising actual or potential harm to a child

292. Concerns about actual or potential harm to a child or young person may arise over a period of time or in response to a particular incident. They may arise as a result of direct observation or disclosures from the child themselves, 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.

293. 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 experiencing, or likely to experience, harm should also look closely at the child's behaviour and/or development. Where staff are unsure about a child or young person's welfare, they should seek advice in line with local protocols. Any indicators of risk, such as domestic abuse or alcohol and/or drug misuse (as discussed in [Part 4](#) of the guidance), do not in themselves mean that a child has or is experiencing, or is likely to experience, harm. However, they should act as prompts to practitioners to consider how the particular risk indicator or set of indicators is impacting on a child.

294. Concerns will 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](#)<sup>10</sup> has been committed; or as a person who has committed any of the offences mentioned in Schedule 1. In either case, the concerns should be shared with social work services without delay and in line with local guidelines, if this has not already happened.

295. Where concerns about a child's welfare come to the attention of any agency, staff will need to determine the nature of the concern and what the child may need. Any immediate risk should be considered at the outset, by whichever 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 highlighted in the earlier chapter on [identification of risk](#). This may result in other agencies being asked for information or for their view of a child's or family needs. Agencies should not make decisions about a child's needs without feeling confident that they have the necessary information to do so.

296. Where practitioners have concerns about possible harm to a child, it is vital that these are shared with social work services so that staff responsible for investigating the circumstances can determine whether that harm is **significant**. Concerns should be shared without delay as per local guidelines. Where a child is felt to be in immediate danger practitioners should report, without delay, direct to the police. Similarly, where a child is thought to require immediate medical assistance, this should be sought as a matter of urgency from the relevant health services.

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<sup>10</sup> Criminal Procedure (Scotland) Act 1995. Schedule 1 to this Act contains a list of offences against children.

## Sharing concerns and initial information-gathering

297. All notifications of concerns about children should be taken seriously. Staff responsible for responding to these concerns should be aware that even apparently low-level concerns may point to more serious and significant harm. They should be sufficiently skilled in gathering information and carrying out initial risk assessments that children at risk of significant harm are not overlooked. Practitioners should consider all cases with an open mind and not make any assumptions about whether abuse has, or has not, occurred. Practitioners need to be alert to the possibility of abuse both of children they already know and in cases where concerns about child abuse or neglect are not stated at the outset.

298. Social work services and police have a clear statutory role in deciding whether an investigation should take place. Any service may receive a notification of concern about a child's safety and these should be shared with social work. When social work services are notified of concerns about a child's safety, they will need to form a view as to the nature of the child's needs and what response is needed, if any. All concerns, including those that do not require an immediate response, should be acknowledged quickly, indicating when a response will be made.

299. Before a decision can be taken as to whether a child protection investigation is required, it is essential that **all relevant services** are engaged. It is critical that:

- social work staff always confer with **police officers** when they believe a response under child protection may be required, ensuring that the police are in a position to consider carefully their role in investigating any crimes against children;
- **health services** are always centrally involved at this stage to ensure that key health information informs whether an investigation is required; and
- information-gathering involves **all other key services** as appropriate, including education, third sector and adult services.

300. Agency records should be checked and any previous agency involvement or any known relevant medical history, including that relating to parents/carers, should also be sought and considered. In addition, there will be circumstances where it will be essential for all relevant agencies and individuals to meet to consider the information in more detail before an investigation is launched. Any decision must be taken by managers with a designated responsibility.

301. Where a child or young person is believed to be at immediate risk, intervention should **not** be delayed pending receipt of information. Even in an emergency, the initial assessment of information should be discussed and endorsed by a designated manager. The need to gather information must always 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 will need to decide whether any immediate action should be taken to protect the child and any others in the family or the wider community.

302. In circumstances where an allegation is made or concerns arise in relation to a child, serious consideration will 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. When it is decided to progress a concern raised about a child or young person as child protection, the child or young person needs to be seen by a social worker.

303. 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 on the child's circumstances, it may be decided that some other response is more appropriate, for example, offering advice, guidance, assistance or other services to the family. Particular consideration should be given to the health needs of the child.

### **Joint investigation/assessment**

304. 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 inform the assessment of risk and need for that child, and the need for any protective action.

305. In a joint investigation, key agencies such as social work services, the police and health services should plan and carry out their respective tasks in a co-ordinated way. This should not preclude any other agencies or individuals becoming involved. For example, education services or third sector organisations may be involved in supporting the child throughout the investigation and adult services may be involved in identifying risk factors. Within a joint investigation, agencies will have, at times, different responsibilities to fulfil, but associated activities should be planned together. This could include joint investigative interviews, forensic medical examinations, health assessments and identifying any relevant information agencies need to share about the child and their family. Local systems should be in place to facilitate early discussions between key agencies. It is critical that relevant services are consulted about any information they may hold on the child and family that might affect the child protection investigation, such as learning difficulties in the child and the need for augmented and alternative forms of communication, or significant mental health or alcohol misuse issues in a parent/carer. As much information as possible will be needed to inform the investigation and risk assessment.

306. **Health staff need to be involved in planning all child protection investigations** to ensure appropriate decisions about the wider health needs of the child and whether or not a medical examination is required are considered fully. Decisions about whether or not a medical examination is required should not be taken by police and social work staff without consulting a suitably qualified health professional as identified and agreed locally. In planning a medical assessment or forensic medical examination, discussion with Health staff colleagues is essential in order that the welfare needs of the child/young person are considered together with the need to collect forensic evidence. Decisions about the nature and timing of medical examinations should be made by appropriately trained paediatricians.

307. Children undergo fewer interviews and medical examinations when agencies act jointly, reducing disruption and distress to them and their families. 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.<sup>11</sup>

308. Managers with a designated responsibility in social work services and police will be responsible for planning, co-ordinating and conducting any joint investigations and interviews in conjunction with all relevant agencies and individuals. At a minimum this should include appropriate health professionals with designated child protection responsibility. However, other agencies or services may also be involved depending on the circumstances of the individual child or young person and their parents/carers.

309. In planning any joint investigation, consideration should be given to: the child or young person's emotional state; whether an adult should be present to provide support and, if so, who this should be; any communication or interpreting facilities that may be required; any specialist input that may be needed; and any physical or mental health requirements. Additional details on planning a joint investigative interview can be found in the national guidance on interviewing child witnesses in Scotland.<sup>12</sup>

310. Services need to designate staff with expertise, appropriate training and sufficient authority to act on their behalf 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.

311. A core team of practitioners will carry out the investigation. This should include a social worker and a police officer; it may also include other staff from relevant agencies. Where appropriate, the role of the Lead Professional should be agreed.

312. Throughout the investigation, social services, following discussion with the relevant agencies, will consider the effectiveness of any protective or other action required 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 carried out and feedback given to the person/agency who raised the concern. This information should be shared with key practitioners with responsibility for the child's well-being.

313. Where concerns about significant harm to the child are unsubstantiated, consideration needs still be given to any unmet needs and to the possible support required. This information should be recorded in the Child's Plan by the Lead Professional where appropriate. Where concerns exist about actual or likely significant harm to a child, social work services should convene a Child Protection Case Conference if this has not already been done.

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<sup>11</sup> Revised national guidance on joint investigative interviewing of children is expected to be published shortly.

<sup>12</sup> As above.

314. Child Protection Committees should be satisfied that detailed arrangements are in place 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.

### **Legal measures to protect children at risk**

315. In some cases urgent action may be required to protect a child from actual or likely significant harm. At times, a child's parents or carers may agree to 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, or the possibility of the parents or carers removing the child without notice, makes it necessary for agencies to take legal action for their protection. Any person may apply to a Sheriff for a Child Protection Order or the local authority may apply for an Exclusion Order. The Child Protection Order 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 Exclusion Order requires the removal of a person suspected of harming the child from the family home.

316. In exceptional circumstances, where a Sheriff is not available to grant a Child Protection Order or a child requires to be immediately removed from a source of danger, any person may apply to a Justice of the Peace for authorisation to remove or keep a child in a place of safety. In addition, a police constable may immediately remove a child to a place of safety where he or she has reasonable cause to believe that the conditions for making a Child Protection Order are satisfied, that it is not practicable to apply to a Sheriff for such an order and that the child requires to be removed to a place of safety to protect them from significant harm. In both cases, the child can only be kept in a place of safety for a period of 24 hours and further protective measures may have to be sought.

317. The Children (Scotland) Act 1995 also makes provision for the local authority to apply for a Child Assessment Order if it has reasonable cause to suspect that a child may be suffering or is likely to suffer significant harm and that those with parental responsibility are preventing an assessment of the child being undertaken to confirm or refute that concern. The Child Assessment Order requires the parents or carers to produce the child and allow any assessment needed to take place so that practitioners can 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 need to 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 a medical examination or



treatment whether or not a Child Assessment Order is made. For further information, see the section on [Health assessments](#).

## **Involving children and families**

### ***Children***

318. As with all activity with children and young people, 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 own safety and well-being. Children should be listened to at every stage of the child protection process and given appropriate information about the decisions being made. Where a child is deaf or hard of hearing, advice and support may be required to ensure that they are fully involved in what is happening.

319. 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 distressed to speak to investigating agencies or they may believe that they are complicit in the abuse.

320. Immediate, therapeutic, practical and emotional support may be required; this will also start building trust. A thorough assessment should be made of the child or young person's 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 local Procurators Fiscal and 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 planning the investigation to ensure that it is managed in a child-centred way, taking care not to prejudice efforts to collect evidence for any criminal prosecution.

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

### ***Family members and carers***

322. When undertaking child protection investigations, the need to develop a co-operative working relationship should be given special attention. Working in partnership with parents/carers can be difficult to achieve at the point of investigation, when they may feel under intense scrutiny and suspicion. Parents/carers should be treated with respect and, where possible and appropriate, given as much information as possible about the processes and outcomes of any investigation. Parents/ 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 take account of a family's strengths as well as its weaknesses. Practitioners should ensure that the parents/carers understand that the first consideration is making sure the child is safe.

323. 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 into account. Decisions should also be made with their agreement, whenever possible, unless doing so would place the child at risk of suffering significant harm or impede any criminal investigation.

324. Parents/carers and children of sufficient age and understanding should be given a written record of decisions taken about the outcome of an investigation unless this is likely to impede any criminal investigation. In addition to receiving a copy of the decisions, they should be given the opportunity to discuss the decisions and their implications with a social worker or another relevant professional. This does not mean, however, that parents/carers should attend all meetings which are held in connection with their family. Sometimes, it will be appropriate and necessary for practitioners to meet without parents/carers in order to reflect on their own practice in a particular case, consider matters of a particularly sensitive or confidential nature, or deal with a matter which is likely to lead to criminal inquiries.

325. It is important that where there are child protection concerns and one of the parents/carers has learning difficulties, the use of an independent advocacy service, where available, is always considered. Professionals should be skilled or seek appropriate support in communicating with parents with learning difficulties. Practitioners need to take time when communicating and use simple language; they also need to make sure that the parents can read any written information or else provide that information in a different way.

### ***Non-abusing parents/carers***

326. In cases of familial abuse, practitioners should ensure the non-abusing parent or carer is involved as much as possible. Practitioners need to be wary of making judgements on parents and carers who are likely to be in a state of shock and experiencing great anxiety. While the priority should always be 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 of abuse and the subsequent investigation on siblings and extended family members. Consideration should be given to their needs in such circumstances and to the likely impact on their ability to deal with the situation.

## Health assessment and medical examination

### *The need for a health assessment*

327. Discussion between medical, nursing, social work services and police should be encouraged at all stages to facilitate good liaison and the sharing of concerns. Understanding the expertise and roles of each group will ensure that all respect the contribution provided by each service and that the health needs of the child are not overlooked.

328. A thorough assessment of the child's health needs is 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 and family's medical history and the child's health can assist the planning and management of any investigations and inform risk assessment. This assessment, alongside information from police, social work and other services, can help determine whether further investigation is necessary.

329. A medical examination for allegations of abuse, particularly sexual abuse can often reassure that no long-term physical damage or health risk has occurred and when conducted sensitively may be the start of a healing experience for both the child and their family. The health assessment should also aim to identify unmet health and welfare needs in a very vulnerable child and is integral to the child protection process. The decision on whether an actual medical examination is appropriate should be made during the planning stage with social work, police and with the involvement of relevant health staff.

### *Comprehensive medical assessment*

330. A comprehensive medical assessment should be considered in cases of child abuse and neglect, even when information from other agencies show little or no obvious health needs. Accurate and comprehensive entries made in the health records are essential. In some cases of child abuse and neglect, there will be no obvious signs or symptoms and some children will require diagnostic procedures only available in a well-equipped hospital or clinic.

331. The comprehensive medical assessment has five purposes:

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

332. In order to make the most effective contribution, the examining doctor must have 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. Wherever possible, information from the joint investigative interview should be made available to the examining doctor(s).

### ***Arranging a medical examination***

333. The number of examinations to which a child is subjected must be kept to a minimum. Careful planning of the medical component of the examination by experienced medical staff will facilitate this. 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.

334. Appropriate advice must be available on a 24-hour basis from suitably trained and experienced paediatricians. In some remote areas, GPs with additional training will take on this role. 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 child is brought initially to the attention of Health and where there are concerns regarding the welfare or safety of a child, the paediatrician should contact social work services or the police before carrying out any 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 that a forensic opinion will be required – for example, where there is an allegation or observation of serious physical assault or injury or a disclosure of sexual abuse – the forensic examination should also include a comprehensive medical assessment.

### ***Specialist paediatric or joint paediatric/forensic examination***

335. A specialist paediatric or joint paediatric/forensic examination may need to be carried out under the following circumstances:

- the child urgently requires more specialist assessment or treatment at a paediatric department (for example, if they have a head injury or suspected 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 initial assessment is inconclusive and a specialist's opinion is needed 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 to support criminal proceedings against a perpetrator and legal remedies to protect the child;
- the child's condition (for example, repeated episodes of unexplained bruising) requires further investigation; and

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

336. 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 regarding 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.

337. The decision whether a joint paediatric/forensic examination or an examination by a single paediatric examiner is appropriate should be made during the discussion with social work services and police. Relevant health staff should also be involved. 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 with specialist experience in child protection.

338. The **specialist paediatric examination** provides a comprehensive assessment of the child, establishing the need for immediate treatment and ongoing health care as well as providing a high standard of forensic evidence to sustain any criminal or care proceedings and 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.

