# Highland Child Protection Committee Guidelines

**Interim Update July 2017**

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## Foreword

This is the 2015 update of *"Inter-agency Guidelines to protect Children and Young People in Highland"* and brings the existing guidelines in line with: *"National Guidance for Child Protection in Scotland"* (updated 2014), The Highland Practice Model guidance (updated 2015), further organisational and structural changes following the integration of Health and Social Care in 2012 in the Highlands, changes to the Children's Hearings system and the creation of Police Scotland.

This guidance has been produced on behalf of the Highland Child Protection Committee.

The Highland Child Protection Committee brings together all of those agencies and services with responsibility for the safety and wellbeing of children in the Highland Council area.

The Committee has responsibility for the development, dissemination and review of inter-agency child protection policies and procedures. The purpose of this guidance is to provide a clear framework for action for all those in the Highland Council area who are involved in the safety and wellbeing of children.

The guidance forms the operational procedures for multi-agency working, approved by the Chief Executive Officers of the constituent agencies of the Child Protection Committee - listed in Appendix A. It sets out the separate, but complementary roles and responsibilities of staff from the various services. All officers of the constituent agencies are required to work to it regardless of whether you work with children or adults.

The child protection committee training team provides regular training across the Highland area and it is essential that all professionals who have contact with children or child protection processes complete this training. It is expected that practitioners update their knowledge at least once every three years. These courses can be found on http://www.forhighlandschildren.org/3-icstraining/

Child protection is the responsibility of everyone. Agencies and services must collaborate to support the protection of children. This means close working relationships between agencies, services, managers and practitioners, and a common objective to protect children and prevent abuse. The guidance reaffirms that, if you have any concerns about a child, you need to share those concerns in order to protect the child. You should also share concerns where the child is not directly known to you but you have concerns about the parenting ability of, or risk posed by, an adult who has dependent children or regular contact with children.

Children have a right not to be abused, and to be protected from abuse and neglect. This right underpins the work of Highland Child Protection Committee and these guidelines.

**The Child Protection Register**

Highland Council maintains a register of all those children and young people in the area who are considered to be at risk of significant harm, where there is a child protection plan that includes multi-agency action to protect the child and reduce that harm.

A check of the register is a critical stage in ensuring that any child is safe. A check of the register is though only one of the actions needed to reach an evaluation of a potential risk.

Any practitioner or manager from a constituent service of the Child Protection Committee can check whether a child is on the register by contacting the care & protection social work professionals in the local Family Team (Appendix B). Out with normal office hours, this check should be made with the co-ordinator on duty in the Social Work Out-of-Hours Team on 0845 601 4813. The direct contact should include a discussion about the concern.

You will need to know the basic personal details about a child in order to check the register.

You will also need to verify your identity - such as your name, agency and a contact telephone number.

## Introduction

It is everyone's job to promote the safety and wellbeing of children. Every service, manager and practitioner that works with children or their families, including services that work primarily with adults, must take responsibility for their contribution to the safety and wellbeing of children, and for responding to any request for help.

In acting to protect a child, including making inquiries into allegations that a child has been harmed, services should avoid causing the child undue distress or adding unnecessarily to any harm already suffered by the child. Services should make sure that children who may be at risk of significant harm receive the highest priority and a speedy response to their problems.

Accordingly, all staff should be familiar with and follow their organisation's child protection procedures, should be aware of signs that a child or family is under stress and may need help, and should know how to recognise abuse and neglect. This might include where:

- a child has been injured;
- a child is seen in the company of people, either adults or children, who may be putting the child at risk;
- a specific allegation of child maltreatment has been made;
- there are anxieties that a child may be experiencing continuing maltreatment or neglect;
- a child is behaving in a way that is dangerous to him or herself or others.

Where there are concerns about the safety of a child, and where risk may need to be assessed, specific roles in the lead agencies/services carry certain advice, guidance, referral or decision making responsibilities. Colleagues in these roles are known as 'Designated Persons'. The particular responsibilities for each Designated Person, and the stage(s) at which these come into play, are detailed in the body of the document in the specific section for each agency/service. At any stage in the process, Designated Persons in the relevant services work in collaboration, with each other and with other colleagues, to understand potential risk and to inform a proportionate response.

- HIGHLAND COUNCIL Care & Learning Services:
  Primary Schools – Head Teacher
  Secondary Schools – Head Teacher or delegated Depute
  Family Teams – Practice Lead (Care & Protection)

- NHS HIGHLAND Child Protection Advisors (Health)

- POLICE SCOTLAND – Inspectors or delegated Sergeant

## SECTION 1: Definitions

### 1.1 A child

The term 'child' in Scotland often means those below the age of 16, although the general definition in the Children (Scotland) Act 1995, the Protection of Children (Scotland) Act 2003 and the Children and Young People (Scotland Act) 2014 is those below the age of 18.

These child protection guidelines apply to:

- all children below the age of 16;
- those who are 'looked after children' (subject to a Children's Hearing Supervision Requirement, or Compulsory Supervision Order etc.) below the age of 18;
- other young people aged 16 or 17 who are particularly vulnerable, for example as a result of disability.
- Young people, aged 16, 17 or 18 years, still enrolled in school

The phrases 'child' and 'young person' are used interchangeably throughout this guidance.

### 1.2 Parents and Relevant Persons

A parent is defined as someone who is the genetic or adoptive mother or father of the child.

A **mother** has automatic parental rights and responsibilities. A father has parental responsibilities and rights if he is or was married to the mother (at the time of the child's conception or subsequently) or if the birth of the child is registered after 4 May 2006 and he is registered as the father of the child on the child's birth certificate.

A **father** may also acquire parental responsibilities or rights (PRR) under the Children (Scotland) Act 1995 by entering into a formal agreement with the mother, or by making an application to the courts and being granted PRR.

A **Relevant Person** within the Children's Hearing (Scotland) Act 2011 is defined as any person who has parental responsibilities and rights in relation to a child, or person who has been deemed to be a Relevant Person by a Children's Hearing because they have (or recently had) a significant involvement in the upbringing of the child. This may include, for example, a step parent or other carer.

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.

### 1.3 The Named Person

Every child is entitled to have the services of a Named Person. The Named Person is a professional in universal health or education services, usually a Health Visitor or a Head or senior teacher (See Highland Practice Model Guidance for details) The Named Person is a point of contact for children, families and professionals for information sharing, advice and assistance, when required. The Named Person has an important role in coordinating additional help for children within universal services.

## 1.4 The Lead Professional

When two or more services need to work together to meet a child's needs, a practitioner from one of these services will become the Lead Professional. The Lead Professional is the person who co-ordinates the assessment, actions and review of the Child's Plan. The Lead Professional will make sure everyone is clear about different roles and contributions to the Child's Plan and ensure that all the support provided is working well and is achieving the desired outcomes.

The Lead Professional will not do all the work with the child and family. Neither does he or she replace other staff who have specific roles or who are carrying out direct work or specialist assessments.

The choice of the role of Lead Professional for a particular child will be influenced by:

- the kind of help the child or family needs
- the complexity of the child's circumstances and plan
- previous contact or a good relationship with the child
- statutory responsibilities to co-ordinate work with the child or family

A Registered Social Worker will always be the lead professional for:

- children who have multi-disciplinary child protection plans
- looked after children
- looked after and accommodated children

Some circumstances warrant the immediate involvement of a Social Worker. This could be when a child protection inquiry is to be carried out, when the child needs to become accommodated unexpectedly or where there has been a sudden crisis in the family. The Named Person or Lead Professional should discuss the child's circumstances with appropriate colleagues and managers and agree the immediate way forward.

## 1.5 Abuse and neglect

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 or organised network. Assessments will need to consider whether abuse has occurred or is likely to occur.

It is helpful to understand the different ways in which children can be abused. Further information is available at Appendix 'C'.

## 1.6 Significant harm

Formal child protection processes involve multi-agency planning and action to reduce the risk of significant harm. "Significant harm" is a complex matter and subject to professional judgement based on a multiagency assessment of the circumstances of the child and their family, as detailed in the guidance on the assessment of risk.

Significant harm is not of a minor, transient or superficial nature. It 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 test of continuing risk of significant harm is that either:

- the child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another. and professional judgement is that further ill-treatment or impairment are likely; or
- professional judgement, substantiated by the assessment in this individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect.

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.

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. Further information on assessment of harm is available in Calder M., MacKinnon M. and Sneddon, R. (2012) National Risk Framework to Support the Assessment of Children and Young People

## SECTION 2: Collective Responsibilities for Child Protection

### 2.0 Local Communities and the General Public

**'***It's everyone's job to make sure I'm alright'* makes it clear that "**Every adult in Scotland has a role in ensuring all our children live safely and can reach their full potential.** Parents, whether living with their children or not, have the most important role to play and other family members will contribute greatly to a child's wellbeing. However, even happy children who are well cared for by their families, sometimes need the support of other adults around them, for example, at times of family stress or in the absence of a parent or when playing outside their homes. As children grow and extend their horizons beyond their homes, organisations such as schools and youth groups have a particular role in safeguarding children. They also educate children about risks and how these can be managed."

Members of the public can make an important contribution to the safety and wellbeing of children in their community. Local authorities and other relevant agencies, including third sector services, should disseminate information to the general public that promotes a sense of shared responsibility for the safety of children.

All services must provide clear information on how to communicate concerns and make clear to users of their services that the service has a responsibility to share information when concerns about children are raised and that confidentiality cannot be guaranteed where the child is thought to have experienced, or be likely to be at risk of, significant harm.

Information about how to report a concern, and guidance for community groups can be found at: http://www.forhighlandschildren.org/2-childprotection/

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. It is crucial that there is some form of communication with individual members of the public once child protection concerns have been passed on. 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.

### 2.1 Highland Council Care and Learning Service

The Care & Learning Service in Highland Council delivers education, health visiting, school nursing, social work, disability services, primary mental health and allied health professional services in partnership with NHS Highland. The Care & Learning service also includes criminal justice, mental health officer, and out of hours social work services

Universal services are the services to which all children and young people have access throughout their childhood, namely Health and Education. The wellbeing of most children, most of the time, is supported successfully by their own families and these universal services.

Targeted services are the services that are not required by all children or parents and are intended to assist individuals and families who are assessed to have additional needs.

Area based Care and Learning services are organised in associated school groups, structured around secondary and feeder primary schools.

Family Teams deliver universal and additional health services, as well as social care and child protection services for children in the context of the Highland Practice Model. Teams are multi-disciplinary with an ethos of collaborative practice – within the team and with children, young people, parents and carers. The teams work in communities with partner services from the associated school group, the area and from across Highland.

Practice Leads (for early years, for school years and for care & protection services) work together within the team to provide a local integrated service to children & families. The Family Team therefore provides the social work service to children and families in Highland.

**2.1.1 Highland Council Care and Learning Service** has legal duties to protect children. All service staff have responsibilities to be alert and respond to the needs of children. Workers in Children's Services have particular responsibilities, and colleagues in Criminal Justice and NHSH Adult Health and Social Care Services must work in close collaboration with them. All have a duty to contribute to the assessment of risk and to actions in the child's plan.

When the local authority receives information that suggests that a child may be in need of compulsory measures of supervision, the Care & Protection staff members, in the local Family Team, will co-ordinate enquiries and give the Children's Reporter any relevant information which they have been able to obtain about the child.

Criminal Justice Services also have responsibilities for supervising and managing risk from adults who have committed offences against children.

**2.1.2 Care and Learning Service – Education and High Life Highland**

The education service is the key universal service for a child during the school years. The Named Person in primary school will be designated by the Head or Depute teacher. In secondary school, the Named Person responsibility will be designated by the Depute Head teacher with responsibility for pupil welfare.

Where children move to schools in other areas, education staff will support the continuum of services, and ensure the passing of relevant information to the new school. Good practice should include checking the child's arrival at the new school and informing the school nurse of the transfer.

Education professionals and school staff are well placed to observe physical and psychological changes in a child that might indicate abuse. Teachers are likely to have the greatest level of day-to-day contact with children and will be asked to contribute to the assessment of children's needs.

Education professionals also have an important role in delivering personal safety programmes in schools, which give children the skills, knowledge and understanding to help keep them safe.