339. **The joint paediatric/forensic examination** combines a comprehensive medical assessment with 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 paediatrician is responsible for assessing the child's health and development and ensuring that appropriate arrangements are made for further medical investigation, treatment and follow-up, the forensic physician (also known as forensic medical examiner, child medical examiner, or police casualty surgeon) 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 is important for the corroboration of medical evidence in any subsequent criminal proceeding and is also good medical practice.

340. The type of medical examination, the venue and the timing should be fully discussed with police and social workers. Social work services or the police 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.

### ***Timing of medical examinations***

341. The timing of the medical examination should be agreed jointly by the medical examiners and the other agencies involved. It may not be in the child's best interests to rush to an immediate examination. It may be more appropriate to wait until the

child has had time to rest and prepare; this may also allow for more information to become available. It is expected that in the great majority of cases arising in working hours, a comprehensive medical assessment will be carried out locally and quickly by a doctor who knows the child and/or the family and is competent to carry out such an assessment. If an assessment cannot be arranged 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.

342. In cases of alleged sexual abuse where the incident has taken place some time previously, the examination must be carefully planned to take place during working hours when skilled personnel and specialist staff are available. Where the incident is believed to have taken place more recently, care must be taken to ensure that forensic trace evidence is not lost. Particular care should be taken to retain clothing and bedding, and to avoid bathing.

### ***Consent to medical treatment***

343. 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 this is clearly contrary to the safety and best interests of the child (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 possible consequences of the proposed examination or procedure. Children who are judged of sufficient capacity to consent can withhold their consent to any part of the medical 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.

344. In order to ensure that children and their families give properly informed consent to medical examinations, the examining doctor, assisted if necessary by the social worker or police officer, should provide information about any aspect of the procedure and how the results may be used. Where a medical examination is thought necessary for the purposes of obtaining evidence in criminal proceedings but the parents/carers refuse their consent, 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 Child Assessment Order or a Child Protection Order with a condition of medical examination. A child subject to a Child Protection or Assessment Order may still withhold their consent to examination or assessment if they are deemed to have legal capacity. For further information on Child Protection and Assessment Orders, see the section on [Legal measures](#).

### ***Mental health assessments***

345. 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. A psychiatric or psychological examination can highlight emotional or behavioural signs of abuse and/or symptoms of mental distress or illness. In all cases during the investigation stage, staff in all agencies working with children and families must be alert to behaviours that indicate possible abuse. There may be a need for close liaison with child and adolescent mental health services during the investigation.

346. More detailed information about the roles and responsibilities of medical practitioners and child protection can be found in [Protecting Children – A Shared Responsibility – Guidance for Health Professionals in Scotland](#).<sup>13</sup> This document will shortly be reviewed in light of the National Child Protection Guidance.

### **Child Protection Case Conferences**

347. 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 and any meeting to consider such a plan is known as a Child Protection Case Conference (CPCC).

348. 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. CPCCs are formal multi-agency meetings that enable services and agencies to share information, assessments and chronologies in circumstances where there are suspicions or allegations of child abuse and neglect. The need for a conference should be discussed with other services and agencies at an early stage in investigations. Any agency can request a CPCC. National timescales have been introduced for CPCCs as well as for the production of minutes and Child Protection Plans. Every effort should be made to meet the timescales within the national guidance but it is recognised that this may not always be possible. The reasons for not complying with the timescales should be recorded, along with a proposed future date for completion.

349. Local inter-agency child protection procedures should contain detailed information about arrangements for CPCCs and the importance of ensuring that 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.

350. Where a child is believed to be at actual or potential risk of significant harm, their name should be placed on the Child Protection Register. Social work services are responsible for the Child Protection Register and, as such, for arrangements in respect of registration. Even where a child is not felt to be at risk of significant harm, there will still often be a need to develop a co-ordinated Child's Plan and identify a Lead Professional.

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<sup>13</sup> Scottish Executive Health Department (2000).



351. 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 should 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/parents/carers;
- identifying the child's needs and how these can be met by services and agencies;
- developing and reviewing the Child Protection Plan;
- identifying a Lead Professional;
- deciding whether to place or retain a child's name on the Child Protection Register; and
- considering whether a referral to the Reporter to the Children's Hearing is needed if this has not already been done.

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

### ***Initial CPCC***

352. The purpose of an initial CPCC is to allow representatives from across services to share information about a child for whom there are child protection concerns, jointly assess that information and the risk to the child and determine whether there is a likelihood of significant harm through abuse or neglect that needs to be addressed through a multi-agency Child Protection Plan.

353. Where it is agreed that a child is at risk of significant harm and that their name should be placed on the Child Protection Register, those attending the CPCC are responsible for developing and agreeing a Child Protection Plan and identifying the core group of staff responsible for implementing, monitoring and reviewing the plan. The participants need to take account of the circumstances leading to the CPCC and 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 comprehensive risk assessment may still need to be carried out after the CPCC. In some instances, there will already be a multi-agency Child's Plan in place and this will need to be considered in light of the concerns about the child.

354. The initial CPCC should be held as soon as possible and **no later than 21 calendar days** from the notification of concern being received. Where possible, participants should be given a minimum of five days' notice of the decision to convene a CPCC. Local guidelines should ensure there are clear arrangements in place for sharing information held by schools and ensuring education representation at meetings during school holidays. These arrangements need to be communicated effectively to staff within and across services.



### ***Pre-birth CPCC***

355. The purpose of a pre-birth CPCC is to decide whether serious professional concerns exist about the likelihood of harm through abuse or neglect of an unborn child when they are born. The participants need to prepare an inter-agency plan in advance of the child's birth.

356. They will also need to consider actions that may be required at birth, including:

- whether it is safe for the child to go home at birth;
- whether there is a need to apply for a Child Protection Order at birth;
- whether 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; and
- whether there should be a discharge meeting and a handover to community-based supports.

357. 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 but always **within 21 calendar days** of the concern being raised. There may be exceptions to this where the pregnancy is in the very early stages. However, concerns may still be sufficient to warrant an inter-agency assessment.

### ***Review CPCC***

358. The purpose of a review CPCC is to review the decision to place a child's name on the Child Protection Register or where there are significant changes in the child or family's circumstances. The participants will review the progress of the Child Protection Plan, consider all new information available and decide whether the child's name should remain on the Child Protection Register.

359. 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 considered to be 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***

360. Transfer CPCCs specifically cover the transfer of information about a child where a Child Protection Plan is currently in place. Only a review CPCC 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 will

notify the receiving local authority immediately, then follow up the notification in writing.

361. Where the child moves to another authority the originating authority needs to 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 the review. Where the original authority considers that the risk is ongoing or even 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**.

362. 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 needs to go with the child; or
- if the child is subject to a Supervision Requirement, the case records and/or file needs to go with child.

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

363. 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 as well as representatives from appropriate services including health and education.

### ***CPCC participants***

364. 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 need to understand its purpose, functions and the relevance of their particular contribution. This may include a support person or advocate for the child and or family.

### **Chair**

365. CPCCs will be chaired by senior staff members, experienced in child protection, 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 with or supervisory function in relation to any practitioner who is involved in the case. They should be sufficiently objective to challenge contributing services on the lack of progress of any agreed action, including their own. While the chair will in the majority of instances be from social work services, where an individual could fulfil the required criteria, it is possible for a senior staff member from a different agency or service to undertake the role. The chair should be able to access suitable training and peer support.

366. The chair's role is to:

- agree who to invite, who cannot be invited and who should be excluded in discussion with the Lead Professional and any other relevant agency;
- meet with parents/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 parents/carers and child's views are taken into account;
- facilitate decision-making;
- determine the final decision in cases where there is disagreement;
- wherever possible, chair review CPCCs to maintain a level of consistency;
- where a child's name is placed on the Register, outline decisions that will help shape the initial Child Protection Plan (to be developed at the first core group meeting);
- identify the Lead Professional;
- advise parents/carers about local dispute resolution processes;
- facilitate the identification of risks, needs and protective factors;
- facilitate the identification of a core group of staff responsible for implementing and monitoring the Child Protection Plan;
- agree review dates;
- challenge any delays in action being taken by staff or agencies;
- ensure that national timescales are adhered to, including review dates, distribution of minutes and copies of the Child Protection Plan and changes to plans; and
- ensure that any member of staff forming part of the core group who was not present at the case conference is informed immediately about the outcome of the case conference and the decisions made, and that a copy of the Child Protection Plan is sent to them.

#### Minute-taker

367. 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 should produce a record of key decisions and agreed tasks for circulation within one day of the meeting. This should be distributed to invitees who were unable to attend and members of the core group, as well as CPCC attendees.

368. Minutes need to be clearly laid out and should as a minimum, record:
- those invited, attendees and absentees;
  - reasons for child/parents/carers non-attendance;
  - reports received;
  - a summary of the information shared;
  - the risks and protective factors identified;
  - the views of the child and parents/carers;
  - the decisions, reasons for the decisions and note of any dissent;
  - the outline of the Child Protection Plan agreed at the meeting, detailing the required outcomes, timescales and contingency plans;
  - the name of the Lead Professional; and
  - membership of the core group.

#### Agency representatives

369. CPCC participants need to 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 children's paediatrician where applicable; and
  - police where there has been involvement with the child and/or parents/carers.

370. Other participants might include other health practitioners (including mental health services), adult services, housing staff, addiction services, educational psychologists, relevant third sector organisations, representatives of the Procurator Fiscal and armed services staff where children of service personnel are involved (for further information on proceedings involving the armed services, see [Appendix D](#)). On occasion, a Children's Reporter may be invited to attend although their legal position means they can only act as an observer and cannot be involved in the decision-making.

371. 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 clarify other information shared as necessary.

372. There may be occasions when it is appropriate to invite foster carers, home carers, childminders, volunteers or others working with the child or family to the CPCC. 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 CPCC 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.

## Parents/carers

373. 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.

374. In exceptional circumstances, the chair may determine that a parent/carer should not be invited to or be excluded from attending the CPCC (for example, where bail conditions preclude contact or there are concerns that they present a significant risk to others attending, including the child or young person). The reasons for such a decision need to 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.

375. The chair should encourage the parent/carer to express their views, while bearing in mind that they may have negative feelings regarding 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 managed. Parents/ carers may need to bring someone to support them when they attend a CPCC. This may be a friend or another family member, at the discretion of the chair, or an advocacy worker. This person is there solely to support the parent/carer and has no other role within the CPCC.

376. Information about CPCCs should be made available to children and parents/carers. This 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

377. Consideration should be given to inviting children and young people to CPCCs. CPCCs can be uncomfortable for children to attend and the child or young person's age and the emotional impact of attending a meeting must be considered. A decision not to invite the child or young person should be verbally communicated to them, unless there are reasons not to do so. Children and young people attending should be prepared beforehand so that they can participate in a meaningful way, and thought should be given to making the meeting as child- and family-friendly as possible. Consideration should also 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, considered and recorded during the meeting, regardless of whether or not they are present. Where the child is disabled, consideration should be given to whether they will need support to express their views. Where appropriate and agreed the child should be part of the core group.

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

### ***Provision of reports***

379. Reports should be produced and co-ordinated to ensure that relevant information is effectively shared with conference participants and supports good decision-making. Where possible, composite reports should be produced – either in advance of the CPCC meeting or soon afterwards – with the Lead Professional collating information and all relevant participants (particularly the child(ren) and family) contributing. These arrangements should be covered by local protocols.

380. The report/s should include all relevant information and a chronology, to be completed by the Lead Professional. They should also include information pertaining to significant adults in the child's life and provide a clear overview of the risks, vulnerabilities, protective factors and the child's views. Other children in the household or extended family should also be considered.

381. Invitees have a responsibility to share the content of the report(s) with the child and family in an accessible, comprehensible way. Particularly prior to an initial CPCC, consideration needs to be given as to the most appropriate means of sharing reports with the child and family and to when it should be done

### **Restricted access information**

382. Restricted access information is information that, by its nature, cannot be shared freely with the child, parent/carer and anyone supporting 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.

383. Restricted information includes:

- Sub-judice information that forms part of legal proceedings and which could compromise those proceedings;
- information from a third party that could identify them if shared;
- information about an individual that may not be known to others, even close family members, such as medical history and intelligence reports; and
- information that, if shared, could place any individual(s) at risk, such as a home address or school which is unknown to an ex-partner.

### ***Reaching decisions***

384. All participants at a CPCC with significant involvement with the child/family have a responsibility to contribute to the decision as to whether or not to place the child's name on the Child Protection Register. Where there is no clear consensus in the discussion, the Chair will use his or her professional judgement to make the final decision, based on an analysis of the issues raised. In these circumstances, the decision-making needs to be subjected to independent scrutiny from a senior member of staff with no involvement in the case. The local inter-agency child protection procedures should 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

385. 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.

386. Pending the completion of the dispute resolution process all protective actions should continue, the child's name be added to Child Protection Register and the Child Protection Plan developed as required.

387. 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 for challenging inter-agency CPCC processes:

- **Agency representatives** – where a member of staff wishes to raise an issue about the process or disagrees with CPCC decisions, they should go 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 local inter-agency child protection procedures. If the complaint is about a specific practitioner, they should follow that agency's complaints procedures.
- **Child** – children and young people should be able to access child- and family-friendly information on how to challenge a decision or make a complaint from any of the practitioners with whom they have contact.

### **Child Protection Plan**

388. 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 should set out in detail:

- the perceived risks and needs;
- what is required to reduce these risks and meet those needs; and
- who is expected to take any tasks forward including parents/carers and the child themselves.

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



389. 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 agreed outcomes for the child or young person;
- the longer term needs of the child and young person;
- the process of monitoring and review; and
- any contingency plans.

390. Responsibility is shared for the Child Protection Plan. Each person involved should be clearly identified, and their role and responsibilities set out. To preserve continuity for the child and their parent(s)/carer(s), arrangements should be made to cover 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 should not be excluded from school unless there is a multi-agency discussion to identify risk factors and strategies to address these.

391. 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.

392. Participants should receive a copy of the agreed Child Protection Plan **within five calendar days** of the CPCC. It is recognised that a full comprehensive risk assessment may not be achievable within the timescales of the initial CPCC or the first core group. Therefore, it should be recognised that the early Child Protection Plan may need to be provisional until a fuller assessment can be undertaken.

### Core groups

393. A core group is a group of identified individuals, including the Lead Professional, the child and their 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 focused on achieving better outcomes for the child by reducing the known risks. The initial core group meeting should be held **within 15 calendar days** of the initial CPCC.