These duties are also reflected in the responsibilities of High Life Highland staff employed in youth work and related roles.

## 2.2 Police

Highland Council, NHS Highland and Police Scotland services, work collaboratively to consider and plan responses to concerns about the safety of children.

Police Scotland has a general duty to protect the public and to investigate matters on behalf of the Reporter and Procurator Fiscal, where they believe that a criminal offence may have been committed. They will give the Procurator Fiscal any information which will help him or her to decide whether a criminal prosecution should take place. The police will provide information to other agencies, where they have concerns about a child's safety or wellbeing.

## 2.3 Health Services

Reference to Health services, throughout this guidance, should be read as including NHS Highland and Highland Council Care and Learning health personnel: nurses, midwives, dentists, mental health professionals, allied health professionals, hospital doctors, doctors in specialised fields such as prison and forensic services. It also includes independent doctors such as GPs, and other independent health professionals such as pharmacists and opticians.

The health service is the key universal service during the early years of a child's life, up until entry into primary school.

Where children move to other areas, health staff will support the continuum of services, and ensure the passing of relevant information to other professionals.

Health professionals may be the first to note potential abuse or neglect of children. Some of these concerns may arise through working with adults. Health professionals should share information about any concerns arising from their observations with their line manager, Child Protection Advisor and Practice Lead for Care and Protection, as appropriate, and/or the police. They may also be asked to help with investigations into alleged or suspected abuse or neglect and may be involved in the joint planning to secure the child's safety. Health professionals contribute to plans to protect a child, and have a key role to play in providing help and support to families.

## 2.4 Community Services (Housing)

Housing staff who are interviewing customers, whether in the office or in people's homes, may sometimes come across matters that give cause for concern in relation to the safety and wellbeing of children. It is important that if staff have any concerns about children they report their concern to a senior officer (e.g. Principal Housing Officer, Assistant Community Services Manager or Area Community Services Manager) as soon as possible and certainly on the same working day. Specific guidance is available to staff on the Council's Intranet, Community Services Staff Guidance page: http://www.highland.gov.uk/staffsite/downloads/download/89/child_protection

## 2.5 Third Sector organisations

A wide range of Third Sector organisations work with children and families within universal services, such as parent and toddler groups, pre-school provision and out of school care, as well as providing a range of services and support to prevent abuse and

to help when abuse has occurred.

Voluntary sector staff often have significant day-to-day contact with children and can be in a position to identify when a child is at risk of abuse or neglect. These staff will be asked to contribute to the assessment of children's needs.

It is very important that these organisations have child protection policies in place and are aware of these guidelines. Staff and volunteers working with children must access regular, appropriate Child Protection and Highland Practice Model training and ensure that they keep up to date with Highland practice guidance.

'Keeping Children Safe', which is managed by Care and Learning Alliance (CALA), is funded by Highland Council to work with the CPC training team to help develop and deliver Child Protection training and share good practice within the third sector. The KCS Reference Group meets quarterly to share news and information relating to Child Protection. Any child-related service or community based club or organisation within the voluntary sector can request training or contact KCS for further information.

Email KCS at: KCSHighland@calachildcare.co.uk or go to the KCS website at: www.KCSHighland.co.uk

Other organisations may not have such significant contact with young people, but still involve young people in their activities, and should take appropriate measures to promote their safety. For them, there is guidance 'A Child Protection Policy for your Community Group', which can be obtained at http://forhighlandschildren.org/2-childprotection/publications.htm or the Child Protection Development Unit.

### 2.6 Procurator Fiscal

The Procurator Fiscal has a public duty to:

- consider the terms of reports submitted by police or other agencies and, where appropriate, to instruct them to make appropriate enquiries;
- consider whether a crime has been committed and whether there is sufficient evidence to take action (by a court or non court disposal). If criminal proceedings are deemed appropriate, to consider in what forum and under what charges an accused person should be prosecuted taking account of all of the circumstances of the offence and the offender;
- set up contact with any child witness, building where possible, on existing relationships between the child and the Social Worker, and to monitor and consider developments until the trial;
- assess with the help of professional colleagues, the most appropriate way for the child to give evidence in any criminal court proceedings and to make appropriate applications to the court;
- work with the Reporter, particularly in cases where there are potentially parallel criminal/Children's Hearing proceedings (for example a child who is referred to the Reporter as a result of an offence committed against him or her by a parent).

### 2.7 The Children's Reporter and the Children's Hearing System

The Children's Hearings System is the care and justice system for Scotland's children. It is a unique system which upholds the welfare and rights of children, while ensuring that

targeted assistance is provided to those in need of compulsory measures to ensure their care, protection and appropriate behaviour.

Children's Reporters are the independent officials who act as gatekeepers to the system in each local authority, acting on the authority of the Principal Reporter of the Scottish Children's Reporter Administration (SCRA). Children's Reporters receive referrals from a number of sources (such as social work services, the police, and parents) as a result of a variety of serious concerns. Referrals to the Reporter should come from multi-agency child's plan meetings when those most closely involved with a child believe that statutory, compulsory intervention may be required to meet the needs of a child. Referral should take place as a matter of urgency in cases that require it, with prompt provision of good information, always within the child's plan itself.

The Reporter investigates each referral to decide if the child should be brought before a Children's Hearing. That investigation is focussed on:

- whether there is evidence to establish a formal Ground for Referral to a Children's Hearing; and
- whether the child requires compulsory measures of intervention – a Compulsory Supervision Order, with or without additional conditions or measures.

Compulsory measures are required when parents/carers or the child are unable or unwilling to engage with services sufficiently to address the risks and needs for that child, or where concerns about a child's welfare or behaviour cannot be addressed on a voluntary basis.

The formal Grounds for Referral to a Children's Hearing include the following -

- the child is likely to suffer unnecessarily from a lack of parental care;
- the child's conduct has had, or is likely to have, a serious adverse effect on the health, safety or development of the child or another person;
- the child has committed a criminal offence;
- the child has misused alcohol or drugs;
- the child has failed to attend school without reasonable excuse
- the child has been the victim of an offence such as assault, neglect, or sexual abuse; and/or the child has, or is likely to have, a close connection with a person who has committed such an offence;
- the child is being, or is likely to be, subjected to pressure to enter into a marriage or civil partnership.

Although Reporters may request additional reports from partner agencies as part of their investigation, this should not be required routinely as the Child's Plan should contain all necessary information from agencies involved.

If the Reporter decides that compulsory measures are necessary, and that there is evidence to establish a formal Ground for Referral, the child will be referred to a Children's Hearing. Each Hearing comprises three Panel Members, who are all trained volunteers from the local community.

The Children's Hearing makes the final decision about whether compulsory measures are required. Decisions can range from compulsory supervision at home with input from various services, through to a condition that the child to be placed in secure accommodation. These powers are designed to ensure that the child is protected, that

the child's best interests are met and that any concerns about behaviour are addressed. The Reporter drafts the Grounds for Referral for a Hearing, invites relevant parties, and makes sure that necessary Child's Plan, alongside any additional information and reports, has been provided so that the Hearing can make an informed decision.

In cases where the Grounds for Referral are disputed by a Relevant Person (parent/carer) or a child, the Children's Reporter is responsible for leading the necessary evidence to establish those Grounds before a Sheriff at a Proof Hearing. The Reporter is responsible for identifying potential witnesses. It is not SCRA practice to have children as witnesses unless absolutely necessary, so more likely that witnesses are drawn from professionals working with the child and family.

Relevant Persons and children also have the right to appeal against decisions made by a Children's Hearing, and the Reporter is responsible for conducting those appeal proceedings before the Sheriff.

Reporters can also deal with referrals in other ways that do not require referral to a Children's Hearing, for example by referring the child to the Local Authority for Advice, Assistance and Guidance, with the child and parents/carers engaging on a voluntary basis with services.

## 2.8 Information sharing

Good communication between agencies and services is essential in child protection work. The need to make sure children are properly protected means agencies and services must share information promptly and effectively. Practitioners should identify, act on, record and share concerns at an early stage.

The Highland Data Sharing Partnership, comprising Highland Council, Argyll and Bute Council, Police Scotland and NHS Highland has produced guidance: Data Sharing across the Highland Data sharing Partnership- Procedures for Practitioners .March 2013
All member agencies of the Highland Child Protection Committee associate themselves with this policy.

The procedures are applicable to all practitioners involved in sharing information with another agency within the Data Sharing Partnership area. The document provides a brief description of relevant legislation, clarifies questions about consent, lays down minimum standards regarding methods of sharing information and sets out the mechanisms for resolving disputes. The procedures state that:

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

When a Named Person or other practitioner has concerns that a child is not safe, four questions need to be considered:-

1. **Why do I think this child is not safe?**
2. **What is getting in the way of this child being safe?**
3. **What have I observed, heard or identified from the child's history that causes concern?**
4. **Are there factors that indicate risk of significant harm present and, in my view, is the severity of factors enough to warrant immediate action?**

If the child or young person is considered to be at risk of harm, relevant information must be shared between services to enable an assessment to be undertaken to decide whether actions are required to protect the child. **In such circumstances consent to share information from the child or parent is not required.**

The concern and other relevant information must be shared in accordance with the guidance set out in the sections below:

Good recording of relevant information, strengths as well as risks and pressures, and the sharing of this information with the professionals allocated to undertake the assessment of risk and needs will support any subsequent measures to protect the child.

## 2.9 Recording and record keeping

The Highland Practice Model details the importance of routine record keeping by universal health and education staff. Such records contain invaluable information about children's histories and their patterns of development. The Named Person in universal health and education services will ensure that concerns are noted within their record of a child's progress and chronology.

Practitioners in health and education and community services will often be the first to notice changes in a child's demeanour and behaviour that could signal significant concerns about children's well-being, and especially their safety. In the case of a concern about significant harm the practitioner should follow their agency's Child Protection Procedures and, as appropriate, alert the appropriate Family Team and/or Police. Practitioners should then record their concerns on the standard child concern form, which should be forwarded to the Practice Lead for Care & Protection for distribution to the Named Person and, if indicated, other relevant professionals.

Whilst it is important to make a written record, for evidential, chronological, and audit purposes, the completion of a Child Concern Form should not be seen as a substitute for the sharing of information through direct contact with Care and Protection services within Highland Council or Police Scotland.

When recording concerns, these rules should be followed:

- records should be made carefully, contemporaneously, accurately and factually. Note any relevant dates and times
- describe concerns in relation to the seven well-being indicators
- describe signs of physical injury in detail and, if appropriate, sketch them
- record the child's demeanour
- record any relevant comment by the child or by any adult who might be connected with the potential harm
- preferably quote the words actually used
- record any noteworthy interactions between child and adult
- note down the reasoning applied to any action or decision taken
- avoid including personal opinion – if a hypothesis is noted, it should be clear that this is informed by observed evidence and professional knowledge.

## SECTION 3: The assessment of risk

**3.1** In assessing risk, safety issues will be prominent. The impact of risk on other aspects of children's development must also be taken into account, as part of the *Highland Practice Model* for risk assessment and management.

There are eight steps and these are:

1. using the seven well-being indicators of being safe, healthy, achieving, nurtured, active, respected, responsible and included to identify immediate risk of harm, with a special emphasis on safety
2. getting the child and family's perspectives on the risk
3. looking at the immediate and long term risks in the context of the *My World Triangle* (Appendix D)
4. drawing on evidence from research and developmental literature about the level of risk and likely impact on an individual child (For helpful tools to aid analysis see Calder M., MacKinnon M. and Sneddon, R. (2012) National Risk Framework to Support the Assessment of Children and Young People);
5. using messages from research to inform consideration of the likely recurrence of harm
6. using the resilience framework to analyse the risks, strengths, protective factors and vulnerabilities (Appendix E)
7. weighing the balance of that evidence and making decisions;
8. constructing a plan and taking appropriate action**.**

### 3.2 Using the seven well-being indicators to identify immediate risk

Practitioners will use the well-being indicators to identify initial concerns factors. They will need to ask:

- Why do I think this child is not safe?
- What is getting in the way of this child being safe?
- What have I observed, heard, identified from the child's history that causes concern?
- Are there factors that indicate risk of significant harm present and, in my view, is the severity of factors enough to warrant immediate action?

In all circumstances, practitioners must take account of not only immediate safety, but also consider the impact of risk on other aspects of the child's development. The implications for other children in the family must be considered alongside the child who is the immediate subject of concern.

Practitioners must consider the potential long term risks if early concerns are not addressed.

### 3.3 Getting the child and family's perspectives on the risk

Any model which attempts to maximise prevention has to place children and families at the heart of assessing and preventing risk of harm.

The involvement and partnership with children and families is integral to successful risk assessment and management. Without the perspective of families of the risks to their

children, information is incomplete, and it may not be possible to reach a full understanding about the risk of harm and the needs of children. The ways that practitioners gather risk assessment information from children and families are as important as the information itself.

Before beginning to gather information to inform planning to help the child, practitioners must talk to families about why practitioners have become involved, why assessment and planning is needed, what that will entail and what the different outcomes might be. Children and families should be able to say what they would like additional help to achieve.

An open process which actively involves families and others has many advantages for practitioners, children and families. It helps because:

- children and families can understand what children need in order to reach their full potential;
- children and families can come to understand why sharing information with practitioners is necessary;
- children and families can help practitioners distinguish what information is significant, relevant and accurate;
- everyone who needs to can take part in making decisions about how to help a child;
- children and families are more likely to feel committed to the plan for a child
- practitioners behave ethically towards families;
- everyone contributes to finding out whether the plan for a child has made a positive difference to a child or family;
- When compulsory action is necessary, research has shown better outcomes are achieved for children by working collaboratively with parents.

### 3.4 Looking at the immediate and long term risks in the context of the Highland practice model

There are many ways in which children can be placed at risk and any system of risk assessment needs to include the wider context of children's environment as well as looking at immediate harm.

All of the domains of the *My World Triangle* have been informed by research. Each domain provides a source of evidence contributing to a full developmental ecological assessment of an individual child. Each domain can be used to identify strengths and pressures which can help address risk and promote protective factors.

Having identified strengths and pressures, standardised scales and tools can be useful to identify in more detail specific aspects of children's behaviour or demeanour as well as helping assess the parenting and wider environment. Additional specialist assessments are sometimes appropriate and can sit alongside use of the triangle. *(See Section 3.8 and Section 9 of the Highland Practice Model guidance)*

### 3.5 Using evidence from research and developmental literature about the level of risk and its likely impact on an individual child and likelihood of recurrence.

Risks need to be seen in the wider context of short and long term risks to children's well-being and development. Nevertheless, practitioners from all the children's services will

always be most concerned about children's safety and the impact of abuse and neglect.

Systematic reviews based on research findings help to identify the core factors that have been present in relation to abuse or neglect but these cannot be used as predictors for current or future abuse without being considered in the context of the child's unique ecology. These factors should be used as a knowledge base to underpin a more detailed assessment of strengths and pressures based on the domains of the *My World Triangle*.

In assessing how safe a child is, it is necessary to consider whether harm that has occurred is likely to occur again.

Research has identified factors which pertain to the likelihood of re-abuse and other poor outcomes, including:

- a group of factors associated with severity (for example, extensive harm, duration, and frequency);
- mixed forms of maltreatment;
- abuse with accompanying neglect or psychological maltreatment;
- sadistic acts;
- a group of factors connected with denial - absence of acknowledgement, lack of co-operation, inability to form a partnership and absence of out-reach;
- parental mental health: personality disorder; learning disabilities associated with mental illness; psychosis; substance misuse;

### 3.6 Analysis

Any assessment is likely to draw on information from different sources. In some situations a lot of complex information is gathered about the child's wellbeing, development, caregiving and wider environment.

Making sense of that information is crucial. This means weighing up the significance of what is known about the past and present circumstances of the individual child, the strengths and the pressures, alternative interpretations of information and reaching an understanding of what promotes or compromises the safety and healthy development of this particular child. It may be critical to understand the relevance and implications of information, what gaps in this information there may be, and what improvements to the child's safety and wellbeing need to be achieved.

Careful analysis and interpretation of assessment information help practitioners to:

- think and debate with a child and family about what is important and identify needs or difficulties, including risks of harm
- achieve an understanding or explanation about why these things have happened
- understand the impact of strengths and pressures on this individual child
- reach an understanding with the partners to the plan about what needs to be improved
- identify the short and longer range aims in terms of improving the child's safety and well-being
- agree desired outcomes
- generate possible ways of achieving these outcomes
- decide which ways are preferable and in what timescales

- record the agreed plan, working with the co-ordinating Lead Professional to ensure that relevant assessment information, analysis, views, actions and timescales are integrated into the Child's Protection Plan

### 3.7 Using the Resilience Matrix to analyse the risks, strengths, protective factors and vulnerabilities.

The resilience matrix can be used to identify not only the factors contributing to strengths and pressures but also to gain a picture of the balance between positive and negative aspects of the child's ecology. (Appendix E). This can help to identify possible protective resources and the child's capacity to benefit from these resources.

Having gathered information about the protective and risk factors in a child's world, a balanced judgement and decisions need to be made about what to do to address his or her needs in the context of keeping the child safe. Then, practitioners need to make decisions that will lead to a plan to protect a child and address the child's broader developmental needs simultaneously.

Children and their parents have a right to understand and be genuinely involved, particularly because the results of decisions are so far- reaching. In addition, openness of everyone involved also encourages the practitioner to distinguish between collection of facts and evaluation of the relative importance of information that has been gathered.

### 3.8 Constructing a protection plan and taking action

The evaluation of risk and the management of risk will be incorporated into the child's protection plan. This will include a summary ~~of~~ analysis of the child's or young person's circumstances based on the assessment framework described in the Highland Practice Model Guidance. Additional assessment activity may inform that analysis. Regular communication between the partners to the protection plan (the core group) is essential for monitoring effectiveness of the plan and taking account of any changing circumstances to update the plan.

## SECTION 4: Responding to children's needs

### 4.1 Appropriate, proportionate and timely help

A fundamental principle of '*The Highland Practice Model'* is that there are clear and transparent ways for children and families to access advice and help, that is appropriate, proportionate and timely.

Children and their families should feel able to talk to practitioners. Often the Named Person will be the first point of contact, in order to make sense of their worries and do something about them. This will demand sensitivity and awareness by practitioners of any cultural issues that might influence children's and families' perspectives. Children and families should also know that, if appropriate, action will be taken and help provided.

Help should be appropriate to the individual circumstances. In many cases, the Named Person or another practitioner will be able to act quickly to provide the help that is needed. In other cases, the Named Person or other practitioner will need to ensure children and families are linked with the appropriate service that can best address their needs, as detailed in the *Highland Practice Model* guidance.

In some cases, as covered in these guidelines, it will be necessary to consider formal child protection processes to protect a child from harm. This should be discussed with the line manager or designated person, involving consideration of the particular concerns and risks, and any protective factors, in the context of any other information known about the child and family.

The local Family Team should always be contacted if there are concerns about the safety of children, which will include identifying whether they are already known to be at risk of harm. Contact numbers are provided at Appendix B. Outwith normal office hours, contact should be made with the Out-of-hours Team (0845 6014813).

In the first instance, where there is an immediate concern about a child's safety, and a requirement for an urgent response, the Police should be contacted by phone, if need be via the 999 emergency telephone service. Subsequently, concerns should be followed up in writing with a child concern form.

### 4.2 Information sharing where there is a Concern about a Child's Safety

Where it is considered that a child or young person is at risk of harm, information must be shared between agencies and services to enable an assessment to be undertaken. In such circumstances, consent from the child or parent is not required and should not be sought.

It is nevertheless good practice to inform the child and parent of any actions you are going to take. There can though be circumstances where it is considered that this could place a child or others at risk, or compromise any investigative enquiry, so advice should normally be sought first from relevant social work or police colleagues.

See 2.8 above.

Advice from the Information Commissioners' Office can be found, along with the Highland Data-sharing Partnership agreement at: http://www.forhighlandschildren.org/4-icspublication/

### 4.3 Contacting the Family Team

Where a practitioner or manager is concerned that a child may be in need of protection, they are advised to obtain information and advice from the local Family Team to inform their assessment.

When contacting the Family Team, it is important to be clear about the reasons for concern for the child. Professionals should discuss and share concerns, and any relevant information that is available, including their views of risks and protective factors. Information should include where possible all correct names and aliases, addresses and supporting information.

Practitioners and managers should be clear that they are sharing concerns as part of their formal responsibility, and that this cannot be on an anonymous basis.

It is often essential to share concerns without delay and therefore verbally. However, it will usually be necessary to follow up an initial discussion in writing. There is a standard child concern form for this purpose – Appendix F. Health professionals should download and complete Health version of Standard Child Concern Form - with additional check-list

A check of the child protection register is required to clarify whether a child is already known to be at significant risk of harm. The Family team will carry out the register check.

The register check enables professionals to find out if a child is currently, or was previously registered, or has been the subject of previous enquiry to the register.

### 4.4 Deciding what response to make

All concerns reported to the Family Team will be treated seriously. In all cases, including anonymous contacts or emergencies, where there is concern about a child's safety or welfare, the Family Team will carefully explore the information that is provided.

The person making contact may be worried about the consequences of talking to the service about his or her concerns and may require an explanation of local authority duties and responsibilities towards children and families.

When a worker in the Family Team receives information indicating concerns about a child, this initiates or adds to an assessment of whether that child is in need of protection. Even if the child is not in need of protection, he/she may be in need of other services to promote his/her wellbeing.

Decisions about whether or not the information provided should lead to formal child protection processes are the responsibility of the Practice Lead for Care and Protection. On identification of a potential child protection concern, the receiving worker will immediately bring the case to the attention of the Practice Lead for Care and Protection.

Decisions about how child protection concerns will be responded to should be made by the Practice Lead for Care and Protection as soon as possible and not later than 24 hours from the initial contact. It is the responsibility of the Practice Lead for Care and Protection to ensure that the case is allocated and assessment and action commences timeously.

It is also important to ensure any immediate health needs are met.

It may be necessary to gather further information and undertake an analysis of risks and needs before decisions can be made about how to proceed. In some cases, this can be done quickly. In other cases, a great deal of information will need to be gathered and analysed, often jointly with the police, health and education colleagues, to achieve a complete picture.

The requirement to gather complex information should not preclude immediate help being given where appropriate. This might include emergency action. It may also include facilitating enhanced support from the child's extended family. Where further assessment is required, it should be guided by the principles set out in section 3 of this guidance, The Assessment of Risk.

An experienced Social Worker who has completed additional training in child protection will be responsible for undertaking and recording the assessment of child protection concerns. S/he is referred to in this guidance as the "allocated Social Worker".

The allocated Social Worker does not assume the Lead Professional role at this point, as the concerns are still being assessed, and the risk of significant harm has not been confirmed. The allocated Social Worker will work closely with the Named Person/Lead Professional during the assessment.

This child protection assessment will consider and record full information about the child/ren and family, including:

- Adding to what is already known about critical personal information –
  - All names, alternative names and dates of birth of adults and children in the family and/or in the household
  - Details of those holding parental responsibilities
  - Other significant information including legal status of the children.
- Checks of Family Team records in respect of family members, including the child protection register, to identify any previous contact and concerns.
- Contact with the police to determine whether any information about adults in the household may heighten concerns, and whether a criminal offence may have been committed that the police would wish to pursue through a joint investigation.
- Contact with staff from relevant agencies, particularly the Named Person, who are already involved with the child and family. This includes other health and education staff to establish their present involvement, views of the current concerns, history of any previous concerns, knowledge of the child's circumstances, strengths and pressures, using the dimensions of the My World Triangle - including the capacity and motivation of parents to cooperate with agencies, and views on likely impact on the child.
- Contact with child, parents and other significant family members/friends, their views of the concerns, the child's circumstances, needs, risks and any intervention/ support required. This should include the capacity of the family and extended family to provide support and protection.
- Analysis of risk and protective factors. If it is considered that the child is not safe, the allocated Social Worker will consult with the Practice Lead for Care and Protection to consider what actions may be necessary, including emergency protection measures.