394. 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. This will include evaluating the impact of work done and/or changes within the family in order to decide whether risks have increased or decreased;
- maintaining effective communication between all services and agencies involved with the child and parents/carers;
- activating contingency plans promptly when progress is not made or circumstances deteriorate;
- 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.

395. Consideration of the involvement of the child should take cognisance of their age and the emotional impact of attending a meeting to discuss the risks they have been placed at. 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.

396. The core group will report back to the CPCC on progress on the Child Protection Plan. Where a core group identifies a need to make significant changes to the Child Protection Plan, they should notify the CPCC chair **within three calendar days**.

397. Consideration should be given to the most appropriate and effective ways of engaging with parents and carers to promote the safety of their child or children. Family group conferences are a useful mechanism for promoting child-centred family involvement in a plan to keep the child safe and meet their 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. For further information on family group conferences, see the [Children 1<sup>st</sup>](#) and [NSPCC](#) websites.

### **Criminal prosecution of alleged perpetrators of abuse or neglect**

398. Decisions regarding any criminal prosecution or gathering of further evidence will be taken by the Procurator Fiscal and the police. When a decision is taken to raise criminal proceedings in which the child or children will be cited as witnesses and asked to give evidence, the relevant social worker should discuss the case with the police. The police will then advise the Procurator Fiscal accordingly, highlighting any concerns about the risk of further abuse of or interference with witnesses in the case and with any other children to whom the alleged perpetrator has access. This information is vital to assist Procurators Fiscal and the court to make informed decisions about bail and any additional special conditions which may be required. The initial CPCC may provide, in some instances, an opportunity for 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.

399. If an alleged perpetrator of abuse is to be prosecuted, child witnesses should always be given information and support to prepare them for the experience of being a witness in court. Local authorities and other agencies must consider a range of issues, including whether 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](#) aimed at facilitating the provision of therapeutic support to child witnesses in court proceedings. Agencies should consider the potential impact of an unsuccessful prosecution or hostile cross-examination of a child and the implications for the future protection of that child and others.

400. 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 are aware of the potential impact of such counselling on any criminal proceedings.

401. Special measures for all child witnesses cited to attend court should include: having a support person present; screens so that the child cannot see the accused; a CCTV link from within the court building or from a remote site, as appropriate; prior statements treated as evidence in chief (criminal cases only); and evidence taken by a commissioner.

402. 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 (e.g. the Procurator Fiscal or defence lawyer) will make an application to the court with whom the final decision on which option is the most appropriate rests. The child's own views should also feed into the decision-making process.

403. More detailed information about the support available to child witnesses can be found below:

- [Vulnerable Witnesses \(Scotland\) Act 2004 – Information Guide](#);<sup>14</sup>
- [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; and
- [information about the use and role of a supporter](#).<sup>15</sup>

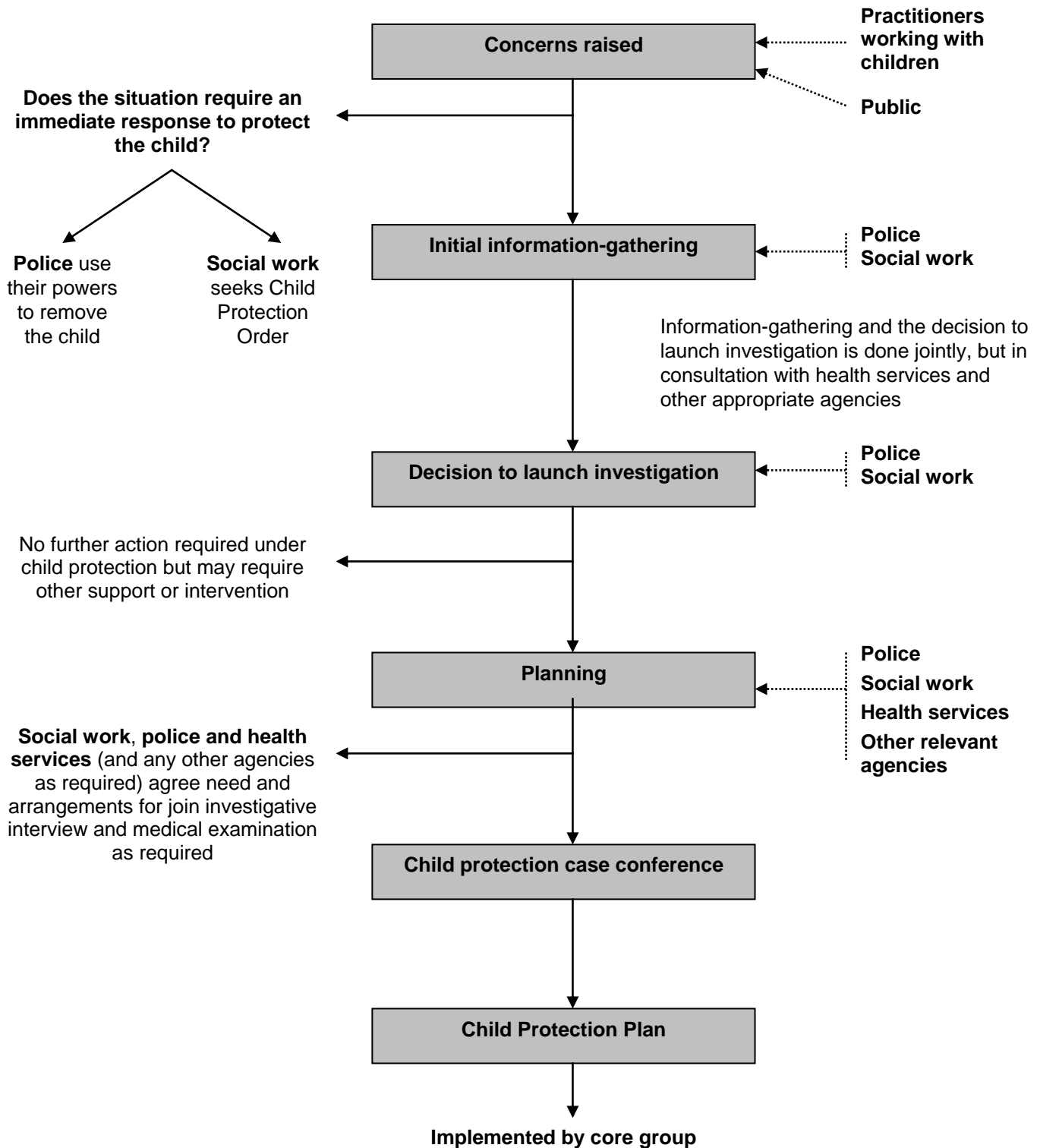
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<sup>14</sup> Scottish Executive (2005).

<sup>15</sup> Vulnerable Adult and Child Witness Guidance pack, pp.74-75.

**Summary**

404. 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 emergency measures are required to protect the child or no further response under child protection is necessary.





**Part 4:**  
**Child protection in  
specific circumstances**







## INDICATORS OF RISK

405. This section gives additional information on dealing with specific conditions that may impact adversely on children as well as addressing operational considerations in certain circumstances. While a range of special or specific circumstances are covered, the national guidance does not provide detailed guidelines on areas of practice/policy that are contained elsewhere; rather, it signposts to relevant policies and materials and/or provides a framework of standards that local policies will need to consider.

406. When making judgements about the risks and needs of a 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. Where identified, though, they should act as a prompt for all staff, whether in an adult or child care setting, to consider how they may impact on a child. In the sections below, indicators of potential risk are considered separately but they will often – particularly for children in vulnerable circumstances – occur together. Indicators of risk should therefore be considered not in isolation but in relation to all the relevant aspects of a child and family's circumstances. Where there are a number of risk factors in a child's life, practitioners should pay particular attention to the cumulative impact on the child. Where a range of different services is involved, it is particularly important to maintain the focus on the child's needs.

407. The sections below provide summaries of key aspects of the different indicators of risk. The further information sections provide links to important resources that will support practitioner judgements.

### Domestic abuse

408. Domestic abuse describes any behaviour that involves exerting control over a partner or ex-partner's life choices and that undermines their personal autonomy. It is an assault on their human rights. Although most victims are women, men can also suffer domestic abuse, and it can also occur in same-sex relationships. Children and young people living with domestic abuse are at increased risk of significant harm, both as a result of witnessing the abuse and being abused themselves. Children can also be affected by abuse even when they are not witnessing it or being subjected to abuse themselves. Domestic can profoundly disrupt a child's environment, undermining their stability and damaging their physical, mental and emotional health.

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

410. The best way to keep both children and non-abusive parents/carers 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, it is crucial that staff are aware of the signs of domestic abuse and routinely make appropriate enquiries.

411. 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 rather than of the non-abusing parent's/carer's failure to protect. Every effort should be made to work with the non-abusing parent/carer to ensure adequate and appropriate support and protection is in place to enable them to make choices that are safe for both them and the child. At the same time, staff should be maintaining a focus on the perpetrator and monitoring any risk resulting from ongoing abuse. The ultimate aim should be to support the non-abusing parent/carer in re-establishing a stable and nurturing home for the child; in the meantime, protecting the child may mean them having to live apart from the non-abusing parent/carer for a time. In such circumstances, staff should work to ensure as much stability and continuity for the child as possible. Agencies should always work to ensure that they are addressing the protection of both the child and the non-abusing parent/carer.

412. Protection should be ongoing, and should not cease if and when the abuser and the non-abusing parent/carer separate. Indeed, separation may trigger an escalation of violence, increasing the risk to both the child and their non-abusing parent/carer. One area of critical concern is the child's contact with the perpetrator, which can provide a channel for continuing and even increasing the domestic abuse. Any decisions made in regard to contact by both social work services and/or the civil courts should be based on an assessment of risk to both the non-abusing parent/carer and the child.

### ***Further information***

413. For more information, see the following.

- [National Domestic Abuse Delivery Plan for Children and Young People](#).<sup>16</sup>
- [Safer Lives: Changed Lives – A Shared Approach to Tackling Violence against Women in Scotland](#).<sup>17</sup>
- [In Partnership, Challenging Domestic Abuse – Joint Protocol between Association of Chief Police Officers in Scotland \(ACPOS\) and Crown Office and Procurator Fiscal Service](#).<sup>18</sup>

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<sup>16</sup> Scottish Government (2008).

<sup>17</sup> Scottish Government (2009).

<sup>18</sup> COPFS (2008).

### Key messages for practice

- Domestic abuse can have a profound impact on children, both in the short and long term.
- Staff need to be alert to the indicators of domestic abuse.
- Supporting the adult victim of domestic abuse ultimately supports the child.
- Risk of domestic abuse can increase at the point of separation.
- Contact between the perpetrator and the child should be subject to a risk assessment before proceeding.

### Parental alcohol and drug misuse

414. Substance misuse can involve alcohol and/or drug misuse (including prescription as well as illegal drugs). The risks to and impacts on children of alcohol/drug-misusing parents and carers are known and well-researched. Alcohol and/or drug misuse during pregnancy can have significant health impacts on the unborn child. Parental alcohol and/or drug misuse can also result in sustained abuse, neglect, maltreatment, behavioural problems, disruption in primary care-giving, social isolation and stigma of children. Alcohol and/or drug-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 effects of maltreatment can be complex. The capability of parents/carers to be consistent, warm and emotionally responsive to their children can be undermined.

415. It is important that all practitioners working with alcohol and/or drug-misusing parents/carers know the potential impact of that misuse on children, both in terms of the impact on the care environment and of direct exposure to alcohol and/or drug misuse. Addiction staff also need to know when and how to share information to keep children safe, and should understand the contribution they can make to assessing risks and needs and planning. Planning is vital, particularly in the case of unborn children, and will often include input from agencies that do not have a frontline child care role. The best interests of the child should always be the principal concern.

416. Local areas should ensure there are robust policies and guidance in place for the identification, assessment and management of children affected by alcohol and/or drug misuse. These should reflect the multi- and single agency roles and responsibilities in this complex area of work. These will be framed by local strategies, whose development should be led by Alcohol and Drug Partnerships working in conjunction with Child Protection Committees, that cover partnership working, commissioning of services, training to ensure that all staff have the skills needed to deal with adult- and child-specific issues and a performance monitoring framework.

417. Local guidance should be developed in line with the key wider national change programmes and frameworks relevant to children affected by parental alcohol and/or drug misuse. Currently, these are 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 [Getting Our Priorities Right](#) and GIRFEC. In addition, it is important that local guidance should include the following.

- Reference to the evidence base on the impact of parental alcohol and/or drug misuse on children. This should include specific reference to fetal alcohol syndrome and neo-natal abstinence 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 alcohol and/or drug misuse issues. Separate guidance on the management of young people with problem alcohol and/or drug use and families affected by young people’s alcohol and/or drug use should also be in place.
- A clear statement about partnership working and the roles and responsibilities of practitioners and agencies involved with families at key stages. Effective intervention will depend 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 on giving consent to share information.
- Advice on including a Family Support Plan element within planning for children. This should take account of issues affecting parents/carers, not just mothers and children. In particular, the Family Support Plan model can be useful when dealing with families affected by alcohol and/or drug misuse.

418. 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. In other situations, local guidance should provide direction as to:

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

419. Local services should have an agreed risk assessment framework for children affected by parental alcohol and/or drug misuse. There should also be a strategy for training staff involved in this area of work. This should include staff in addiction services who need to know about child development/maltreatment, as well as social services/health staff who will require training on drug and alcohol problems.

### **Further information**

420. For more information, see the following.

- [The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem](#).<sup>19</sup>
- [Changing Scotland's Relationship with Alcohol: A Framework for Action](#).<sup>20</sup>

#### **Key messages for practice**

- Addiction staff must consider the needs of any children when working with alcohol and/or drug misusing adults and know when and how to share any concerns.
- Local areas should have robust policies and guidance in place for identifying, assessing and managing children affected by alcohol and/or drug misuse.
- A Lead Professional should be identified in cases where several services are involved.
- Local services should have an agreed risk assessment framework for children affected by parental alcohol and/or drug misuse.

### **Disability**

421. Disabled children are not only vulnerable to the same types of abuse as their able-bodied peers, they are also more vulnerable to that abuse. Children who are deaf or hard of hearing, or with behavioural disorders, learning disabilities and/or sensory impairments are particularly at risk. Neglect is the most frequently reported form of abuse, followed by emotional abuse.

422. The definition of 'disabled children' includes children and young people with a comprehensive range of 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](#).

423. Abuse of disabled children is significantly under-reported. Local services need to ensure their systems for collecting information about disabled children are sufficiently robust. Where a child has a disability, the type and, if relevant, the severity of that disability should be recorded, along with the implications for the child's support and communication needs.

424. 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 and care in

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<sup>19</sup> Scottish Government (2008).

<sup>20</sup> Scottish Government (2009).

different settings (including residential); there may also be reluctance among adults, including practitioners, to believe that disabled children are abused. Disabled children are likely to be less able to protect themselves from abuse. 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 provide the highest standard of care for their child, it must be acknowledged that in some cases they themselves will be perpetrators of abuse.

425. Children looked after by parents/carers in the community can have complex health care needs which include life-threatening conditions. Caring responsibilities, which may involve complex clinical procedures, can lead to considerable pressure on families. Reliance on physical, mechanical and chemical interventions to manage health and behaviour can leave these children particularly vulnerable to harm. Disabled children's dependence on medication may leave them exposed to further abuse, for example where medication is wrongly - or simply not administered - either deliberately or through lack of knowledge and understanding.

426. Disabled children are often highly dependent on their carers. They may be less resilient and failure to treat even minor ailments can have serious consequences. Practitioners may have an unrealistic view of parents/carers' ability to cope. Parents/carers may be reluctant to admit that they can't cope. To protect disabled children, assessments must cover the ability and capacity of parents/carers to cope with the demands being placed on them.

427. 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. It may be helpful to involve practitioners with experience of working with disabled children, such as speech and language therapists or residential workers. Local guidance should set out processes and available support and be sensitive to the particular needs of disabled children during child protection investigations, for example when they need to be examined, give consent or communicate evidence. Where a disabled child is deaf or hard of hearing or has learning disabilities, special attention should be paid to the child's communication support needs, ascertaining the child's perception of events, and understanding their wishes and feelings. Practitioners 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 where this is in their best interests.

428. Local services need to provide training for those involved in child protection work on the particular vulnerability of disabled children. Local guidelines should encourage practitioners to make contact with key workers as early as possible, for advice on the child's impairment, how it is likely to impact on the investigation and the support needed for the child. Specialist advice should be sought at an early stage. Investigation planning should include: providing support to the child, including with communication; identifying a suitable location including, where needed, any communication boards/loop system; and allowing additional time for the investigation,



including time to brief the support staff and time for breaks in line with the child's needs.

429. 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 can be a traumatic time for disabled children and their families. Local services should consider the development of transition plans that reflect the complexity of transition from child to adult services.

430. 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, affecting their education, physical and emotional development. A full assessment of parents' needs, and of the support they need in order to fulfil their parenting responsibilities, should be carried out as well as an assessment of the needs of the child. Joint working between specialist disability and child protection services will be needed. For further information, see the section on [mental health](#).

### **Further information**

431. For more information, see the following..

- [Safeguarding Disabled Children: Practice Guidance](#).<sup>21</sup> The guidance covers England and Wales, but is nevertheless valuable for practitioners working in Scotland.
- [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 providing education, employment opportunities and support for disabled people.
- [Child Protection and The Needs and Rights of Disabled Children and Young People: A Scoping Study](#).<sup>22</sup>
- [Scottish Good Practice Guidelines for Supporting Parents with Learning Disabilities](#), which provides practical guidance to agencies that support people with learning disabilities who become parents.

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<sup>21</sup> Department for Children Schools and Families (2009).

<sup>22</sup> K. Stalker et al, University of Strathclyde (2010).



### Key messages for practice

- Local services need to ensure that systems for collecting information about disabled children are sufficiently robust.
- Assessments for disabled children need to include the ability and capacity of parents/carers to cope with their demands.
- When responding to concerns about a disabled child, expertise in child protection and disability should be brought together.
- 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.
- Local services need to provide training for those involved in child protection work on the particular vulnerability of disabled children.
- Specialist advice should be sought at an early stage to help inform decision-making.
- Local services should consider the development of transition plans that reflect the complexity of transition from child to adult services.

### Non-engaging families

432. Evidence<sup>23</sup> shows that some adults will deliberately evade practitioner interventions aimed at protecting a child. In many cases of child abuse and neglect, this is a clear and deliberate strategy adopted 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/carers behaving in a negative and hostile way towards practitioners.

433. 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 (for example missing appointments) or refusing to allow access to the child or to the home;
- active non-compliance with the actions set out in the Child's Plan (or Child Protection Plan);
- disguised non-compliance, where the parent/carer appears to co-operate without actually carrying out actions or enabling them to be effective; and
- threats of violence or other intimidation towards practitioners.

<sup>23</sup> *A Child in Trust*, London Borough of Brent (1985); *Report into the death of Rikki Neave*, Cambridgeshire (1997); Lord Laming, *The Victoria Climbié Inquiry* (2003); and *Inspection into the Care and Protection of Children in Eilean Siar*, SWIA (2005).

434. Consideration needs to be given to determining which family member(s) is or are stopping engagement from taking place and why. For example, it may be the case that one partner is 'silencing' the other and that domestic abuse is a factor. Service users may find it easier to work with some practitioners than others. For example, young parents may agree to work with a health visitor/public health nurse but not a social worker.

435. When considering non-engagement, practitioners should check that 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 themselves and their child.

436. If there are risk factors associated with the care of children, risk is likely to be increased where any of the responsible adults with caring responsibilities fail to engage or comply with child protection services.<sup>24</sup> Non-engagement and non-compliance, including disguised compliance, should be taken account of in information collection and assessment. Non-engagement and non-compliance may point to a need for compulsory or emergency measures. In what will often be challenging situations, staff may need access to additional or specialist advice to inform their assessments and plans.

437. There is a risk of 'drift' setting in before non-engagement is identified and action taken. If letters are ignored, or appointments not kept, weeks can pass without practitioner contact with the child. If parents/carers fail to undertake or support necessary actions, this should be monitored and the impact regularly evaluated. Good records must be kept, including contacts and whether they are successful or not, particularly during periods of high risk when children are not in nursery or school, for example, Christmas and summer holidays. Staff need to be clear what action should be taken when contact is not maintained. Where the child is subject to compulsory measures of supervision, the Reporter should be notified if agencies are unable to gain access to the child.

438. Core groups need to work effectively and collaboratively to deal with and counter non-engagement. Different agencies and practitioners will have different responsibilities. Effective multi-agency approaches provide flexibility so that, for example, responsibility for certain actions can be given to those practitioners or agencies that are most likely to achieve positive engagement. All services should be ready to take a flexible approach.

439. 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 to promote the safety of staff who have direct contact with families. In addition, staff should have the opportunity for debriefing after any incidents.

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<sup>24</sup> The report of the Bridge Childcare Development Service (1997) into the death of Rickki 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".

440. Families or carers who are directly hostile are very challenging to practitioners. However, services to children should not be withdrawn without putting other protective measures in place. Local child protection guidance should state that key safeguards and services should be maintained for children who are at risk of harm.

#### **Key messages for practice**

- Local protocols should provide details of specialist advice that can be sought when assessing concerns about non-compliance.
- Records should include details about contact, or lack of contact, with a family.
- Where the child is subject to compulsory measures of supervision, the Reporter should be notified if agencies are unable to gain access to the child.
- All agencies should have protocols for dealing with threats to staff.
- Services should not be withdrawn unless other protective measures have been put in place for the child.

### **Children and young people experiencing or affected by mental health problems**

441. Two separate but not unconnected issues should be considered in identifying, assessing and managing the risks faced by children affected by mental health problems:

- children and young people who are experiencing mental health problems themselves; and
- children and young people whose lives are affected by the mental illness or mental health problems of a parent/carer.

These two issues are dealt with in turn below.

#### ***Children and young people experiencing mental health problems***

442. 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. Traumatic events in themselves will not usually lead to mental health problems, but they may trigger problems in those children and young people whose mental health is not robust.

443. Changes, such as moving home or changing school, can act as triggers. Teenagers often experience emotional turmoil as their minds and bodies change and develop. Some find it hard to cope and turn to alcohol or drugs. Over the past 15 years, the incidence of self-harm and suicide among young people has increased.

444. For some young people, mental health problems will severely limit their capacity to participate actively in everyday life and will continue to affect them into adulthood. Some may go on to develop severe difficulties and display behaviour that challenges families and services, including personality disorders. 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, a need to control, coupled with lack of insight into, or regard for, others' feelings and needs may lead to them preying on the vulnerabilities of other children. It is imperative that services work closely together to address these issues and mitigate risks for these children and for others.

445. Separated children may be particularly vulnerable to mental health problems, particularly where they have experienced traumatic events. These can be compounded by feelings of alienation, loneliness, disorientation and 'survivor's guilt'. Many will have no awareness of the support available to them, making it difficult for them to access services.

446. Certain risk factors make some children and young people more likely to experience mental health problems than others. These include:

- having a long-term physical illness;
- having a parent or carer who has had mental health problems, problems with alcohol/drugs or a history of offending behaviour;
- 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;
- having a learning disability;
- experiencing discrimination, perhaps because of their race, nationality, sexuality or religion;
- acting as a carer for a relative;
- having long-standing educational difficulties; and
- forming insecure attachments with their primary carer.

447. Children and young people can experience a range of mental health problems, from depression and anxiety through to psychosis. While most will recover, many are left with unresolved difficulties or undiagnosed illnesses that can follow them into adult life. Child protection is a crucial component of the service response to children and young people experiencing mental health problems. Local training and policies should reflect the need for awareness of these issues.

448. Children and young people experiencing such difficulties must have access to the right support and services, and know that their issues are being 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.

449. CAMHS can provide an important resource in helping children and young people overcome the emotional and psychological effects of abuse and neglect. It is important that children and young people's mental health is not seen solely as the preserve of psychiatric services; the causes of mental ill-health are bound up with a range of environmental, social, educational and biological factors. Waiting to access these services should not be a justification for inactivity on the part of other agencies.

Further information

450. For more information, see the following.

- [The SCIE Report, \*Think child, think parent, think family\*](#)<sup>25</sup> identifies the need for a multi-agency approach with senior level commitment and includes recommendations for practice in relation to assessment, care planning /provision and review at practitioner, organisational and strategic level. The guidance covers England and Wales, but is nevertheless valuable for practitioners working in Scotland.
- [Scottish Needs Assessment Programme \(SNAP\) Report on Child and Adolescent Mental Health.](#)<sup>26</sup>
- [The Mental Health of Children and Young People: A framework for promotion, prevention and care.](#)<sup>27</sup>
- The [COMPASS mental health team](#) is dedicated to asylum seekers and refugees.

**Key messages for practice**

- Local training and child protection policies should highlight awareness of the factors affecting children and young people who experience mental health problems.
- Services need to work effectively together to understand the particular vulnerabilities and risks young people may experience or pose to others.

***Children and young people affected by parental mental health problems***

451. It is not inevitable that living with a parent/carer with mental health issues will have a detrimental impact on a child's development and many adults who experience mental health problems can parent effectively. However, there is evidence to suggest that many families in this situation are more vulnerable.

452. 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. These include:

<sup>25</sup> July 2009.

<sup>26</sup> Public Health Institute of Scotland (2003).

<sup>27</sup> Scottish Executive (2005).

- the parent/carer being unable to anticipate the needs of the child or put the needs of the child before their own;
- the child becoming involved in the parent/carer's delusional system or obsessional compulsive behaviour;
- the child becoming the focus for parental aggression or rejection;
- the child witnessing disturbing behaviour arising from the mental illness (often with little or no explanation);
- the child being separated from a mentally ill parent, for example because the latter is hospitalised; and
- the child taking on caring responsibilities which are inappropriate for his/her age.

453. 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.

454. This list is not exhaustive. A number of other factors may need to be considered, including the attachment relationship and any instances of domestic abuse. Services involved with the parent/carer should consider the impact of these factors on the child's needs. Where concerns are identified, these should be shared with children's services.

455. 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. Parents/carers may worry about being judged and that they will be deemed incapable of caring for their children. Many will therefore view asking for services or support as a high-risk strategy.

456. Where parents experience mental health problems, their needs may at times conflict with the needs of their child. Staff should bear in mind the importance of putting the child's interests first. Effective partnership working across services is needed to ensure that children are protected and their short and longer-term needs met appropriately. A holistic approach to assessment is fundamental to providing appropriate services to both parents/carers and children in families dealing with mental health problems. However, it needs to be recognised that this work is not limited to specialist services. Universal services must also be aware of the potential impact of adult mental illness on parenting capacity and, therefore, on children and young people. Practitioners must develop a sound knowledge of, and relationship with, other services to facilitate joint working and shared case management.

#### Further information

457. For more information, see the following.



- [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.
- [See Me](#) is Scotland's national campaign to end stigma and discrimination associated with mental ill health.
- [The National Patient Safety Agency Rapid response report](#) on preventing harm to children from parents with mental needs makes a number of recommendations for practice. NHS boards in Scotland have been asked to consider and review their local arrangements in light of these recommendations.

#### Key messages for practice

- The child's needs should always be considered by services involved with the parent or carer. Where concerns are identified, these should be shared with children's services.
- Joint working across adult and child services is essential to ensuring children are protected and their needs met. Understanding of the differing roles should be promoted locally.

### Children and young people who display harmful or problematic sexual behaviour

458. Harmful or problematic sexual behaviour in children and young people can be difficult to identify. It is not always easy to distinguish between what is abusive and/or inappropriate and what constitutes normal adolescent experimentation. Practitioners' ability to determine if a child's sexual behaviour is developmentally typical, inappropriate or abusive will be based on an understanding of what constitutes healthy sexual behaviour in childhood as well as issues of informed consent, power imbalance and exploitation.

459. In managing and reducing risk, the diversity of potential behaviour must be taken into account. Children and young people display a wide range of sexual behaviour in terms of: the nature of behaviour; degree of force; motivation; level of intent; level of sexual arousal; and age and gender of victims. Broader developmental issues must also be taken into account, including the age of the young person, their family and background, their intellectual capacities and stage of development. Young people with learning difficulties are a particularly vulnerable and often overlooked group who may need specific types of interventions.

460. Where abuse of a child or young person is alleged to have been carried out by another child or young person, such behaviour should always be treated seriously and be subject to a discussion between relevant agencies that covers both the victim and the perpetrator. In all cases where a child or young person displays problematic sexual behaviour, immediate consideration should be given to whether action needs to be taken under child protection procedures, either in order to protect the victim or



to tackle concerns about what has caused the child/young person to behave in such a way.