All children about whom child protection concerns have been expressed should be seen

by a qualified Social Worker within 24 hours, unless the referrer is a professional who has seen the child that day and it is clear that the child is not at immediate risk. If a child is not seen within 24 hours, the reasons for this should be recorded by the Practice Lead for Care and Protection.

Staff must consider their own safety when they are involved in undertaking enquiries. This means carrying out a risk assessment and mitigating any identified dangers. It may mean not making visits alone or ensuring that colleagues are present in office based interviews.

Feedback will be given to the person who raised the concern by the allocated Social Worker or investigating Police Officer. Where the person who raised the concern is a member of the public, this feedback will indicate that the contact was followed up by the Children's Service and/or police, and actioned appropriately. Where the contact is made by a professional, this feedback will indicate whether it will result in a child protection enquiry or by the provision of other services, or a review of the child's plan. The professional will also be advised of the conclusion of any child protection enquiry and subsequent decisions and this should be recorded.

When information has been shared with social work staff or when the allocated Social Worker has led a multi-agency assessment, the allocated Social Worker must ensure that any relevant information is passed to the named person and clarify what action was taken and whether there is any further action planned.

### 4.5 Escalation of Concerns

Any professional who contests the planning and decision making in any plan, and believes that a child or family is not being supported in line with the Highland Practice Model and Child Protection Guidelines, has a responsibility to escalate this matter.

In the first instance, escalation should be to the Family Team District Manager, and then to the Area Children's Services Manager and Area Care & Learning Manager. At any stage, the appropriate manager can instruct a review of the plan.

In serious cases, where there are a number of unresolved concerns, these should be escalated to the Head of Children's Services or to ultimately the Director of Care & Learning for discussion with Chief Officers.

Children and families should be encouraged to raise unresolved concerns through the same means. Disagreement about a case decision would not, normally, be considered as part of complaints procedures.

### 4.6 Responsibilities of the Out-of-hours Team

When a referral or allegation of abuse arises outside normal office hours, the referral will be directed to the Emergency Services Co-ordinator who will have the role of Practice Lead for Care and Protection.

Decisions about how any allegation(s) will be investigated and the child's circumstances assessed will be taken in conjunction with the police.

The child must be seen within 24 hours and this will be the responsibility of the Out-of-hours Team when the referral is received at a weekend or holiday period when the social work team is not available on the next day. At other times, it may be appropriate to

delay the initiation of an investigation but only where the Emergency Services Co-ordinator is satisfied that:

- this is in the best interests of the child;
- had a discussion with the on call paediatrician (see Appendix H)
- there are no immediate risks;
- it is certain that follow up by the Family Team can be achieved within the 24 hour period.

### 4.7 Planning a joint Social Worker and Police enquiry

Discussion with the Family Team and Police Designated Persons may indicate the need for the consideration of a joint enquiry between the two agencies. Both agencies' Designated Persons are responsible for:

- the decision to proceed to joint investigative interview;
- planning (this includes agreeing who is to gather information from the named person and other parties);
- briefing;
- debriefing(s);
- communication between agencies and the co-ordination of investigations.
- documenting outcomes and decision making.

When a report is made or information is relayed to the police from an agency or other source that a child has been or may be at risk of abuse or neglect, the police officer/member of staff receiving the information will notify a Designated Person as soon as possible.

Designated Persons in the police are usually of Inspector rank and are accountable for child protection to the Divisional Commander. Sergeants who have completed Designated Person Training may also undertake this role when performing the functions of the Inspector role.

All information received about a child in need of protection will be logged on the Police Incident Logging System and the Vulnerable Persons Database, even in cases where the police are not involved with the enquiry. On receipt of a child protection referral, the Designated Person from the police will commence a Case Review Sheet and accompanying continuation sheets.

The Designated Person in the Care & Learning Service Family Team (normally Practice Lead Care & Protection) will ensure the appropriate recording of the process in CareFirst. The initial referral information is recorded in an Initial Contact. The progress of the enquiry is recorded in a Child Protection Investigation in CareFirst. This will ALWAYS include a recorded Child Protection Register Check regardless of existing knowledge or current involvement with the family.

All necessary background checks must be undertaken and the Case Review Sheet, the Vulnerable Persons Database incident, incident logging system and child protection documentation on CareFirst must be completed in full. These must record the decisions agreed between the Designated Persons for Police, the Family Team and Paediatrician further to discussion with Health, Education, Named Person and other services as relevant. These records will document the "risk assessment" having regard to the current and future danger to the child or children at the time of referral.

Taking account of the advice from health, education and any other relevant services, including the need for a medical examination, the Designated Persons in Police and the Family Team will decide on the appropriate course of action, which will be one of four options:

a. No child protection investigation or enquiry, albeit there may be further assessment and services put in place.
b. Police to commence an investigation, without a Social Worker present. The Family Team may introduce a Social Worker at a later date if required. Police will update the Family Team as to result of the investigation.
c. The Family Team Social Worker to commence an enquiry as part of the ongoing assessment, without a police officer present. Police may be introduced at a later date if required. The Family Team will update Police as to result of the enquiry.
d. A joint Family Team Social Worker and Police child protection investigation and interview from the outset.

The named person and lead professional, if there is one, must be notified. They should have been contacted by the Family Team in order to obtain relevant information to the child/family in the initial information gathering stage.

### 4.7 Joint investigation and interview of a child/young person

If a joint child protection investigation and interview is agreed, this should commence within 24 hours of that decision being taken or within a timeframe agreed and documented by the Designated Persons. Specific guidance on conducting joint interviews is to be found in the Scottish Government Guidance on Interviewing Child Witnesses in Scotland, the ACPOS Scottish Investigators Guide to Child Protection, the Police Scotland Standard Operating Procedures for Child Protection as well as these Child Protection Procedures.

Joint Interviews of children are visually recorded unless it is not in the child's best interests to do so.

Only staff trained to the Police Scotland/SWS (Formerly ACPOS/ADSW) standard in Joint Investigative Interviewing of Children and VRI will carry out child protection joint interviews of victims. Other Police and Family Team staff may be made available to assist with enquiries.

In particularly serious, complex or sensitive cases, or where ~~multiple~~ abuse is suspected involving several children or adults or cases which have potential for significant media interest, the Detective Chief Inspector and the Head of Children's Services, Highland Council, must be advised without delay and whenever considered necessary. This may result in additional support being provided to the enquiry. Further information can be found in Appendix L.

**Updating Referrer**

In the event that the initial referrer is a person other than the victim or a member of the immediate family, the investigating staff will always ensure that this person is advised in broad terms as to the progress of the enquiry. This should be done in such a manner as to prevent any breach of confidentiality, without too much delay, and must be

documented.

### 4.8 Partnership with parents in an investigation

There is no legal requirement for parents to be informed or to give consent for their child to be interviewed or visually recorded during that interview. However, it would not be good practice to see and interview the child without the knowledge and assistance of their parent/care giver unless the child's safety is compromised - for example where there are strong grounds to suspect the parent/carers are involved in the abuse. If this is necessary, the reasons for proceeding without the parent/carer's knowledge the will be documented by the Police and Social Work Designated Persons.

Even where there are compelling reasons to exclude a parent or carer from investigative enquiries, they have a right to a courteous, caring and professionally competent service. Whilst it is clear the child's safety and welfare are paramount, family members will be treated with dignity and respect.

Moreover, collaborative work with parents and family networks is critical to effective practice in child protection. Accordingly, parental or carer cooperation will be sought wherever possible, and they should be kept fully involved/informed as appropriate throughout the investigation.

Parents and family members can contribute valuable information, not only to the assessment and any subsequent plan, but also to decisions about how and when a child will be interviewed. They will often be able to assist and support the process.

Staff members who engage with family members should be aware of the effects of professional intervention at times of crisis and the impact and implications of language and behaviour. They must use plain, jargon free language appropriate to the age and culture of each person.

Account will need to be taken of the parents' capacity to engage in these processes. In some cases, they may need to be assisted by advocates, interpreters or communication aids.

Children and families need time to take in and understand concerns and processes. A balance needs to be found between appropriate speed and the needs of people who may require extra time in which to communicate.

The views of the child and parents/carers will always be sought, documented, and taken account of.

They will be informed as soon as possible of any likely outcomes (or not) of an investigation, by one or more members of the investigating team.

### 4.9 Medical examinations

Discussion should take place between Police Designated Persons and the on-call Consultant Paediatrician for Child Protection at the earliest opportunity to discuss the health needs and the need for any medical examination.

As per 4.6, information from the named person/lead professional should be collated and passed onto the paediatrician to inform the decision making. The process for this is

included in Appendix H.

Agreement should be reached in relation to the following:
- the type of medical examination;
- who should conduct the examination;
- the purpose of the examination;
- where it should take place;
- when it should take place.

The purpose of a medical examination will include:
- ensuring the well-being of the child;
- determining whether immediate treatment is needed;
- assessing and recording any injury;
- providing an assessment of the child's growth and development;
- on-going medical care, including providing information about and any necessary follow-on action on; missed health appointments, current health needs, contraception, and treatment;
- reassuring the child and family, for example, that corroborative medical signs have been found, that the child has not suffered permanent physical damage and so on;
- informing the assessment;
- contributing information to criminal or Children's Hearing proceedings or to the process of applying for child protection, assessment or exclusion orders.

The Paediatrician should also give consideration to the need for medical examinations of any siblings.

Consent

The Age of Legal Capacity (Scotland) Act 1991 provides that:

*"a child under 16 may consent to any surgical, medical or dental procedure or treatment where, in the opinion of the medical practitioner attending him or her, the child is capable of understanding the nature and possible consequences of the procedure or treatment."*

The converse is also true, in that they can also refuse or withdraw consent. If the child refuses to give permission, the medical examination cannot go ahead. However, the examining doctor may submit notes based upon any observation of obvious injury, behaviour and so on.

Where the child is not deemed to have sufficient understanding as aforesaid and parental permission is not granted, consideration may be given to an application to a Sheriff for a directive to the parent/carer. The paediatrician in exceptional cases where the parent/carer is a suspect perpetrator can obtain consent via the telephone.

If the child expresses a preference for a male or female doctor, whenever possible, the examination should be carried out by a doctor of that gender. If the child asks for a particular person to go with them to the examination, this should be considered and facilitated if possible.

Medical Examination

It is important that any paediatric examination provides the following:
- Clinical care decisions for the child or young person

- Interpretation of evidence to support a diagnosis of abuse
- An opinion about the probability of abuse
- Identification of a child or young person's health needs and interventions

(i) Medical Urgency:
In a case where there are very urgent medical needs the child/young person should be brought to the nearest A&E and the Paediatrician informed. The case will be managed under direction of the On Duty Paediatrician.

(ii) General Paediatric Assessment
This acute medical assessment is appropriate if there is acute medical treatment required (e.g. multiple bruising, seizures, failure to thrive, or fractures). The child will be seen by the on-call Paediatrician who will liaise with a Child Protection Paediatrician the next working day.

(iii) Specialist Child Protection Paediatric Assessment
This will usually be arranged, after discussion between Social Work, Police and the Paediatrician as part of a Joint investigation, if it is thought that there may be acute signs and symptoms suggestive of physical abuse or neglect. It is a single doctor examination and should be carried out by an experienced trained paediatrician, who has additional skills in child protection. It provides treatment and ongoing care, and offers reassurance and advice to the child and carer.

(iv) Joint Paediatric/Forensic Assessment
A joint paediatric/forensic assessment is indicated if there are serious injuries or illness or a disclosure of acute (within 7 days) Child Sexual Abuse. This two doctor examination is only undertaken after a joint discussion with social work, police and health. It is usually arranged during working hours with the appropriate skilled personnel and facilities available. It is usually carried out by a paediatrician and forensic medical examiner, but can be carried out by paediatrician and any other appropriately trained doctor.

Both the Specialist Child Protection Paediatric Assessment and the Joint Paediatric/Forensic Assessment provide a high standard of forensic evidence, initiates treatment and ongoing care, and offers reassurance and advice to the child and carer.