461. Identifying children and young people with problem sexual behaviour raises a number of dilemmas and issues for practitioners. When children and young people engage in such behaviour throughout childhood it can be developmentally and psychologically damaging to them as well as to others. They will normally require input from youth justice workers as well as health and education services. Other practitioners may also be involved, for example criminal justice workers (including MAPPA on some occasions). The interface with child protection processes, and occasionally with adult protection, also needs to be considered.

462. 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 for 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 and, if necessary, to inform the decision as to what might be an appropriate alternative placement. In the event that an alternative placement is needed, residential staff or foster carers need to be fully informed about the problem sexual behaviour and a risk management plan drawn up to support the placement. In most instances, a referral should be 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.

463. The two key aims of addressing problem sexual behaviour are **risk management** and **risk reduction**. They will be best achieved when children and young people learn to manage their sexual behaviour within the broader aim of learning to meet their needs in a socially acceptable and personally satisfying way.

464. **Risk management** covers actions taken to reduce opportunities for the problem sexual behaviour to occur. A good risk management process should identify those children and young people who are most likely to commit further sexually abusive behaviour and who therefore need 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 so that appropriate risk management measures can be taken.

465. To manage risk effectively it is essential that:

- risk management is embedded in the systems around the child and promoted by those who supervise and monitor the child on a daily basis; and
- safety plans are drawn up in the relevant environments (for example, home, schools, communities and residential units).

For further information, see the section on [Identifying and managing risk](#).

466. **Risk reduction** is a planned programme of work aimed at helping the child or young person develop appropriate skills and insights to reduce their need to engage

in harmful sexual behaviour. In so doing, attention will naturally be paid to improving the child/young person's psychological well-being. This will mean:

- ensuring that the assessment process includes means of identifying the most relevant areas for intervention with each child/young person;
- viewing individual intervention as part of a systemic approach rather than as an isolated consideration;
- designing interventions that support long-term maintenance of therapeutic change by empowering the child and
- regularly evaluating the effectiveness of interventions.

467. Practitioners may find dealing with problematic or harmful sexual behaviour difficult and stressful. An agreed risk management framework, based on research and best practice and supported by training, will help. It should include shared definitions and language, make provision for joint ownership of risk reduction and management and promote a collaborative approach.

### **Further information**

468. For more information, see the following.

- The CJSW development centre [website](#). CHIPS plans to add more detailed materials and guidance for practitioners.
- *The Handbook of Clinical Interventions with Young People who Sexually Abuse.*<sup>28</sup>

### **Key messages for practice**

- In all cases where a child or young person presents problem sexual behaviour, immediate consideration should be given to whether action should 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.
- Local guidance should highlight the interface between child protection and other public protection agendas.
- 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.
- Local areas should have an agreed risk management framework based on research and best practice supported by training.

### **Female genital mutilation**

469. Female genital mutilation is a culture-specific abusive practice affecting some communities. It should always trigger child protection concerns. The legal definition

<sup>28</sup> Edited by O'Reilly, G. (2004).

of female genital mutilation 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’.<sup>29</sup> 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 female genital mutilation 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 female genital mutilation carried out in Scotland or abroad. A sentence of 14 years’ imprisonment can be imposed.

470. The procedure is usually carried out on children aged between four and ten years. It is a deeply rooted cultural practice in certain African, Asian and Middle Eastern communities. Justifications for female genital mutilation may include:

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

471. A range of health problems, both immediate and long-term, are associated with the procedure. Short-term effects can include haemorrhage and pain, shock and infection. Longer-term effects include bladder problems, menstrual and sexual difficulties and problems giving birth. The emotional effects of female genital mutilation may include flashbacks, insomnia, anger, difficulties in adolescence, panic attacks and anxiety. In Western cultures, the young person may also be disturbed by Western opinions of a practice which they perceive as an intrinsic part of being female.

472. Female genital mutilation is usually done for strong cultural reasons and this must always be kept in mind. 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, **female genital mutilation should always be seen as a cause of significant harm and normal child protection procedures should be invoked.** Some distinctive factors will need consideration:

- female genital mutilation is usually a single event of physical abuse (albeit with very severe physical and mental consequences);
- 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 been subjected to female genital mutilation, consideration needs to be given to other female siblings or close relatives who may also be at risk;

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<sup>29</sup> Prohibition of Female Genital Mutilation (Scotland) Act 2005.

- a planning 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. They may include factors such as [trafficking](#) or [forced marriage](#).
- legal advice should be obtained where appropriate; and
- appropriate interpreters who are totally independent of the child or young person's family should be used .

473. 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 female genital mutilation. As with other forms of child protection work this should be done as far as possible in partnership with parents/carers.

### ***Further information***

474. For more information, see the following.

- [Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#).
- [FORWARD](#).
- List of UK hospitals and clinics offering [specialist female genital mutilation services](#).
- [UNICEF website for female genital mutilation](#).

### **Key messages for practice**

- Female genital mutilation should always be seen as a cause of significant harm and normal child protection procedures should be invoked.
- Where a child or young person within a family has already been subjected to female genital mutilation, consideration must be given to other female siblings or close relatives who may also be at risk.
- Local guidelines should be in place to ensure a co-ordinated response from all agencies and highlight the issue for all staff that may come into contact with children who are at risk from female genital mutilation.

### **Honour-based violence and forced marriage**

475. Honour-based violence is a spectrum of criminal conduct with threats and abuse at one end and honour killing at the other. Such violence can occur when perpetrators believe 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 may include assault, abduction, confinement, threats and murder.<sup>30</sup> The type of incidents that constitute a transgression include:

- inappropriate make-up or dress;
- having a boyfriend/girlfriend;
- forming an inter-faith relationship;
- kissing or intimacy in a public place;
- pregnancy outside marriage; and
- rejecting a forced marriage.

476. 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.<sup>31</sup> 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.

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

478. The consequences of forced marriage can be devastating to the whole family, but especially to the young people affected. They may become estranged from their families and wider communities, lose out on educational opportunities or suffer domestic abuse. Rates of suicide and self-harm are high. Some of the potential indicators of honour-based violence and forced marriage are listed below.

### **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.
- Being prevented from going on to further/higher education.

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<sup>30</sup> *The honour is ours*, ACPO HBV Strategy (2008).

<sup>31</sup> *A Choice by Right*, Report of the UK Working Group on Forced Marriage (1999).

### **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.

479. Cases of honour-based violence/forced marriage can involve complex and sensitive issues and care must be taken to make sure that interventions do not worsen the situation. For example, mediation and involving the family can increase the risks to a child or young person and should not be undertaken as a response to forced marriage or honour-based violence. Efforts should be made to ensure that families are not alerted to a concern that may result in them removing the child or young person from the country or placing them in further danger.

480. Concerns may be expressed by a child or young person themselves about going overseas. They may have been told that the purpose is to visit relatives or attend a wedding. On arrival, their documents, passports, money and mobile phones are often taken away from them. These concerns should be taken seriously, although practitioners must also be careful to avoid making assumptions. Such cases may initially be reported to the joint [Home Office/Foreign and Commonwealth Office Forced Marriage Unit](#) .

481. 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 a family becomes aware that enquiries are being made, they may move the child or young person to another location or expedite the forced marriage.

482. When a child or young person has already been forced to marry, they will sometimes approach children's social work services or the police because they are concerned that they may need to act as a sponsor for their spouse's immigration to the UK. Practitioners should reassure the child or young person that they cannot be required to act as a sponsor until they are 21. Confronting the family may be extremely risky for the child or young person and result in their being put under increased pressure to support the visa application. These risks need to be discussed with the child or young person.

483. 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. In some cases, they may fear having their own children taken away from them. In all cases, the social worker should discuss the range of options available to the child or young person and the possible consequences. A spouse who is the victim of a forced marriage can initiate nullity or divorce proceedings to end the marriage, but should be made aware that a religious divorce will not end the marriage under UK law.

### **Further information**

484. For more information, see the following.

- [Forced marriage: A wrong not a right.](#)
- [Forced Marriage \(Civil Protection\) Act 2007.](#)
- [Forced marriage: A civil remedy.](#)
- [Safer Lives: Changed Lives: A shared approach to tackling violence against women in Scotland.](#)
- [Handling cases of forced marriage.](#)

### **Key messages for practice**

- Cases of honour-based violence/forced marriage can involve complex and sensitive issues and care must be taken to ensure that interventions do not place the child or young person in further danger.
- Concerns about a young person being forced to go overseas in cases of honour-based violence or forced marriage may initially be reported to the joint Home Office/Foreign and Commonwealth Office Forced Marriage Unit.
- 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.

### **Fabricated or induced illness**

485. Fabricated or induced illness in children is not a common form of child abuse, but practitioners should nevertheless be able to understand its significance. Although it can affect children of any age, fabricated and induced illness 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.

486. There are three main ways in which a parent/carer can fabricate or induce illness in a child. These are not mutually exclusive and include:



- fabrication of signs and symptoms, including fabricating the child's 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.

487. For those children who are suffering, or at risk of suffering significant harm, joint working is essential both to protect the child and where necessary to take action, within the criminal justice and child protection systems, against 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 that 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.

488. The majority of cases of fabricated or induced illness in children are confirmed in a hospital setting. The first task for the paediatrician is to find out whether a child's illness and individual symptoms and signs can be accounted for by natural causes. If not, the possibility that the illness has been fabricated or induced must be considered. CAMHS may be called in to look at the effects on the child and establish whether the parent/carer suffers from an underlying disorder. 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 support to parents/carers during the assessment. Co-ordinated planning and assessment is essential in the investigation of fabricated or induced illness. Some methods, such as the use of covert video surveillance, should be discussed and agreed by all services involved before being implemented.

489. Fabrication of illness may not necessarily result in the child experiencing physical harm. However, there may still be concern about them suffering emotional harm and a thorough assessment of the child's needs should be carried out.

### Further information

490. For more information, see the following.

- [Safeguarding Children in whom Illness is Fabricated or Induced – Supplementary Guidance to Working Together to Safeguard Children.](#)
- [Fabricated or Induced Illness by Carers: A Practical Guide for Paediatricians.](#)

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.

### Key messages for practice

- A careful medical evaluation should consider all possible diagnoses. A range of practitioners and disciplines should be involved in assessing and evaluating the child's needs and the family's history.
- All agencies and practitioners should be alert to potential indicators of illness being fabricated or induced in a child and to the risk of harm posed to children.
- Co-ordinated planning and assessment is essential in the investigation of fabricated or induced illness. Methods such as the use of covert video surveillance should be discussed and agreed by all services involved.

### Sudden unexpected death in infants and children

491. Only a small number of children die during infancy in Scotland. While the majority of such deaths are as a result of natural causes, physical defects or accidents, a small proportion are caused by neglect, violence, malicious administration of substances or by the careless use of drugs.

492. 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.

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

494. 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.

495. When the death of a child is reported to the police, a senior investigating officer should always be appointed to oversee the investigation, whether or not there are any obvious suspicious circumstances.

496. 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. Relevant information-sharing between police and health staff is expected to ensure that a comprehensive picture of what is jointly known is established at the outset and can then be updated throughout the subsequent investigation.

497. 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
- liaising 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.

498. In cases where the child and their family were either not resident in or had recently moved to the area where the death occurred, the senior investigating officer will ensure that information is sought from other police forces and partner agencies in any area where the child is known to have recently resided.

499. It is recognised that investigations into the death of an infant/child will be particularly challenging. Nevertheless, it is essential that a full and thorough investigation takes place and that it is undertaken in a tactful, sensitive and sympathetic manner. Practitioners should collaborate to ensure that the fullest possible information is gathered and considered. Chief Officers need to ensure that staff have appropriate support during any investigations, particularly if the circumstances of the case lead to a significant case review.

### ***Further information***

500. [NHS Quality Improvement Scotland](#) (NHS QIS), on behalf of the Scottish Government, is progressing a programme of work on SUDI. The project has three distinctive parts:

- the development, publication and implementation of a ‘toolkit’ for all professionals who may be involved in a SUDI;
- the development and re-establishment of timely SUDI case reviews; and
- data collection on each SUDI case in Scotland and associated demographic and socioeconomic data.

#### **Key messages for practice**

- The police have a key role in the investigation of infant and child deaths. Their prime responsibility is to the child, as well as to existing siblings and any children who may be born into the family in future.
- Police and hospital/medical staff should ensure that all investigations are collaborative.
- Chief Officers must make staff receive appropriate support during any investigations, particularly if the circumstances of the case lead to a significant case review.

## HARM OUTSIDE THE HOME OR IN SPECIFIC CIRCUMSTANCES

### Complex child abuse investigations: inter-agency considerations

501. Each investigation of complex abuse will be different, depending on the characteristics of the situation, its scale and complexity. Although complex abuse in residential settings has been widely reported in recent years, complex abuse can occur within family networks, day care and other provision such as youth services, sports clubs and voluntary groups, and via the internet. Complex abuse investigations require thorough planning, effective inter-agency working and attention to the welfare needs of both child victims and adult survivors. This section aims to provide advice and guidance to practitioners who are faced with these difficult situations

502. Where appropriate, definitions relating to various forms of abuse are provided, along with signposts to documents which will not only support staff but help them understand an area of abuse which they might be unfamiliar with.

### *Ritual abuse*

503. 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, which may or may not be underpinned by a belief system, and often involves more than one abuser. Ritual abuse usually starts in early childhood and uses patterns of learning and development to sustain the abuse and silence the abused. The abusers concerned may be acting in concert or using an institutional framework or position of authority to abuse children. Ritual abuse may occur within a family or community, or within institutions such as residential homes and schools. Such abuse is profoundly traumatic for the children involved.<sup>32</sup>

504. Ritual abuse can also include unusual or ritualised behaviour by organised groups, sometimes associated with particular belief systems or linked to a belief in spiritual possession.

### *Abuse by organised networks or multiple abusers*

505. Several high profile cases – including Cleveland (1987) and Orkney (1991) – and investigations within residential schools and care homes have highlighted the complexities involved in investigating alleged organised abuse and supporting children. 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 ‘on- or offline’.

<sup>32</sup> *Working Together to Safeguard Children*, HM Government (2006).

- Abduction. Child abduction may involve internal or external child trafficking and may happen for a number of reasons. Children cannot consent to abduction or trafficking. For further information, see the section on [Child trafficking](#).
- 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 being abused by one or more perpetrators, including other young people.
- Prostitution. In some cases, children may be recruited or abducted for commercial sexual exploitation.

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

507. Disclosures of abuse may come from adult 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 revealing their experiences 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.

508. 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 consistent approach in their dealings with children and families.

### ***Planning considerations***

509. Some child protection cases are particularly complex because they can uncover, or be shown to be linked with, other cases of alleged abuse. It is not unusual for such complex investigations to extend beyond the boundaries of individual services. Detailed planning at strategic level is critical to ensure a consistency of approach with clear areas of accountability and responsibility determined from the outset. Chief Officers should be alerted in such circumstances, including where the concerns involve a child or children outwith the area. Senior managers from social work services and the police should ensure that arrangements for the joint investigation of linked cases are in place, so that children and adults are adequately protected.

510. The planning of complex investigations needs to be undertaken at both strategic and operational level. The tasks and functions of a strategic management group will vary from case to case but should normally include the following key functions:

- to establish the terms of reference of the investigation;
- to take ownership of the strategic leadership of the investigation;
- to agree the staffing of the investigation; and
- to agree protocols where necessary.

511. Police and social work services should agree arrangements for convening planning meetings, setting up systems for sharing and updating information about the investigations progress and co-ordinating support. All relevant agencies and services should be involved in these discussions. Such cases require early involvement of the Procurator Fiscal and the Children's Reporter. Police and social work services should agree a strategy for communicating and liaising with the media and the 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.

512. Parents/carers are usually entitled to the fullest possible information. In these circumstances – particularly where it may be unclear how many families are involved – decisions regarding about information-sharing will be particularly complex. Agencies may need to restrict information provided to families and the public to avoid prejudicing criminal enquiries; this should be considered in the planning process. Parental involvement may need to be limited in order to safeguard the child and the reasons for this should be recorded.

513. The investigation of complex child abuse may require specialist 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 to obtain specialist advice and support from agencies with particular knowledge of the issues.

514. 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 each other and destroying evidence. This may mean co-ordinating investigations, interviews and other assessments. 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 disruption.

515. It is good practice for the lead agencies to establish links with neighbouring authorities and agencies to ensure access to necessary resources – including skilled staff and specific facilities such as audio-visual studios – when dealing with complex multiple or organised abuse cases. Any arrangement should identify the roles and responsibilities of different authorities and agencies. It should be borne in mind that where a child has been involved in pornography and constantly filmed or become



accustomed to their image being manipulated, recording of interviews may be particularly alarming. Local inter-agency child protection procedures should include contingency plans to deal with such cases.

516. Investigating organised abuse and 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. For further information on supporting child witnesses, see the section on [Criminal prosecutions](#).

### **Further information**

517. For more information, see the following.

- [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.
- [Survivor Scotland](#) is a Scottish Government-run website for victims of childhood sexual abuse.
- [Safeguarding Children from Abuse Linked to a Belief in Spirit Possession](#) provides more detail regarding the circumstances around child victims of spirit possession accusations.

### **Key messages for practice**

- Chief Officers should be alerted in complex cases of abuse.
- The planning of complex investigations needs to be undertaken at both a strategic and operational level.
- 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 process should include support agencies and co-ordinating support services for the children and families involved.
- Agencies may need to restrict information provided to families and the public to avoid prejudicing criminal enquiries.
- When planning investigations, agencies should adopt a measured approach to investigation that will not prejudice efforts to collect evidence for the criminal prosecution of an abuser or group of abusers and which prioritises the welfare of any child or children at risk.
- The investigation of complex child abuse may require specialised skills.
- It is good practice for the lead agencies to establish links with neighbouring authorities and agencies to ensure access to necessary resources when dealing with complex multiple or organised abuse cases.
- Inter-agency procedures should reflect local arrangements for the investigation of complex cases and include details of support, de-briefing or counselling provision.

## Child trafficking

518. Child trafficking typically exposes children to continuous and severe risk of significant harm. It involves the recruitment, transportation, transfer, harbouring and/or receipt of a child for purposes of exploitation. This definition holds whether or not there has been any coercion or deception, as children are not considered capable of informed consent to such activity. It applies to activity **within** a country as well as **between** countries. It should also be noted that the [Palermo Protocol](#) broadens the scope of a child to under 18 and local procedures should reflect this.

519. Children are trafficked for a number of reasons within and between countries and continents. They may be trafficked for one type of exploitation but sold into another, making simple categorisation problematic. Forms of exploitation of child victims of trafficking include:

- child labour, for example, on cannabis farms;
- debt bondage;
- domestic servitude;
- begging;
- benefit fraud;
- drug trafficking/decoys;
- illegal adoptions;
- forced/illegal marriage (for further information, see the section on [Honour-based violence and forced marriage](#));
- sexual abuse; and
- sexual exploitation.

520. Tackling child trafficking requires a multi-agency response at all levels. All agencies and practitioners must be aware of the issues pertaining to child trafficking and of the potential indicators of concern. National guidance exists – see further information below – but local areas should have protocols for child trafficking and take steps to make staff aware of these protocols so that they have a clear understanding of the processes and procedures to follow when they identify a child who may have been, or is at risk of being, trafficked.

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

522. Child trafficking can be difficult to identify. By its very nature, the activity is hidden from view, so practitioners need to be sensitive to the indicators of trafficking when investigating concerns about 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 trafficked or who are at risk. While the presence of any factor does not provide definitive evidence, the indicators do point to the possibility of trafficking, particularly when

more than one is present at the same time. The indicators may apply to both UK nationals and/or migrant children and to both boys and girls. Practitioners should keep them in mind when working with children and making an initial assessment. 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.

**523. 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 be postponed until a child realises, agrees or divulges that they have been trafficked. Often, children are threatened with punishment if they speak. Also, they may not be aware that they are victims of trafficking.

524. Trafficking raises important legal issues that require the involvement of specific agencies within the UK. 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 and a linked authority within the UK Border Agency that handles cases of immigration and asylum.

525. If an agency or practitioner believes 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. The child's safety remains the principal consideration and all necessary actions and inter-agency child protection procedures should be followed to ensure that they are protected.

526. 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***

527. The key source of information is the national guidance on child trafficking, *Safeguarding Children in Scotland Who May Have Been Trafficked*,<sup>33</sup> which provides definitions, indicators, child protection processes and roles and responsibilities of agencies. See also the following.

- [Child Trafficking Referral Form.](#)
- [Referral Form Guidance.](#)
- [Child Trafficking Assessment.](#)

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<sup>33</sup> Scottish Government (2009).

- The [NSPCC National Child Trafficking Advice and Information Line](#) (CTAIL) is a service for anyone with concerns about human trafficking. The number (during office hours) is 0800 107 7057.

### Key messages for practice

- Local areas should have protocols on child trafficking in place and ensure that all staff are aware of these protocols.
- It is essential to take timely and decisive action where child trafficking is suspected because of the high risk of the child being moved.
- The UK has a responsibility to implement a specific mechanism for identifying and recording cases of child trafficking known as the National Referral Mechanism.

### Historical allegations of abuse

528. 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 while they were a looked-after and accommodated child in a residential, kinship or foster care setting.

529. Individuals may disclose historical abuse in the context of 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 a parent/carer, partner or other family member of an individual accessing these services.

530. Any reasonable professional concern that a child may be at risk of harm 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.

531. When an allegation of historical child abuse is received by any agency, consideration needs to 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, within a personal family setting in the wider community, within other institutional settings or a combination.

532. It is not uncommon for individuals to make allegations of historical child abuse to practitioners in a therapeutic setting but to be unable or unwilling to go to the

police. Consideration should be given to whether the individual requires support and protection as a vulnerable adult. Their needs must be balanced against the need to protect any child/children who might currently be exposed to risk from the alleged perpetrator(s). Where possible, there should be an agreement between agencies to allow individual support plans to be put in place.

533. Services supporting or taking part in investigations relating to individuals alleging historical abuse should be mindful of potential barriers to disclosure. These 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.

534. As with all investigations into alleged abuse, the agencies involved should take a measured, planned approach that balances current child protection risks with support for the individual. Multi-agency communication and collaboration is vital and services should be proactive in ensuring they have a clear understanding of each others' roles and remits.

535. Individuals alleging historical abuse should be offered ongoing emotional support. Local guidelines should set out referral routes to local services that specialise in childhood abuse and trauma. Individuals can then be signposted to sources of support both during and after the investigation, as needed.

536. 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. Services should be mindful of how this may impact on an individual's ability to convey essential information to inform the investigation.

537. Key to the investigation of allegations of historical abuse is access to relevant records, including those relating to, for example, former staff in residential care settings and foster carers. Locating and retrieving records can be a challenge and the quality and level of detail may vary. Local guidelines should include clear protocols on record-keeping and record management, including record retrieval.

538. 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. For further information, see the section on [Complex child abuse investigations](#).

### ***Further information***

539. For more information, see the following.

- 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.

### Key messages for practice

- When an allegation of historical child abuse is received by any agency consideration must be given to the investigation of any current child protection concerns.
- Consideration needs to be given as to whether the individual involved needs support and protection as a vulnerable adult.
- Services supporting or taking part in the investigation of individuals alleging historical abuse should be mindful of potential barriers to disclosure.
- The individual's need for support must be balanced with the need to protect any child/children who may currently be exposed to any risk from the alleged perpetrator(s).
- Individuals alleging historical abuse should be offered ongoing emotional support. Local guidelines should identify referral routes to local services that specialise in childhood abuse and trauma.
- Local guidelines should have clear protocols in place in relation to record-keeping and record management, including record retrieval.

### Children who are looked after away from home

540. Child protection concerns are not limited to a child's family circumstances, but cover 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 the child. As with investigations into children living in the community, any looked-after child voicing a concern must be listened to and taken seriously. Equally, the carers should be treated with respect and their views also taken seriously.

541. Where the concern involves allegations of abuse, the carer 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 types of concerns will need to address a number of additional considerations. Foster and kinship carers of looked-after children provide care from their own homes, and are 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 responsible for exploring concerns.

542. Looked-after children who have had to leave the care of their parents will often exhibit complex emotions and challenging or irrational behaviour. 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. These feelings may be expressed in the form of complaints about the care and treatment that their child is receiving.

543. 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).

544. When concerns about a looked-after child are raised, it should be remembered that further disruption (for example, a sudden move into a new care environment) may damage their recovery. The consequences of removing a child must be considered alongside their safety. Placement stability should be maintained wherever safe and possible.

545. 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.

546. Social work practitioners have a responsibility to clarify concerns 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.

547. Where there is an allegation of abuse involving a looked-after child, social work practitioners will need to 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 child's social worker.

548. Whatever the action to be taken, practitioners will need to discuss 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. Fostering or residential service providers should be included in the discussion. 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 will facilitate the sharing and assessment of information, leading to a decision as to the next steps to be taken. If emergency action is required to protect the child, this should be discussed, as should ways of protecting the child at the same time as preserving placement stability. Options for the way forward for a looked-after child are the same as for children in their own families.

549. Child Protection Committees need to consider their procedures for responding to concerns about a looked-after child's welfare or safety. Responses should be proportionate to the nature of the concerns raised. Whatever route is agreed, it is important to decide when carers should be told about the concerns and to clarify the scope of the exploration.

550. **Separated children** are unaccompanied minors. Local authorities are responsible for assessing their needs and offering support. Separated children are often vulnerable due to their unaccompanied status and to their experiences in their



home countries and during their journey to the UK. If child protection concerns arise, they should be addressed in the same way as if the child was a UK national.

551. Particular consideration needs to be given to the use of interpreters for separated children and to accessing specialist legal advice.

### **Further information**

552. For more information, see the following.

- [Interim Guidance on Best Practice in Responding to Allegations against Foster Carers.](#)
- The [Scottish Refugee Council](#) offers advice and support on issues facing separated children.

### **Key messages for practice**

- All concerns about a looked-after child's safety should be rigorously investigated while treating carers consistently, fairly and with consideration.
- The consequences of removing a child must be balanced with the need to ensure their safety. Placement stability should be maintained wherever safe and possible.
- 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.
- Child protection concerns relating to separated children should be addressed in the same way as any similar concerns about a child that is a UK national.

### **Online and mobile phone child safety**

553. New technologies, digital media and the internet are an integral part of children's lives. Whether on a computer at school or at home, a games console or mobile phone, children and young people are increasingly accessing the internet whenever they can and wherever they are. This has enabled entirely new forms of social interaction to emerge, for example, through social networking websites and online gaming. But 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; and
- exploitation by online predators – for example, sexual grooming – often through social networking sites.

554. Where police undertake investigations into online child abuse, or networks of people accessing, or responsible for, images of sexually-abused children, consideration must be given to the needs of the children involved. 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, they will have been targeted because they were already vulnerable. Local services need to consider how they can best support and co-ordinate any investigations into such offences. They should understand the risks that these technologies can pose to children and the resources available to minimise those risks.

555. Children and young people need to understand the risks the internet and mobile technology can pose so that they can make sensible and informed choices. Practitioners and carers need to support young people to use the internet and mobile technology responsibly, and know how to respond when something goes wrong.

### **Further information**

556. For more information, see the following.

- The Scottish Government action plan for [Improving internet safety](#).
- The Child Exploitation and Online Protection Centre ([CEOP](#)) provides information and resources on child internet safety and runs a well-established education programme, 'ThinkuKnow'.
- Where a child comes across potentially illegal content online, a report can be submitted to the [Internet Watch Foundation](#).

### **Key messages for practice**

- Where police undertake investigations into online child abuse, consideration must be given to the needs of children involved in these investigations.
- Local services need to consider how best they can support and co-ordinate any investigations into such offences and must therefore understand the risks that these technologies can pose to children and the resources available to minimise those risks.
- Practitioners and carers need to support young people to use the internet and mobile technology responsibly, and know what to do when something goes wrong.

### **Children and young people who place themselves at risk**

557. Some children and young people place themselves at risk of significant harm from their own behaviour. Concerns about these children and young people can be just as significant as concerns relating to children who are at risk because of their care environment. The main difference is the source of risk, though it should be recognised that at least some of the negative behaviour may stem from experiences of abuse. Where such risk is identified, as with other child protection concerns, it is

important that a multi-agency response is mobilised and a support plan identified to minimise future risk. The key test for triggering these processes should always be the level of risk to the individual child or young person and whether the risk is being addressed, not the source of risk.