(v) Non-Urgent Historic or Therapeutic CSA Cases:
If the disclosure of CSA is more than 7 days then a two doctor examination is arranged at a clinic. These are held two afternoons a month. It is usually carried out by two paediatricians who have additional skills in CSA examinations but can be carried out by a paediatrician and any other appropriately trained doctor. It also will provide a high standard of evidence and ensure any ongoing health needs are followed up appropriately.

(vi) Out-Of-Hours management of CSA cases:
As not all the Consultant Paediatricians currently working OOH have CSA examination skills Health, Police and Social work have agreed interim guidance to support staff managing CSA cases at these times. This guidance has as its focus the wellbeing needs of the child/young person as well as any consideration of capturing forensic evidence. The guidance is available to all Designated Police officers, Consultant Paediatricians, Practice Leads for Care and Protection including OOH staff.

(vii) Health assessments in cases with Neglect concerns:

Neglect concerns will be assessed in two forms of examination. If the case is being managed through a Joint Investigation process the Paediatrician will be involved and will usually advice that a Specialist Child Protection Paediatric Assessment is undertaken. In cases where concerns have not reached Child Protection thresholds but are being managed through the Highland Practice Model then, in the first instance, the Health Visitor or School Nurse will undertake a health assessment, informed by the framework of the My World Triangle and Well Being Indicators.

On all occasions where contact is made with the On Call Paediatrician, this must be by the Designated Person.

Medical examinations of any victim will not be conducted in a police station. The Victim Support Suites (Inverness), doctors' surgeries or hospitals should be used, preferably outside busy periods of public use.

The Police Officer(s) as well as the Social Worker involved in the case, should attend the location of the examination with the child concerned and person giving consent for the examination, wherever possible.

While it is best practice, it is not always necessary that the Paediatrician should have corroboration present during the examination i.e. another Paediatrician or Force Medical Examiner. (Link with National Guidance: http://www.gmc-uk.org/static/documents/content/Child_protection_guidance.pdf )

If there is a forensic requirement then a Force Medical Examiner (FME) must be present for this.

The child's condition and any injuries should be noted and recorded on the paediatric/forensic examination form, which will be used for all medical examinations. This proforma will be sent with the soul and conscience report to the police. A copy of both will remain with the child protection administration manager in the Department of Paediatrics.

When it is necessary to photograph a child's injuries, this should normally be done at the time of examination, although it may also be necessary to record the development of some bruising-type injuries. This will always be undertaken by suitably qualified police personnel.

At the end of the examination, the Doctor will prepare a confidential medical report (soul & conscience), with the results of the examination. This report will be delivered to the investigating officer who will keep it as a case-related document. Copies of this report should not be made. If other agencies need access, this can be arranged with the authorisation of the Procurator Fiscal and under supervision.

Essential information on the child's health should be sent to the Family Team (Care & Protection), named person, lead professional if relevant and GP for their information.

The Doctor should discuss and provide a short report for the child and parents about the medical results of the examination where appropriate.

Statutory Health Assessment

All children and young people who are looked after by the local authority should have their health needs assessed. This assessment aims to identify health needs, inform care and influence future planning using a public health model - it is not an evidential (forensic) examination.

Children who have had a (forensic) medical examination prior to being looked after, will still need to have their wider health needs assessed.

### 4.10 Requirements of evidence

The legal frameworks for the Reporter and the Procurator Fiscal are different in cases where there are child protection concerns. In considering a referral alleging abuse or neglect or a lack of parental care, the Reporter needs to be satisfied that there is sufficient evidence to establish it on the balance of probabilities - the standard of proof used in civil proceedings. That is the standard the Sheriff will apply in any Proof proceedings, if the Grounds for Referral put to a Children's Hearing are challenged.

The Procurator Fiscal will need a higher standard of proof in criminal proceedings against someone charged with an offence – the offence needs to be established beyond a reasonable doubt.

1. Scots law currently requires the essential elements of the crime to be satisfied by corroborated evidence (sufficiency). This effectively relates to a) the crime being committed and b) the accused being the perpetrator.
2. A charge has to be proved beyond reasonable doubt as opposed to balance of probabilities.

In contrast, the Reporter is also more able to rely upon hearsay evidence (for example, a carer's account of a conversation with a child) than is the Procurator Fiscal. Critically, the Reporter may be able to establish Grounds for Referral in Proof proceedings without having to call a vulnerable child witness. This is only likely to be the case when any interview with that child witness, and any supporting evidence, is of a high standard.

The Reporter will often take action to protect a child in cases where it is not appropriate for the Procurator Fiscal to bring criminal proceedings.

It is important that practitioners are aware of these differences when they are investigating cases and providing information to the Reporter or the Procurator Fiscal. Good evidence is required in both cases, but the Reporter may be able to establish a case and protect a child with evidence that would be insufficient in criminal proceedings.

These distinctions between criminal proceedings and Children's Hearing Proof proceedings do not apply in cases where the Ground for Referral is an offence committed by the child referred. The commission of the offence needs to be established beyond a reasonable doubt in both systems.

### 4.11 Decision- making after investigation and/or assessment

The allocated Social Worker will continue to consider the effectiveness of any protective or other action required throughout the investigation and/or multiagency assessment.

The outcome of the investigation/assessment will be incorporated into service records and the child's plan, together with:

- how the safety of the child has been ensured;
- on-going action necessary to protect the child;
- any action to meet health needs;
- indications of what future actions are necessary, including where appropriate the need for a Child Protection Plan Meeting to review an existing child's plan and/or consider a multi-agency action plan to reduce the risk of significant harm;
- arrangements for feedback to person(s) raising concern.

This information should be shared with key practitioners with responsibility for the child's wellbeing.

The Practice Lead for Care and Protection will:

- Consider whether a Child Protection Plan Meeting under these child protection guidelines is required to decide whether a multi-agency action plan is necessary to reduce the risk of significant harm (a child protection plan), consulting with the Area Children's Services Manager if necessary. The reasons for holding, or not holding, a Child Protection Plan Meeting should be recorded.
- Ensure the appropriate people are informed of the outcome of the investigation/ assessment. This will include all agencies, services and significant individuals involved in the enquiry.
- Ensure the full and detailed completion of the child protection documentation in CareFirst.

A Child Protection Plan Meeting may be held, even if the child's name is already on the Child Protection Register or they are subject to compulsory measures. The meeting would focus on the particular issues raised in the assessment, the investigation of new concerns, and consider the need to change an existing multi-agency action plan to reduce the risk of significant harm.

In most circumstances, a decision regarding referral to the Reporter will be taken at the Child Protection Plan Meeting. However there will be some pressing circumstances where immediate referral is required. The child protection plan containing the assessment and confirmation of the need for consideration of compulsion should be sent to the Reporter.

### 4.12 Proceeding to a Child Protection Plan Meeting

The allocated Social Worker will be responsible for leading the multi-agency assessment and coordinating a plan to protect the child and meet their needs from allocation of the enquiry, up to and including the Child Protection Plan Meeting, or to the conclusion of the investigation if a meeting is not required.

The allocated Social Worker must:

- Liaise closely with the child's Named Person or Lead Professional, seeking information regarding the current assessment of wellbeing and progress and/or decisions of any single or multi-agency plan in place to meet identified needs; keep them informed of progress and/or decisions regarding the investigation; seek their views; and agree actions necessary to support the child and family through the process.

- Liaise closely with the child, parents and carers keeping them informed of progress and decisions regarding the investigation; seeking their views and agreeing actions necessary to support the child and family through the process.
- Record in detail the referral, risk assessment, planning and decision making processes, using Initial Contact, and Child Protection documentation in CareFirst.
- Prepare the report for the Child Protection Plan Meeting, using the Child's plan to detail the concerns and multi-agency assessment, including risks and need. Clarity is required on the outcomes desired for the child and how these are going to be achieved by detailing actions and timescales as to how risks and needs might be met. The report will take account of any pre-existing single or multi-agency plan along with details of any interim measures taken to protect the child and meet their needs prior to the Child Protection Plan Meeting.
- Ensure the report considers the need for compulsory measures and referral to the Children's Reporter.
- Prepare children and their parents/carers for the Child Protection Plan Meeting and ensure that they are supported.
- Attend and present the plan at the Child Protection Plan Meeting.
- Any medical or specialists reports should be attached in full.

### 4.13 Child Protection Plan Meetings

If a decision is reached to convene a Child Protection Plan Meeting, the social work Designated Person (Practice Lead Care & Protection) will contact the relevant Quality Assurance and Review Administrator/senior clerical to request a meeting. This request is formally confirmed by accurately populating the Child Protection Plan Meeting document in the child's CareFirst record. This meeting request must then be assigned to the QAR team desktop in CareFirst. It is important to ensure that the name, address and date of birth of the child/ren, parents or carers, any other adults living in the household, and anyone who has parental responsibilities are accurately entered in the child's network in CareFirst. Names must include all alternatives and known aliases as well as known details of the child's father if he is not resident with the family. If circumstances for the child change to the extent that the Child Protection Plan Meeting may not be necessary, the Area Children's Services Manager must be in agreement

The administrator/senior clerical will arrange a date and time for the meeting **within 14 calendar days** of the decision to convene the meeting.

The Quality Assurance & Reviewing Team is responsible for arranging an appropriate venue for the meeting in consultation with the Practice Lead for Care and Protection.

The Practice Lead for Care and Protection will confirm who should be invited to the meeting, ensuring that the appropriate and necessary people are in attendance and that they can make an informed decision and participate in constructing an effective plan. This should take account of:

- key family members, relevant persons including significant others in the child's life;
- professionals who have been involved in the assessment and/or investigation, or an informed service representative on their behalf;
- Child's GP and paediatrician **must always** be invited
- Named person and specialist health services
- professionals who work with the child or parents;
- professionals who have knowledge and information about the adults that might impact on the care of the child, e.g. criminal justice, addiction, learning disability, mental health

and adult's GP.
- appropriate representation from each key service;
- the need to keep the number in attendance proportionate for effective decision making.

The Child Protection Advisor (Health) who is the Designated Person (Health) must always be included in the circulation as they are responsible for ensuring appropriate attendance of health professionals.

There must be very specific reasons if children and their parents/carers are to be excluded from a Child Protection Plan Meeting. Reasons will be discussed and agreed by the Quality Assurance Reviewing Officer. The reasons for children and their parents not being invited should be explained and recorded at the meeting.

Where children and/or parents/carers are not invited to attend, they must be informed and given reasons for the decision in writing by the Practice Lead for Care and Protection at least 7 calendar days before the date of the meeting. This allows an opportunity to appeal the decision to the Area Children's Services Manager.

Attending and being involved in a formal meeting where decisions may be made can be daunting. The allocated Social Worker must prepare the child and family beforehand. This will include sharing the content of the child protection plan prior to the meeting and ensuring the child/parent's views are available to the meeting, which may include assisting the child/parents to have access to advocacy.

The documentation that is presented to the Child Protection Plan Meeting will normally be the integrated Child's Plan, but this can be supplemented, if:
- new information is available at a late stage;
- there is particular information, presented as a specialist assessment;

Any information relating to the assessment of children and families by any service should be provided to the allocated Social Worker and incorporated into the child protection plan. This is to ensure there is one document containing all the relevant information required for a multi-agency assessment.

The allocated Social Worker will ensure that the chairperson and family have access to the Child Protection Plan and any other written documents no later than two calendar days before the Initial Child Protection Plan Meeting and 7 calendar days prior to all other meetings.

The Child Protection Plan Meeting will confirm or develop the plan, and the actions required, by whom and when. This might include the need for further assessment and how this will be carried out.

### 4.14 Chairing the Child Protection Plan Meeting

Child Protection Plan Meetings will be chaired by staff members who are experienced in child protection and the legislation relating to children. It is critical that the role of Chair has a sufficient level of authority and that the person 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, and is registered with a professional body, it is possible for a senior staff member from a different agency or service to undertake the role.

The Chair's role is to:
Agree, in discussion with the Practice Lead for Care and Protection, who needs to be invited to the meeting, and any exclusion. This will be completed using the standard Child Protection Plan Meeting document on CareFirst

- Confirm that the meeting has the necessary people in attendance and is quorate (representatives of at least three services).
- Ensure that there is no conflict of interest of anyone attending the meeting and specific roles and reasons for attending are recorded and adhered to.
- This includes the attendance of a parent/carer (assuming that no prior decision has been made to exclude a parent/carer).
- If the meeting cannot proceed, it will be necessary to consider any issues relating to the immediate safety of children.
- Meet with parents/carers in advance of the meeting and explain the nature of the meeting and possible outcomes.
- Confirm that participants at the meeting have been provided with adequate information in the Child Protection Plan and had sufficient time to read the plan in advance of the meeting.
- Chair the protected period where a protected period has been requested in advance of the meeting.
- Ensure the introduction of each member of the meeting, draw attention to issues of confidentiality and objectivity and the manner in which the meeting should be conducted.
- Explain the reasons for the meeting being held, including the specific concerns about the safety of the child.
- Throughout the meeting, the chairperson should ensure a focus on the specific concerns about the safety of the child.
- Identify the risks and protective factors; a child's safety is dependent on issues of their health, their achievement, and all of the other wellbeing indicators. However, the Child Protection Plan Meeting must focus on the risk and safety issues, taking account of a risk assessment based on the principles set out in Section 3.
- The Social Worker should be asked to present the multiagency assessment of the child's needs, including the concerns about the child's safety. The Social Worker should be facilitated to make clear whether the assessment indicates that the child is at risk of significant harm, and whether and what multi-agency actions are required within the Child Protection Plan to protect the child.
- The chairperson should ensure that each participant is given the opportunity to add any further information, and to contribute to the consideration of the assessment. Either the chairperson or Social Worker should report upon any other information provided from key people who are unable to be present.
- Ensure that the parent's/carer's and child's views are taken into account and properly represented;
- Facilitate decision-making;
- Determine and have responsibility for the final decision in cases where there is disagreement;
- Wherever possible, chair the next review Child Protection Plan Meeting for a child who is placed on the child Protection Register;
- 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 services;
- Confirm that mandatory contacts with the child are being carried out and are meaningful;
- Ensure that timescales are adhered to, including review dates, distribution of decision letters and minutes. (These can be found in Appendix K)
- The Lead Professional will ensure that any member of staff forming part of the core group, who was not present at the Child Protection Plan Meeting, is informed immediately about the outcome of the Child Protection Plan Meeting and the decisions made, and that a copy of the Child Protection Plan is sent to them within timescales (Appendix K).

**4.15 Decision-making at the Child Protection Plan Meeting**

All participants at a Child Protection Plan Meeting with significant involvement with the child/family have a responsibility to contribute to the decision whether or not to place the child's name on the Child Protection Register, and to contribute to the Child Protection Plan.

The chair will ask a representative from each of three services present for their recommendation and evidence for this recommendation. They will then ask if anyone else agrees or disagrees with the recommendations made. They will not ask each person individually.

The decision as to whether or not to place the child's name on the Child Protection Register is final and is not appealable. It is based on professional judgement on the knowledge and information shared about the child and family.

Where there is no clear consensus reached, 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, if professionals are not in agreement with the decision they can request in writing for the decision to be subjected to independent scrutiny by the Area Children's Services Manager in the first instance, who will then pass to the Head of Children's Services.

The chairperson should ensure a systematic and structured decision-making process follows the sharing of information.

The issues that the meeting must consider are:
(i) is the child at continuing risk of significant harm?
(ii) is multi-agency intervention necessary to reduce that risk?
(iii) is referral to the Children's Reporter required or is a request for a review Hearing required, for a child already subject to compulsory measures? (See paragraph 4.18)

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.

The test of continuing risk of significant harm is given in para 1.6 The Chair will ensure that participants evidence their decision so that the child/family is clear about the basis for their decision.

The Child Protection Plan Meeting should take a consensual approach to the development of the Child's Plan. If consensus cannot be achieved, the chairperson should confirm what is agreed and necessary protective measures, and also has the following options:

- to confirm the outcome of the meeting, even where there is not consensus about it;
- to adjourn the meeting, for further information, or further consideration of that information;
- to escalate any issues to the Area Children's Services Manager in the first instance, who will review the information, then pass to the Head of Children's Services for decisions to be scrutinised. If there are still issues they can be escalated to the Director of Care & Learning.

If the child is at continuing risk of significant harm, it will be necessary to confirm that multi-agency intervention is necessary to reduce the risk and protect the child. The confirmation of this involves the child's name being placed on the Child Protection Register.

Where the decision is made that a child's name should be placed on the Child Protection Register, the chairperson will ensure that the risk factors to the child are clearly identified and recorded, and how these impact on the child, based on the assessment and discussion, describing the risk addressed by the agreed actions.

The meeting must then consider all of the information that has been made available, and the actions that have been taken. The meeting should then agree the on-going and further actions that are required to reduce the risk of significant harm and protect the child. The Child's Plan and Assessment and the Child Protection Plan Meeting should always give consideration to the need for action with regard to siblings or other children who are living in the same household, albeit this might involve establishing other processes.

### 4.16 Protected period

Anyone involved in a Child Protection Plan Meeting may ask for a protected period during which time they may share information with other professionals, outwith the presence of the parents and or child. Any requests should be discussed with the chairperson wherever possible two calendar days prior to the meeting providing clear justification as to the reasons why it is required.

Protected periods should only be used in exceptional circumstances, which will include where there is information:

- that has only just come to light and has not been discussed with the parents – albeit consideration should be given to delaying the start of the meeting to provide the opportunity for discussion with the parents;
- of an evidential nature that may damage the investigation should the alleged perpetrator learn of it;

- which may put others at risk should it or the source of it comes to light e.g. suspected domestic violence or information from a child;
- that is highly sensitive, and not known to all of the parties, for example that paternity may be incestuous.

### 4.17 Multi-agency child protection plan to reduce the risk of significant harm

*The Highland Practice Model* has introduced the single agency plan or multi-agency child's plan for use with children where there is a concern about their well-being. The plan will be proportionate to the child's needs and informed by the seven well-being indicators of:-safe, healthy, achieving, nurtured, active, respected and responsible and included.

Any child whose needs are being addressed collaboratively by more than one service has a multi-agency child's plan. This is constructed with the child, family, carers and relevant people involved with the family and recorded by the Lead Professional.

Every child's plan will have the following components:

- demographic details;
- partners to the plan;
- reason(s) for the plan/identified concerns;
- chronology;
- information about the child's development and circumstances;
- the assessment of needs from analysis of information gathered;
- a record of desired outcomes to be achieved/ long term aims, medium and short term goals;
- actions agreed to achieve these outcomes;
- what needs to be done and by whom;
- timescales for action and change;
- any contingency arrangements, if necessary;
- a record of progress and arrangements for review.
- the views of the child (according to age and stage of development) and the family/carers.

Where a child is deemed to require a multi-agency plan to reduce the risk of significant harm, it is known as a child protection plan. This must describe the risk, based on the assessment of risk described in Section 3, detailing:

- What is it that might happen?
- In what circumstances might it happen?
- How likely is it to happen?
- Nature of impact/s if it happened – and for whom?
- Multiple risks and impacts – priorities for intervention?

The child protection plan will detail the management of risk, and include the actions that require to be taken by all parties, with associated timescales to reduce that risk and protect the child, and meet the child's needs.

The plan will identify:

- how we will know if there are improvements;
- contingency plans, should the child's situation fail to improve or deteriorate or where a resource required is not available;

- whether compulsory measures are required.

Children whose names are on the Child Protection Register will have their registration and plans reviewed at further meetings as necessary. The first review will take place within three months of registration, with subsequent Child Protection Plan Meetings within six months if registration is continued. Changes in the child's circumstances or legal status may require any scheduled meeting to be brought forward.

In addition to scheduled reviews, any professional involved with the child or family, may request a child's plan meeting. In the first instance, the request should be made to the Lead Professional who will discuss with other members of the core group and consult with the Practice Lead for Care and Protection.

### 4.18 Referral to Children's Reporter

The child protection plan will confirm if consideration needs to be given to compulsory measures of care, and, accordingly, a referral made to the Reporter. Compulsory measures are required when parents/carers or the child are unable or unwilling to engage with services sufficiently to address the risks and needs for that child, or where concerns about a child's welfare or behaviour cannot be addressed on a voluntary basis.
The child protection plan will be accepted as a referral to the Reporter provided that the decision to refer to the Reporter is explicit within the document. This should be recorded in Section 7 of the Child's Plan.

Any Plan making a referral to the Reporter should contain:

- Information about the child and family background, including a **chronology** of significant events.
- A thorough and integrated multi-agency assessment of risk and need, including relevant **evidence** in support of the Ground(s) for Referral;
- A clear, realistic set of **Goals** and **Outcomes**, with clear, realistic **Actions** to achieve them. It must be clear who is responsible for what and when, including the responsibilities identified for the child and parents/carers. The Plan needs to set out how quickly the Outcomes can realistically be achieved, and what will happen if they are not.
- A clear, evidenced recommendation as to why **compulsory measures** may be necessary to address the child's needs. Do any of the Actions in the Plan need to become a Condition/Measure within the Compulsory Supervision Order, and why? Is an Interim Compulsory Supervision Order or other urgent Order needed, and why? The parent's/carer's/child's ability and/or willingness to engage with services sufficiently to address the identified risks and needs for the child must be examined.
- The child's and parents/carers views, age appropriately.
- Three very specific items, if appropriate, as detailed in the Plans for Hearings Protocol:
  - required information regarding any proposed placement;
  - required highlighting of a request for non-disclosure of the child's address or any other information to any party, with the Plan in a form that can safely be distributed to all parties if a Hearing is arranged;
  - the completed Request for Non-Disclosure Form for consideration by the Hearing, setting out the material that it's recommended should not be disclosed either to the child or another party, and the reasons for that recommendation.

Following the Child Protection Plan Meeting the Reviewing Officer and allocated Social

Worker will ensure that the above information is contained in the completed child protection plan. The child protection plan, along with any minutes, decision letter and other supporting documents will be sent to the Reporter.

Referral to the Reporter or progress of existing referral should also be discussed at subsequent core group meetings, and pursued by the Social Worker if considered necessary.

If a review Hearing for a child already subject to Compulsory Measures is required, the Social Worker-Lead Professional should make that request to the Reporter, with an updated Plan.

### 4.19 Records and record keeping

Minutes are an integral and essential part of the meeting and should be noted by a suitably trained Quality Assurance and Review administrator and agreed by the Chair before being circulated to the participants.

Electronic recording of the meeting is not permissible by participants.

The minute will reflect the key points from the discussion, issues of agreement and disagreement, and the consensus actions decided upon.

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.
  - Service representatives
  - Where there is a protected period, detail who requested this and why.

Written decisions of the Child Protection Plan Meeting will be sent to **all** invited services, parents and children, <u>regardless of attendance</u>, **within 5 calendar days** of the meeting.

The draft minute including any protected information will be forwarded for verification within 10 calendar days by first-class post or e-mail to all service representatives who attended the meeting and have recognised secure e-mail servers.

The chairperson of the meeting will sign the final minute. If this is not possible, the responsibility will rest with the Keeper of the Register.

All attendees will check the minute on receipt and notify any changes, to the chairperson, **within 7 calendar days** by recognised secure e-mail or post.

The final minute will be sent out **within 20 calendar days** after the Child Protection Plan Meeting to all those invited to the meeting, whether they attended or not. Parents will not be sent any protected information. If parents do not attend the meeting, a copy of the minutes will be sent to the Lead Professional, to give to them, ensuring that the main points and the Child Protection Plan are highlighted.

In order that parents can work with services to help their children and improve their parenting, they must be aware of the issues discussed and the plans that are agreed.

Parents who attend will receive the draft and final minute, but no information from the protected period may be shared. The final Child Protection Plan Meeting minutes excluding the protected period text will be sent to such parents. All correspondence, letters and minutes to parents should be sent in a double envelope and have the name and address of the sender on the inner envelope. This will make sure that any correspondence not delivered to the relevant person will be returned unopened by the post office.

The child or young person will be supported to understand what is included in the minute by the Social Worker, and unless they are very young, also provided with a copy of the minute.

Minutes of Child Protection Plan Meetings should be held securely in accordance with data protection regulations and minutes of protected periods should be stored in a confidential file as per agency guidelines. The information shared within the protected period is subject to data protection regulation. It can only be shared with any person not present at the time, with permission from the person who shared the information originally.