558. While not exhaustive, the following lists the different types of concern that may arise:

- self-harm and/or suicide attempts;
- alcohol and/or drug misuse;
- running away/going missing;
- inappropriate sexual behaviour or relationships (for further information, see the section on [Under-age sexual activity](#));
- sexual exploitation;
- problematic or harmful sexual behaviour;
- violent behaviour; and
- criminal activity.

559. Child Protection Committees are required to ensure that there are multi-agency policies, procedures and systems in place for identifying, referring and responding to these types of concerns.

### ***Further information***

560. For more information, see the following.

- The section on [Problematic or harmful sexual behaviour](#).
- The section on [Under-age sexual activity](#).
- The section on [Missing children](#).

### **Key messages for practice**

- Child Protection Committees are required to ensure there are multi-agency policies, procedures and systems in place for the identifying, referring and responding to situations where young people place themselves at risk through their own behaviour.

### **Children and young people who are missing**

561. 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 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 or third sector.
- 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 the place where they are expected.

562. 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 covered by the term ‘runaway’ (though the individual circumstances and needs of the child or young person may vary considerably). Children and young people who go missing remain vulnerable to the factors that led to them going missing (for example, domestic abuse in a care environment) as well to the risks associated with 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 vulnerability to sexual exploitation. Many cases are never reported to police and few such children ever approach agencies for help.

563. The reasons for a child’s absence may not be apparent. A number of circumstances in which children or young people may be termed as missing are listed below (most 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 go missing due to being forced into marriage abroad or within the UK.
- Trafficked children and young people. A child or young person may go missing due to being trafficked and later being removed from a placement. Asylum-seeking children are particularly vulnerable to vanishing. Their substitute care may feel unsafe, and many do not have a trusted adult to advocate for them.
- Sexual exploitation. A child or young person may go 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.<sup>34</sup> Children who go missing from home or care may do so because they are running 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 few resources. This can result in begging or stealing or staying with a complete stranger.

- Vulnerable young people. Such young people are identifiable by their criminal or risk-taking behaviour, poverty, disengagement with education, being looked after, self-harming, mental health issues and/or experience of abuse. They may take steps to escape from their situation.
- Transition. Young people moving from children to adult services need processes in place to manage this experience, maximising support and minimising risk. Transition can be a difficult time for young people and their parent/carer, or carer or staff in residential care. Some express their negative emotions through high risk and sometimes offending behaviour; they may also be vulnerable to alcohol and/or drug misuse and sexual predators. These cases are very challenging to manage effectively and call for a collaborative approach that includes offender management services.
- Home-educated children. A child may be unknown to services as a result of their removal from mainstream education or never having been enrolled within an education authority. Where this is the result of a decision being made to educate them at home this should not, in itself, be regarded as a child protection concern. For further information, see the Government’s [Home Education Guidance](#).<sup>35</sup>

564. The above circumstances are not mutually exclusive. 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.

565. 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 that multi-agency procedures are in place, including issuing a national alert when a child or young person goes missing 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

<sup>34</sup> 1 in 9, The Scottish Coalition for Young Runaways (2007).

<sup>35</sup> Scottish Government (2007).

agencies and information-sharing needs to be managed within a developed inter-agency data-sharing protocol.

566. Child Rescue Alert is a partnership between the police, the media and the public set up to respond when 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 searching for the child, offender or any specified vehicle and reporting any sightings to the police. The scheme is only invoked where there is a reasonable belief that a child has been abducted and is at risk of serious harm; it will not apply in cases where a child is missing and there is no sign of abduction.

567. If a person or agency suspects that a child has been taken by, or is under the influence of, a third party (which may include parental abduction or 'grooming'), the police must be notified as soon as possible so they can decide whether to launch an alert. All instances of missing children or abduction must be quickly reported to the police so that appropriate decisions can be made.

### **Further information**

568. For more information, see the following.

- *A scoping study of services for young runaways.*<sup>36</sup>
- *Still Running II.*<sup>37</sup>
- [Missing Out. Young Runaways in Scotland.](#)<sup>38</sup>
- [The Scottish Coalition for Young Runaways](#) has produced a helpful briefing paper on the issues affecting young runaways.
- [Home Education Guidance.](#)<sup>39</sup>

### **Key messages for practice**

- Children can be deemed 'missing' because they are absent from statutory care and/or absent from home or care.
- 'Missing' covers a range of scenarios, including children running away from home, abduction and the planned removal of children from statutory educational services through home education.
- Where children are designated as 'missing', multi-agency risk assessment and co-ordination is essential for location of the child and any subsequent support, extending in some cases to the issuing of media alerts through the police.

<sup>36</sup> Malloch, M. and Burgess, C., Stirling University (2007).

<sup>37</sup> Rees, G. and Lee, J., The Children's Society (2005).

<sup>38</sup> Wade, J., Aberlour Child Care Trust (2006).

<sup>39</sup> Scottish Government (2007).

## Under-age sexual activity

569. 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. In some cases, the activity will be wholly consensual; in others it will happen in response to peer pressure or as the result of abuse or exploitation. Young people who are sexually active will, therefore, have differing needs, so services and practitioners must provide a range of responses. National guidance provided by the Scottish Government covers the legal issues and advises practitioners how they can 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 longer-term adverse consequences.

570. The law is clear that society does not encourage sexual intercourse in young people under 16. However, it does not follow that every case presents child protection concerns and it is important that a proportionate response is made. If there are no child protection concerns, there may still be needs to be addressed either on a single agency or multi-agency basis. However, 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.

571. 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 can be 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.

572. 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 set out in the Scottish Government guidance, [Under-age 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

573. For further information, see [Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns](#).<sup>40</sup>

#### Key messages for practice

- Increasing numbers of young people are engaging in a range of sexual activity before the age of 16.
- However, it does not follow that every case presents child protection concerns and it is important that a proportionate response is made (though there are instances where child protection measures must be immediately instigated).

### Bullying

574. Bullying behaviour may include:

- name-calling, teasing, putting down or threatening;
- ignoring, leaving out or spreading rumours;
- physical assault;
- stealing and damaging belongings;
- sending abusive text, email or instant messages;
- making people feel like they are being bullied or fearful of being bullied; and
- targeting someone because of who they are or are perceived to be.

Such behaviour can leave people feeling helpless, frightened, anxious, depressed or humiliated and can have a devastating and lifelong impact.

575. Bullying behaviour can take place in schools, children's services, residential services, at home and in the community, at youth groups and out-of-school care and can come from both children and adults. It is also increasingly associated with the use of the internet and mobile phone technologies, especially via social networking sites such as Facebook (so-called 'cyber-bullying'). In essence, the behaviour is the same and requires similar prevention methods.

576. Bullying behaviour may be related to perceived or actual difference and involve the expression of prejudices regarding, for example, race, gender, disability and sexual orientation. It may be just one manifestation of the prejudice experienced by the child or young person, and/or may compound other difficulties in their life. With this in mind vulnerable and marginalised children and young people may be particularly at risk.

<sup>40</sup> Scottish Government (2010).

577. All organisations that work with children and young people should develop and implement an anti-bullying policy that provides a framework for proactive and reactive strategies for dealing with bullying. It should set out clear expectations regarding the behaviour and responsibilities of both staff and children and young people. Policies should be developed in consultation with all stakeholders, including parents and carers and children and young people.

***Further information***

578. For more information, see the following.

- [Respect Me](#), which supports schools, authorities and communities to prevent and tackle bullying effectively through training, support for policy development and awareness raising/information provision, including cyber-bullying.
- The [Anti-Bullying Network](#).
- [Cyberbullying – Safe to Learn: Embedding anti-bullying work in schools](#).

**Key messages for practice**

- All organisations that work with children and young people should develop and implement an anti-bullying policy, to provide a framework for proactive and reactive strategies for responding to bullying.

# Appendices





**LEGISLATION: LIST OF OTHER RELEVANT LEGISLATION**

1. This appendix supplements the chapter on legislation above (for further information, see the chapter on [Legislation](#)).

**Legislation defining offences against children**[Protection from Abuse \(Scotland\) Act 2001](#)

2. While the primary focus of this legislation is women subjected to domestic abuse and the potential legal remedies available to them, aspects can assist attempts to safeguard the interests of children, particularly given what is now known about the impact of abuse on children.<sup>41</sup> The primary remedy offered by the Act 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](#)

3. 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,<sup>42</sup> where opinions were very divided, it became clear that there was no consensus across Scottish society on the so-called 'smacking ban'. Section 51 clarifies that it is an offence to punish a child in any manner that involves 'a blow to the head, shaking or the use of an implement'. Where any such offence is committed, the defence of reasonable chastisement does not apply.

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

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

[Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#)

6. This legislation makes it an offence for a person to carry out specified female genital mutilation procedures on another person or to aid or abet another person to carry out such procedures. This includes making it an offence to send a girl abroad

<sup>41</sup> See, for example, *Behind Closed Doors*, UNICEF (2006) and Mullender, A. *Tackling Domestic Violence*, Home Office (2004).

<sup>42</sup> *The Physical Punishment of Children in Scotland : A Consultation*, Scottish Executive (2000).

for the purpose of female genital mutilation. For further information, see the section on [Female genital mutilation](#).

### [Protection of Children and Prevention of Sexual Offences \(Scotland\) Act 2005](#)

7. This important legislation introduced a number of offences including that 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 contact via online chatrooms. For further information, see the section on [Online child safety](#).

8. 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.

9. Section 2 also introduced Risk of Sexual Harm Orders 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.

10. 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.

### [Sexual Offences \(Scotland\) Act 2009](#)

11. This Act translated a number of common law offences – including rape – into statutory offences and clarified the issue of consent, introducing a new definition of 'free agreement'. A number of what are described as 'protective' offences were introduced to allow for the protection of individuals who, by virtue of their age or mental capacity, 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.

12. 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](#)

13. 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 must be obtained at an 'enhanced' level. This means that spent convictions under the terms of the Rehabilitation of Offenders Act 1974 are included, together with any other information considered relevant by the police and other authorities. Under the legislation, checks are undertaken on foster carers, employees and any person who, while not holding any form of parental rights in respect of a child, may be entrusted with their regular care.

### [Protection of Children \(Scotland\) Act 2003](#)

14. The primary focus of this legislation is the power to allow Scottish Ministers to establish a list of those disqualified from working with children. 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. The person concerned need not have 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 who 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 \(Scotland\) Act 2007](#)

15. 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. In 2011, the Scottish Government is planning to introduce a new membership scheme to replace and improve upon the current disclosure arrangements for people working with vulnerable groups. The PVG Scheme is designed to create 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 members to complete a detailed application form every time a disclosure check is required, and aims to strike a balance between proportionate protection and robust regulation and make it easier for employers to determine who they need to check in order to protect their clients.

16. During the first year after '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](#)

17. 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 precognition of a child witness under oath and there are 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](#)

18. 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 understand the distinction between telling the truth and lying. 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.

19. One of the most important aspects of this legislation is the introduction of a range of special measures 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 16 are a live TV link, screens in the courtroom and the presence of a supporter. 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 being taken by a commissioner.

20. It is important to note that a person under the age of 16 – i.e. a 'child witness' – is, per se, a 'vulnerable witness'. The provision of standard special measures will always be considered for them.

21. There is extensive guidance available on the subject.<sup>43</sup> The 2004 Act underpins the acceptance that oral evidence is no longer the only means by which testimony can be given by children.

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<sup>43</sup> *Supporting Child Witnesses Guidance Pack* (part 1) Scottish Executive (2003).

## Additional legislation

### [Asylum and Immigration \(Treatment of Claimants, etc.\) Act 2004](#)

22. This is UK legislation and as such the subject matter is reserved. While immigration and asylum and the impact they 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.

23. Immigration and asylum issues relating to unaccompanied children is a highly specialised aspect of the legislative framework. 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 arriving in this country without identifiable information and paperwork. [The Scottish Refugee Council](#) can provide initial support and information to help guide workers through these processes.

### [Anti-social Behaviour \(Scotland\) Act 2004](#)

24. 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 provide a way into the child protection arena for some young people.

### [Adoption and Children \(Scotland\) Act 2007](#)

25. 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 order, which can be awarded to local authorities, allows for a greater degree of flexibility regarding 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. 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.

### [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

26. This introduced a number of principles which those discharging functions under the Act are required to observe, 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 a 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;
- the need to provide carers with information that could help them 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 a manner that appears to involve the minimum necessary restrictions on the freedom of the child.

27. 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.

28. 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-focused services;
- the requirement on health boards to provide accommodation and services that will enable mothers with post-natal depression and who are in hospital to care for their child (of less than one year) in hospital, if they so wish;
- that all those discharging functions under the Act have a duty to 'mitigate adverse effect of compulsory measures on parental relations', whether it is the parent or child who has the mental disorder; and
- that 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, as a consequence of their mental disorder.

## TRAINING AND RESEARCH RESOURCES

### Learning communities

1. Learning communities or networks can 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, active and willing to communicate with each other either face-to-face or in a virtual interactive environment.
2. Often, communities and networks will adopt an inter-disciplinary approach, based on an educational or 'pedagogical' design. They may also develop a shared repertoire of resources, including experiences, stories, tools and ways of addressing recurring problems. This takes time and sustained interaction. It is the combination of these elements that constitutes a community of practice.
3. Such communities share certain defining features or characteristics:
  - a sense of belonging and shared ownership;
  - loyalty to the community, its members and the groups that they represent;
  - constructive, honest and helpful interaction that builds trust and reinforces a sense of peer support;
  - openness and willingness to share, including lessons learned, challenges and interests;
  - active involvement and commitment to helping the learning community achieve its aims, including by providing 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.
4. 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 between the practitioners, managers, academics and consultants that make up the child protection community in order 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.
5. 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.

6. More information can be found at:

- [The Multi-Agency Resource Service \(MARS\)](#), which is based at University of Stirling and offers expert advice and support for all staff in Scotland working with child protection issues. Its aims are to:
  - co-ordinate the exchange of knowledge across agencies;
  - broker and facilitate links across the child protection sector in Scotland, 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 a national strategic training and continuing professional development framework.
- The post of National Child Protection Co-ordinator was established to support the National Child Protection Committee Chairs Forum to take forward national priorities and to help Child Protection Committees increase consistency and reduce duplication of effort. The post sits within the MARS, in order to promote partnership working with Child Protection Committees and the wider child protection community.
- [The Scottish Child Care and Protection Network \(SCCPN\)](#), a partnership of academics, practitioners and policymakers also based at Stirling University, aims 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 HM Inspectorate of Education (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](#) was set up to conduct research and provide analysis and commentary on child protection developments across the UK. Based at the University of Edinburgh, the Centre is mainly funded by the NSPCC. CLICP's work falls under the following broad strands:
  - tracking, monitoring and providing an overview of 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.