A decision not to place the child's name on the Child Protection Register, or not to agree a multi-agency plan, does not negate the need to complete and distribute minutes.

It is the responsibility of the chairperson to ensure the child's name is placed on the register on the day of the meeting. This is also the chairperson's responsibility if the child's name is to be removed from the register. If the conference takes place after 5pm, the chairperson should make sure that the Emergency Services Co-coordinator is told about any additions to the register, which will be formally updated on the next working day.

## SECTION 5: After the Child Protection Plan Meeting

### 5.1 Responsibilities of the Lead Professional

An allocated Social Worker will always be the Lead Professional for a child on the child protection register.

The Plan, agreed at the Child Protection Plan Meeting, will include the frequency and purpose of contact by the Lead Professional and other key professionals with the child and family. This contact must be as often as is considered necessary to ensure the well-being of the child, but never less than at fortnightly intervals.

The Lead Professional will:

- prepare a multi-agency child protection plan, based on a robust multi-agency assessment, with clear aims, goals, desired outcomes, actions and timescales which address the identified risks and needs;
- co-ordinate action to ensure the child protection plan is carried out and kept under review;
- be the point of contact with the child and family, or ensure someone more appropriate takes this role, to discuss the plan and how it is working, as well as any changes that may affect the plan;
- be a main point of contact for all practitioners who are delivering help to the child to feedback progress on the plan or raise any issues, in particular the Named Person;
- monitor how well the child protection plan is working and whether it is improving the child's situation;
- ensure that appropriate multi-agency consideration is given to whether a review Hearing is required for a child already subject to compulsory measures of supervision;
- ensure the child is well supported at all times and ensure a careful and planned transfer of responsibility when another practitioner becomes the Lead Professional;
- Make sure there is a smooth 'step-down' when the multi-agency child protection plan is no longer required, but there is an on-going child's plan to meet a child's needs.

In particular, the Lead Professional must ensure that implementation of the Plan involves the child being seen, as a minimum, at the agreed frequency.

The Lead Professional must alert the Practice Lead for Care and Protection where there are factors preventing or limiting the implementation of the Plan, which may require an early review Child Protection Plan Meeting.

### 5.2 Children in dispersed families

Where a number of children from the same family are living in different locations, there will often be value in one person being Lead Professional for all of the children, or at least for all cases being held by the same Team.

While there cannot be a rigid approach to this, in general the management of all of the cases should reside with the Team that were first involved, and any discussions to transfer responsibility when children or families move, should take place at Practice Lead for Care and Protection level.

### 5.3 Responsibilities of the Core Group in the implementation of the child protection plan

Where the child's plan addresses risk of significant harm, a core group will ensure the plan is progressed timeously and effectively.

The core group will be confirmed at the Child Protection Plan Meeting and will involve the key people with responsibility for implementation of the plan:

- The Lead professional; Named Person
- Key professionals, directly involved with the child/ren and family, from health, care & learning, adult services, third sector, forces welfare, police, and housing services as appropriate;
- Where possible, the child/ren, parent/s and/or carer/s.

The Lead Professional or line manager will normally be responsible for chairing the core group, and ensuring it is recorded.

The record of core group meetings must be completed on the standard format. This should be signed by the Chair of the core group and the Practice Lead for Care and Protection.

The core group record should be distributed to child/ren, parent/s and carer/s, all professionals attending and a copy should also be forwarded to the Practice Lead for Care and Protection, and Quality Assurance Reviewing Officer.

Any changes to the child protection plan should be updated on Carefirst immediately following the core group. Where it is not possible to update immediately a message should be sent to the Out of hours coordinator to inform them of any changes.

The first core group subsequent to the Child Protection Plan Meeting will take place **within 14 calendar days** of registration, but child protection activity and the progression of actions agreed in the child protection plan must begin immediately and not wait until after the core group is convened.

Core group members must:

i. agree the detailed actions to be carried out to implement the child protection plan and ensure that risk will be reduced and the wellbeing of the child promoted;
ii. agree the focus of work and how it is to be evaluated;
iii. identify the tasks of the parents and who will support them;
iv. coordinate the contacts the professionals have with the child and family to ensure this is proportionate and effective;
v. agree how information about assessment, help, progress and further risk will be shared;
vi. Agree appropriate timescales for all tasks
vii. agree how the work of those not present at the meeting will be included in the evaluation of progress, the meeting of need, or reduction of risk;
viii. agree the recommendations to be made to subsequent Child Protection Plan Meetings.

The core group, and its individual members, have an on-going responsibility to consider whether referral to the Children's Reporter is required, where voluntary engagement with

the parents/carers/child is not able to address the assessed risks and needs.

It is recommended that dates for a further two core groups should be set after the Child Protection Plan Meeting, and that these dates should be no more than one calendar month apart.

### 5.4 Subsequent Child Protection Plan Meetings

There should be continuity in attendance at child's plan meetings.

Subsequent meetings will review the actions that have been taken to keep the child safe, and meet their needs. They will consider progress and concerns, and any recommendations made by the core group, and critically:

- what improvements have been achieved in the child's safety and wellbeing?
- what if any other actions are required?

The starting point for any subsequent Child Protection Plan Meeting remains as detailed in paragraph 4.15:
(i) is the child at continuing risk of significant harm?
(ii) is multi-agency intervention still necessary to reduce that risk?
(iii) is referral to the Children's Reporter required or a review Hearing for a child already subject to compulsory measures of supervision? (See paragraph 4.18)

When it is the consensus of a subsequent Child Protection Plan Meeting that the child is no longer at risk of significant harm, or co-ordinated multi-agency action is no longer required to reduce that risk, the child's name is removed from the Child Protection Register.

If there is not consensus about these matters, the options remain as described in paragraph 4.15.

Most children whose names are removed from the Child Protection Register will continue to have a child's plan. The removal of a child's name from the Register should not of itself lead to a sudden or significant reduction in services.

In exceptional circumstances a child's name may be removed from the Child Protection Register at any time where risks have been eliminated. The Area Children's Manager should contact the keeper of the register, who will send out a letter to all professionals at the Child Protection Plan Meeting outlining the reasons for de registration. A 7 day appeal process will be put in place. If there are no objections following the 7 days the child's name will be removed from the register.

Where a child has already been referred to the Children's Reporter, and the Child Protection Plan Meeting believes that compulsory measures are no-longer required, the child's plan should be sent to the Reporter setting out the reasons for a recommendation that voluntary measures are sufficient to address the assessed risks and needs.

### 5.5 Quality Assurance

The quality assurance of child protection processes is the responsibility of all managers and practitioners who are involved with those processes. In particular, it is a management and designated person role to ensure that these procedures are followed, and that practice is delivered to quality standards.

Formal quality assurance responsibilities are supported by the Quality Assurance & Reviewing Team. The Child Protection Committee will continue to support a strategic approach to quality assurance that also involves the dedicated staff who have this remit in each of the partner agencies.

If any professional in any service has concerns about the quality or outcome of decision making as part of any of these processes, these should be discussed in the first instance with that service's designated person.

Where a service's designated person has grounds to believe that there has been inappropriate or inadequate decision-making, or that procedures have not been followed, these should be discussed initially at the local level with the Practice Lead for Care and Protection or (if necessary) Family Team District Manager, where resolution should be sought. In exceptional circumstances, the Children's Services manager will progress resolution through protocols outlined in the Highland Practice Model guidance.

### 5.6 Complaints and dissatisfaction from service-users

If an individual has a concern or complaint about these guidelines, the Chairperson of the Highland Child Protection Committee should be notified.

Decisions made at Child Protection Plan meetings cannot be changed as they are based on multi-agency professional judgement on information contained in the plan and shared at the meeting.

If a parent or child is unhappy about a decision of a Child Protection Plan Meeting, **and** they believe that professionals have not followed the guidance, they should raise this in the first instance with the Lead Professional or Practice Lead for Care and Protection. If this does not resolve matters, they can raise a formal complaint.

If a service user has a complaint about professionals who are acting on behalf of a service or services, complaints should be dealt with by the particular service/s through their normal complaints procedure.

## SECTION 6: Concerns coming to the attention of Police Scotland – Highlands & Islands Division

### 6.1 Police VPD Child Concern Form

The Vulnerable Person Database generates a version of the Child Concern Form that is unique to Police Scotland. (See Appendix G) There are numerous concerns that are identified by police in their day-to-day activities about children and young people. These concerns may be specifically about the behavior of a child or young person, the individuals they may be associating with or the life-style of their parents or carers. The child or young person, their parents or carers, may have additional support needs which increase vulnerability and concerns. Conversely, there may be good family or community supports that may be taking some steps to address the concerns. What is important is that when recording information these circumstances are accurately recorded and reflect the strengths and pressures for a child, young person and their parents and carers.

The police share the information of concern with the Named Person and/or Lead Professional and other targeted services, through the Police Child Concern Form (See Appendix G for sample). This may include other information that is relevant with regard to the concern, gathered from other police information sources, and may be information in relation to an adult who, for example, has involvement in domestic violence or sexual offences and has contact with the child.

The child, young person and their family or carers are informed by the concerned police officers that information may be shared with the Named Person and/or Lead Professional and other agencies where necessary.

### 6.2 Discussion with the Family Team

Telephone discussions will take place between the police Concern Hub staff and the local Family Team. Many concerns raised over a child's wellbeing 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.

The Family Team will carry out follow up action in respect of:

- looked after children – at home or in a residential placement;
- children currently on the Child Protection Register;
- children who have recently been removed from the Child Protection Register (in discussion with the Practice Lead for Care and Protection);
- children already allocated to social work.
- any other circumstances where, through discussion, it is agreed that it is appropriate for there to be social work involvement.

### 6.3 Referral to the Reporter

A decision should be made at this stage as to whether the child should be referred to the Children's Reporter.

### 6.4 Contacting the Named Person

Every Child Concern Form should be sent to the child's Named Person to ensure that they can take any appropriate action, and also keep the child's record up to date.

Where the concern is not being dealt with by the local Family Team and it has been assessed that this raises further concerns for the Named Person, these should be raised again with the local Family Team.

The Named Person receiving the Child Concern Form must ensure that, where there are siblings with different Named Persons, the relevant information of concern is shared between all the Named Persons. This is important in order that any concerns the Named Person has are not dealt with in isolation but are identified as being part of the whole family circumstances.

## SECTION 7: Responsibilities for health professionals

All staff must be alert to, and act on, any suspicion of abuse or neglect of a child. Staff can protect the child from significant harm by sharing this information with others.

### 7.1 Receipt of Child Concern Forms

The Children and Young People (Scotland) Act 2014 requires that Child Concern Forms are forwarded to the Named Person in every instance. Where relevant, the Police and other agencies share information about concerns that have come to their attention with Named Persons in Health Services.

Where there is indication of the risk of significant harm, this information will be shared with Family Team Care and Protection and the Named Person. Accordingly, it is critical that careful account is taken of it, and that Named Persons in Health consider whether any subsequent actions are required. This may include discussions with your Practice Lead or Practice Lead for Care and Protection if the information does indicate possible risk. Discuss with your Child Protection Advisor - Health (CPA) if you need further advice.
(See list of CPAs: http://www.forhighlandschildren.org/2-childprotection/ )

Accordingly, Named Persons should consider this information, and note important details in the child's notes, including updating the chronology, and assessing whether the risk level has changed.

If any subsequent action is taken, this should also be recorded.

Make sure that any other team members, who in your professional judgement need to know, are aware of the information. If the concern form is in relation to an unborn child, it should be copied to the relevant Hospital (including Raigmore) CPA.

The Named Person receiving the Child Concern Form must ensure that, where there are siblings with different Named Persons, the relevant information of concern is shared between all the Named Persons. This is important in order that any concerns the Named Person has are not dealt with in isolation but are identified as being part of the whole family circumstances.