## APPENDIX C

**TIMESCALES FOR DIFFERENT STAGES OF ACTING ON CHILD PROTECTION CONCERNS**

National timescales have been introduced for CPCCs as well as for the production of minutes and Child Protection Plans. Every effort should be made to meet the timescales within the national guidance but it is recognised that this may not always be possible. The reasons for not complying with the timescales should be recorded, along with a proposed future date for completion.

<i>Notification of concern to initial CPCC</i>	The initial CPCC should be held as soon as practically possible and no later than <b>21 calendar days</b> from the notification of concern
<i>Invitations</i>	Participants should be given a minimum of five calendar days' notice of the decision to convene a CPCC whenever possible
<i>Review CPCC</i>	The first review CPCC should be held <b>within three months</b> of the initial CPCC. Thereafter, reviews should take place <b>six monthly</b> or earlier if circumstances change
<i>Pre-birth CPCC</i>	The CPCC should take place <b>no later than at 28 weeks pregnancy</b> or, in the case of late notification of pregnancy, as soon as possible after the notification of concern and in any case <b>within 21 calendar days</b>
<i>Core group</i>	The initial core group meeting should be held <b>within 15 calendar days</b> of the initial CPCC
<i>Minutes</i>	Participants should receive the minutes <b>within 15 calendar days</b> of the CPCC
<i>CP Plan</i>	Participants should receive a copy of the agreed Child Protection Plan <b>within five calendar days</b> of the CPCC
<i>Changes to CP Plan</i>	Where a core group identifies the need to make significant changes to the CP Plan they should notify the CPCC chair <b>within three calendar days</b>

## APPENDIX D

### ARRANGEMENTS FOR CHILD PROTECTION IN THE ARMED SERVICES

1. Family life in the armed forces is, by its very nature, different to that in civilian life. The forces control the movement of the family and families often endure long periods of separation, without extended family support. Local authorities and other agencies should note these differences and be ready to share information with the service authorities when a service family becomes the subject of child protection inquiries. Each service has its own welfare organisation, and service authorities also provide housing for their families. Due to the frequency with which the families move, it is important that the service authorities are fully aware of any child who is deemed to be at risk within their family.

#### Royal Navy and Royal Marines

2. The Naval Personal and Family Service and Royal Marines Welfare (NPFS and RMW) are staffed by qualified social workers and trained and supervised welfare workers and provide a professional social work and welfare service to all naval personnel and their families. NPFS and RMW also liaise with statutory social work services where appropriate, particularly where a child is subject to child protection concerns. Child protection issues involving a serving member of the Royal Navy or Royal Marines should be referred to the civilian area officer for Scotland and NPFS and RMW should be invited to any case conferences or case discussions concerning those issues. 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  
tel: 02392 722712  
fax: 02392 725083



## Army

3. When an Army family is subject to child protection procedures the unit welfare officer (UWO) and Army Welfare Service (AWS) will be involved and will be represented at meetings. It is important for any chair to understand the differences between these two roles:

- The UWO provides first line welfare. As the commanding officer's representative for the welfare of soldiers and families within the unit, they will respond to day-to-day welfare issues. At child protection meetings they can advise on the demands of the unit, forthcoming operational deployments or assignments and localised issues that could assist or hinder any Child Protection Plan. They may also be there to support the family. UWOs have limited training in child protection. The chair should therefore ascertain whether the UWO is attending the conference in order to support the family or as a fully participating member of the team.
- The AWS includes senior Army welfare workers (SAWW) and Army welfare workers (AWW). Both are specially trained social and occupational welfare and are professionally supervised; SAWWs are professionally supervised by qualified social workers. The service is Army-wide, which enables consistent support when families move location. AWS Personal Support provides advice and support to soldiers and families who are experiencing difficulties arising from personal relationships, separation, loss and bereavement, child and social problems. AWS is responsible for advising the chain of command on all welfare issues.

4. The AWS is the Army's representative in all matters of child protection and is responsible for notifying Army staffing personnel when a child is subject to and removed from a Child Protection Plan. Representatives often sit on Child Protection Committees and carry out tri-service representation, giving them a full overview of policy and practice across child protection and the armed forces. AWS staff trained in child protection may be part of a Child Protection Plan where appropriate and agreed.

5. Unlike UWOs, S/AWWs have received significant training both in supporting personnel with personal or family difficulties and in child protection. SAWWs participate fully and regularly in child protection meetings and the decision-making process. They can also advise on the structure of the armed forces and make recommendations as to who else might need to be involved in a case (for example, armed forces' medical officers or the mental health social work team).

6. Other members of Army personnel may be involved in meetings. Other agencies such as the British Forces Social Work Service (which provides a statutory social work service on behalf of the armed forces overseas) may also attend where a family has been transferred from overseas and there are child protection concerns.

7. Local authorities with enquiries or concerns regarding child protection or 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  
email: [LF-AWS-CPSO@mod.uk](mailto:LF-AWS-CPSO@mod.uk)

### **Royal Air Force**

8. The Royal Air Force has an independent welfare organisation on each station. Social work is managed as a normal command function 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 Soldiers, Sailors and Airmen's Association, Forces Help (SSAFA-FH) 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 investigations or concerns regarding the family of a serving RAF member the parent unit should be notified or, if this is not known, the nearest RAF unit. 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**

9. 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).

10. The MoD funds the British Forces Social Work Service (BFSWS) overseas which is contracted to the SSAFA-FH and provides 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.

11. Larger overseas commands issue local child protection procedures, hold a command Child Protection Register and have a command Safeguarding Children Board.
12. Local authority social work departments should ensure that SSAFA-FH (and NPFS for naval families) are made aware of any service child who is subject of a Child Protection Plan, and whose family is about to move overseas.
13. 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.

14. 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

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

15. 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 the UK.

## GLOSSARY OF TERMS

**Chief Officers' Group:** The Chief Officers Group is the collective expression for the Chief Constable and Chief Executives of the local authority and NHS Board in each local area. Chief Officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their Child Protection Committees.

**Child:** A child can be defined differently in different legal contexts. Under the Children (Scotland) Act 1995, a child is defined in relation to the powers and duties of the local authority. However, the importance of context is critical for those aged between 16 and 18. Those in this age group who are still subject to a supervision requirement by a Children's Hearing can be viewed as a child. Moreover, the United Nations Convention on the Rights of the Child applies to anyone under the age of 18.

**Child abuse:** Abuse (and neglect) is a form of maltreatment of a child. Somebody may abuse a child by inflicting, or by failing to act to prevent, significant harm to the child. In a child protection context, there are three key different types of abuse that can be identified. Physical abuse is the causing of physical harm to a child or young person. Emotional abuse is persistent emotional neglect or ill treatment of a child causing severe and persistent adverse effects on the child's emotional development. Sexual abuse is any act that involves the child in any activity for the sexual gratification of another whether or not it is claimed that the child either consented or assented.

**Child neglect:** Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide: adequate food, shelter and clothing; to protect a child from physical harm or danger; to ensure access to appropriate medical care or treatment or; to provide a child's basic emotional needs.

**Child's Plan/Child Protection Plan:** 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 – a single plan of action, managed and reviewed through a single meeting structure even if the child is involved in several processes. Where a child protection intervention is required, the Child's Plan is known as a 'Child Protection Plan'.

**Child protection:** Child protection is when a child requires protection from child abuse or 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 *likelihood* or *risk* of significant harm from abuse or neglect.

**Child Protection Case Conference (CPCC):** The purpose of a CPCC is to consider whether a child – including an unborn child – is at risk of significant harm and if so, to consider a multi-agency action plan to reduce the risk of significant harm (including the development of a Child Protection Plan). 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. There are several types of CPCC, as described in detail in the guidance: an initial CPCC; a pre-birth CPCC; a review CPCC and a transfer CPCC.

**Child Protection Committee:** Child Protection Committees are locally-based, inter-agency strategic partnerships responsible for child protection policy and practice across the public, private and wider third sectors. On behalf of Chief Officers, their role is to provide individual and collective leadership and direction for the management of child protection services in their area.

**Child Protection Register:** All 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. It 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.

**Core group:** 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.

**Getting it right for every child (GIRFEC):** The GIRFEC approach is a Scotland-wide programme of action to improve the well-being of all children and young people. Its primary components include: 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; a Named Person in universal services; a Lead Professional to co-ordinate and monitor multi-agency activity where necessary; and a skilled workforce within universal services that can address needs and risks at the earliest possible point.

**Harm/significant harm:** ‘Harm’ means the ill treatment or the impairment of health or development of the child – in this context, ‘development’ can mean physical, intellectual, emotional, social or behavioural development and ‘health’ can mean physical or mental health. Child protection is closely linked to the risk of *significant* harm – whether the harm suffered, or likely to be 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.

**Lead Professional:** Under the GIRFEC approach, the Lead Professional is responsible for ensuring an agreed multi-agency Child’s Plan is produced to support a child. The Lead Professional’s tasks include: being 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; being the main point of contact for all practitioners who are delivering services to the child; and ensuring that the help provided is consistent with the Child’s Plan and that services are not duplicated.

**My World Triangle:** As part of the GIRFEC ‘practice model’ for assessing risk and need, the My World Triangle is a framework that provides a starting point for considering what risks might be present in a child’s life. It focuses attention on the three dimensions of a child’s world: *the child themselves; their family; and their wider environment*.

**Named Person:** Under the GIRFEC approach, where a child only requires support from a single agency or service (and consequently, not requiring Lead Professional support), the Named Person is designated to be the contact for the child and involved in supporting those who are in regular contact with the child.

**Notification of Concern:** Where concerns about possible harm to a child arise these should always be shared with the appropriate agency (normally police or social work) so that staff responsible for investigating the circumstances can determine whether that harm is *significant*. Concerns should be shared without delay as per local guidelines. Once a concern is shared, information will be gathered by the investigating agencies to determine whether a response under child protection is required.

**Parents/carers:** A ‘parent’ is defined as someone who is the genetic or adoptive mother or father of the child. A ‘carer’ is someone other than a parent who has rights/responsibilities for looking after a child.

**Resilience Matrix:** The Resilience Matrix is a tool for analysing what the information gathered around a particular child protection concern might mean for a child. It provides practitioners with a framework for weighing up the particular risks against any protective factors for the individual child in relation to resilience, vulnerability, adversity and the protective environment.

**Risk:** In the context of this guidance, risk is the *likelihood* or *probability* of a particular outcome given the presence of factors in a child’s or young person’s life. What is critical with respect to child protection is the risk of significant harm from abuse or neglect.

**Well-being Indicators:** The Well-being Indicators are the broad framework for identifying a child’s needs where potential child protection (and other) concerns are identified. They do so under eight headings – *safe; healthy; achieving; nurtured; active; respected; responsible; and included* – which are used to identify what needs to change in the Child’s Plan (or Child Protection Plan) and how progress on outcomes should be monitored and recorded.

## USEFUL LINKS REFERENCED IN THE GUIDANCE

### Scottish Government

[www.scotland.gov.uk/Home](http://www.scotland.gov.uk/Home)

### Scottish Government publications

[www.scotland.gov.uk/Publications/](http://www.scotland.gov.uk/Publications/)

### Legislation

[www.opsi.gov.uk/index.htm](http://www.opsi.gov.uk/index.htm)

### UNICEF

[www.unicef.org/](http://www.unicef.org/)

### Scot Xed

[www.scotxed.net/](http://www.scotxed.net/)

### Child Protection In Sport

[www.childprotectioninsport.org.uk/index.html](http://www.childprotectioninsport.org.uk/index.html)

### MARS

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

### SCCPN

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

### CLICP

[www.clicp.ed.ac.uk/](http://www.clicp.ed.ac.uk/)

### Curriculum for Excellence

[www.ltscotland.org.uk/curriculumforexcellence/index.asp](http://www.ltscotland.org.uk/curriculumforexcellence/index.asp)

### NSPCC

[www.nspcc.org.uk/](http://www.nspcc.org.uk/)

### Children 1<sup>st</sup>

[www.children1st.org.uk/](http://www.children1st.org.uk/)

### ACPOS

<http://acpos.police.uk/>

### Department for Children, Schools and Families

[www.dcsf.gov.uk/everychildmatters/](http://www.dcsf.gov.uk/everychildmatters/)

### Triangle

[www.triangle.org.uk/](http://www.triangle.org.uk/)



**Capability Scotland**

[www.capability-scotland.org.uk/](http://www.capability-scotland.org.uk/)

**University of Strathclyde**

[www.strath.ac.uk/](http://www.strath.ac.uk/)

**Enable Scotland**

[www.enable.org.uk/](http://www.enable.org.uk/)

**National Patient Safety Agency**

[www.nrls.npsa.nhs.uk/home/](http://www.nrls.npsa.nhs.uk/home/)

**Social Care Institute For Excellence**

[www.scie.org.uk/](http://www.scie.org.uk/)

**See Me Scotland**

[www.seemescotland.org.uk/](http://www.seemescotland.org.uk/)

**Forward UK**

[www.forwarduk.org.uk/](http://www.forwarduk.org.uk/)

**Scottish Refugee Council**

<http://www.scottishrefugeecouncil.org.uk/>

**Foreign and Commonwealth Office**

[www.fco.gov.uk/en/](http://www.fco.gov.uk/en/)

**Royal College of Paediatrics and Child Health**

[www.rcpch.ac.uk/Policy/Child-Protection](http://www.rcpch.ac.uk/Policy/Child-Protection)

**Survivor Scotland**

[www.survivorscotland.org.uk/](http://www.survivorscotland.org.uk/)

**Home Office (Crime)**

[www.homeoffice.gov.uk/crime/](http://www.homeoffice.gov.uk/crime/)

**CEOP**

[www.ceop.police.uk/](http://www.ceop.police.uk/)

**Internet Watch Foundation**

[www.iwf.org.uk](http://www.iwf.org.uk)

**Respect Me**

[www.respectme.org.uk/](http://www.respectme.org.uk/)

**Anti Bullying Network**

[www.antibullying.net/](http://www.antibullying.net/)



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This document is also available on the Scottish Government website:  
[www.scotland.gov.uk](http://www.scotland.gov.uk)

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