### 7.2 Concerns coming to the notice of professionals in Hospital or Out of Hours facilities

When a child or young person comes to any ward, department or clinic of a hospital, the possibility of abuse or neglect should be considered in the following circumstances:

- repeated presentations to A & E and/or out of hours departments;
- if there is an inconsistency between the medical history and the examination findings;
- a head injury or (any) fracture in a child under five years of age (under 2 year olds are the highest risk group);
- if there is a delay in presentation to hospital (with no satisfactory explanation);
- genital bleeding, trauma or discharge;
- suspicious burns or scalds;
- suspicious patterns of bruising;
- self-harm;
- suicide ideation/intention

- if the child reveals information of abuse;
- drug or alcohol use;
- pregnancy.
- Female genital mutilation

Features to be aware of are:

- are there any unexplained injuries, or injuries that do not accord with the explanation?
- is the child's behaviour and interaction appropriate?

**In these cases, the following should be considered:**

- contact the appropriate consultant to discuss the child's condition to get advice on appropriate medical investigation and let the Consultant Paediatrician on call know;
- check with the Family Team Practice Lead for Care and Protection if a child is known to them or a child protection plan is in place;
- submit standard Concern Form (Health) to the Practice Lead for Care and Protection (Health version of Standard Child Concern Form - with additional check-list );
- if appropriate to do so, discuss the action being taken with the parents or guardian of the child (and child where appropriate), sharing any concerns with them;
- does the child need to be admitted?
- let the Child Protection Advisor for the hospital know;
- discuss the matter with other professionals involved (health visitor, school nurse, G.P., community Paediatrician, or child & adolescent mental health practitioner);
- if the child is on a ward or admitted consider a pre-discharge meeting to discuss concerns with colleagues.

**Remember that the safety of the child is paramount.**

### 7.3 Concerns coming to the notice of all primary care and community based professionals

In an emergency situation where a child is in actual danger or needs immediate medical help, protective or medical attention must be sought for the child. Parental permission should be gained if possible and also help from police or social work where necessary.

If any action is taken, such as treatment/procedures or hospital admission, the police and Family Team Practice Lead for Care and Protection must be informed immediately as forensic evidence may be required.

In situations not requiring immediate protective action, staff should assess the circumstances involving the parents and carers as appropriate:

- discuss the case with relevant colleagues, for example, G.P., Child Protection Advisors (medical or nursing), Paediatrician, or child & adolescent mental health practitioner;
- check with Care and Protection Services including the health visitor, school nurse, if a child is known to them or a child protection plan is in place;
- submit standard Concern Form to Practice Lead for Care and Protection (Health version of Standard Child Concern Form - with additional check-list );
- provide a factual account for the Lead Professional assessment, and if appropriate to police and Care and Protection Services;
- at the same time, record clearly and accurately all relevant information about the

case in the relevant records;
- attend the Child Protection Plan Meeting as and when arranged and contribute to the development, implementation and review of a child protection plan as appropriate;
- if unable to attend the meeting, ensure contribution to the plan in advance.

### 7.4 Substance misuse and drug screening

Health staff rarely undertake drug screening as part of a plan to protect children, decisions about drug screening will be based on individual treatment options and clinical need.

Screening results must be considered in the context of the individual's whole circumstances. Frequent or excessive screening regimes cannot guarantee that someone is maintaining a drug-free lifestyle.

### 7.5 Role of the Child Protection Advisor - Health

The Child Protection Advisor is the Designated Person for Health**.** The Child Protection Advisor is a specialist health professional for each locality with responsibilities to each hospital, GP Practices, GPs working in other settings, prison, forensic and homeless services, pharmacies, dentists, and out of hours health services; and is a resource for all health personnel, whose patients/clients are children, or adults who have involvement with children.

The Child Protection Advisor – Health will:
- provide information on the Highland Child Protection Committee Guidelines;
- support, advise and guide all personnel through the HCPC processes, including the roles and responsibilities of health professionals;
- advise on referrals to social work – Care and Protection, police and Children's Reporter;
- take part in discussions with other agencies and services regarding health information , interpretation and assessment in children with Child Protection concerns
- ensure appropriate attendance at Child Protection Plan Meeting, and other relevant meetings;
- assist with providing information and preparing reports for child's plans as appropriate for the purpose of assessment and investigations;
- advise on record keeping;
- facilitate transfer in/out of records where children are of concern or on Child Protection Register;
- advise on training relevant to post;
- deliver induction, single agency and inter-agency training;
- Initiate and disseminate and follow up Missing Family Alerts;
- support through legal processes and in consultation with the Central Legal Office (in Edinburgh) as appropriate;
- supervise practice, and peer review as appropriate.
- undertake case reviews
- Quality Assurance

### 7.6 Information Sharing

Where health staff are unsure about the level of information they can share for child wellbeing and protection purposes they should consult with the Child Protection Advisor for their area. More complex cases should be discussed with the Principal Child

Protection Advisor and/or the Lead Doctor for Child Protection. The Principal Child Protection Advisor and the Lead Doctor for Child Protection will consult with the Caldicott Guardian as appropriate. The Caldicott Guardian in NHS Highland is the Director of Public Health and is responsible for the confidentiality of patient-identifiable information.

## SECTION 8: Responsibilities for schools (nursery, primary and secondary) and the Care and Learning Service (Education) and High Life Highland

This Section deals with members of school staff. For the purpose of child protection, any member of Education or High Life Highland staff (for example, development officer, or tutor) will also be treated as a member of school staff when they are in a school.

High life Highland delivers a range of services on behalf of Care & Learning, many of which take place in schools. Staff work in a variety of situation where families and/or children see them as trusted adults, for example, youth workers or swimming coaches. It is important that such staff know who to speak to if they have concerns about the safety of a child.

### 8.1 Designated Person

In primary schools the Designated Person with responsibility for child protection is the Head Teacher, or a delegated senior manager. In secondary schools the Designated Person is the Head Teacher or the member of the senior management team who has responsibility for support for pupils.

### 8.2 Receipt of Child Concern Forms

The Children and Young People (Scotland) Act 2014 requires that Child Concern Forms are forwarded to the Named Person in every instance. Effective practice to protect children requires agencies and services to share information. Where relevant, Police Scotland and other agencies share information about concerns about school-aged children that have come to their attention with Named Persons in schools.

Where there is indication of the risk of significant harm, this information will be shared with Children's Social Work Services and the Named Person. Accordingly, it is critical that careful account is taken of it, and that the Named Person considers and decides whether any subsequent action is required. This may include discussions with the Designated Person and the Family Team Practice Lead for Care and Protection if the information does indicate possible risk.

Child Concern Forms are constituent parts of the pupil's progress record (PPR), and should be maintained under secure storage. Access to this information is managed by the Named Person.

The Named Person receiving the Child Concern Form must ensure that, where there are siblings with different Named Persons, the relevant information of concern is shared between all the Named Persons. This is important in order that any concerns the Named Person has are not dealt with in isolation but are identified as being part of the whole family circumstances.

### 8.3 Suspicion of abuse or neglect

When a suspicion of abuse or neglect is identified within a school, the member of staff working with the child will immediately discuss this with the designated person. If the designated person is not available, contact should be made with another member of the senior management team. If no manager is immediately available, direct contact should

be made with social work, and the Designated Person should be informed as soon as possible thereafter.

If the Designated Person is not also the child's Named Person the Designated Person must discuss the concerns with the Named Person. The requirement for immediate action should always be considered alongside the need to have a considered approach based on what is already known about the child.

If following discussion, concerns remain; the Designated Person should immediately contact the Family Team Practice Lead for Care and Protection office or the local police. It is important when contacting the Family Team or police that it is made clear that the call is regarding a child protection concern. In most circumstances, it is prudent to have a discussion with police or social work, before any discussion takes place between the school and the child's family.

Further to these discussions with police or the Family Team Practice Lead for Care and Protection, if it is concluded that a child protection enquiry should be initiated, the Designated Person or Named Person must complete the standard Concern Form (Appendix F) and send to the Family Team Practice Lead for Care and Protection and the Area Care and Learning Office within 24 hours. The school should also keep a copy and file it in a separate, secure, file. Note: it is a constituent part of the pupil's progress record.

The school will be required to:

- provide information for assessment by the Lead Professional, and if appropriate to police and social work for the joint investigation;
- at the same time, record clearly and accurately all relevant information about the circumstances and actions in the pupil progress record;
- ensure appropriate representation at Child Protection Plan Meetings as and when arranged and take part in the development, implementation and review of a child protection plan as appropriate.

If a school has any immediate, urgent concerns about a child's safety, for example if they are to be collected by someone who may not be able to keep them safe, the police should be contacted.

### 8.4 Transfer of pupils

Parents or carers of children who are leaving a school should be seen by the Head Teacher or Named Person, and every step taken to identify:

- name, address and telephone number of new home;
- name, address and telephone number of new school;
- anticipated enrolment date;
- any interim contact arrangements.

The pupil transfer form (Appendix I) should be completed, as a front page for the transfer of the PPR.

When a pupil transfers to another Highland Council school the pupil transfer document and Pupil Progress Record should be passed to the pupil's new school **within 5 school days** of the pupil's departure. The school nurse should also be notified.

If a pupil transfers to a school outside the Highland Council area, the Head Teacher should be ready to respond immediately to a request from the new school for all records to be forwarded. An acknowledgement of receipt of the records should be requested from the new school.

If the request for records is not received from the new school **within 10 school days**, the Head Teacher or Named Person should make contact with the school they think the child has gone to check that the child is known to them. If this contact indicates that enrolment has not taken place, the Highland Children Missing from Education Unit should be contacted: childmis@highland.gsx.gov.uk

Where children are received into a Highland school from outwith the authority, records should be requested from the previous school **no later than 5 school days** after the child's arrival. The Named Person (or senior manager) in the new school, should always check the PPR for significant issues, and provide an acknowledgement of receipt.

If, either with children transferring into or out of the authority, there are any concerns about a child's wellbeing or issues of risk, these should be discussed with the police and/or Children's Social Care Services. School nurses will also communicate with their peers in the transferring schools when required.

There may be occasions when it is necessary to undertake a home visit to confirm the identity and/or wellbeing of a child. If there are concerns about a child's wellbeing or if there are indicators of risk, the arrangements for this should be agreed with, and may involve the police or social work. If there are no known indicators of risk, the Area Care and Learning office should assess the need for, and if required make the arrangements for such visits.

School nurses should be routinely updated about children moving into and out of school, including new entrants at Year One.

### 8.5 Home educated children

Parents have a right to home educate children, if they meet the criteria in the policy guidance. Staff undertaking annual visits to home-educated children have a responsibility to be alert to their well-being, and to initiate any actions if there are concerns.

Child Concern Forms about children who are home-educated should be forwarded to the Area Care and Learning Office, unless:

- approval was not required for the children to be home-educated, and hence annual visits do not take place - this circumstance should be taken into account by Police and Children's Services when considering further action;
- the concern is regarding Gypsy/Traveller children who are not in mainstream education, when it should be forwarded to the Interrupted Learning Development Officer, who acts as the Named Person.

### 8.6 Responsibilities of staff outwith schools

For employees and volunteers of the Care and Learning – Education Service and High

Life Highland operating outwith schools the procedures are as follows:

- Casual coaches, Sessional Youth Workers, Relief Library & Leisure attendant staff should notify their immediate line manager. When staff are recruited they will be informed who this is.
- Line managers of the staff noted above should then inform the area specialist (Senior Network Librarian, Area Adult and Youth Services Officer, Area Facilities Officer etc.) who will take the necessary action. If the area specialist is not available then contact should be made with the Principal Manager.

If no manager is immediately available, direct contact should be made with social work, and the designated person should be informed as soon as possible thereafter.

All such staff and volunteers will be members of the Protection of Vulnerable Groups (PVG) scheme and undertake child protection training.

### 8.7 The roles and responsibilities of the Designated Person in the Care and Learning Service (Education) and High Life Highland

The Designated Person is responsible for:

- making sure that all staff are familiar with these guidelines and any organisational procedures relating to child protection (and that these guidelines are readily accessible to all);
- making sure that any child protection referral passed to them is dealt with in line with these guidelines and they offer all staff support and supervision throughout the process;
- keeping the referrer and Named Person (if different) informed about the action being taken about any concerns;
- making sure that information is made available for the purpose of investigation and/or assessment;
- ensuring local records are maintained;
- ensuring appropriate attendance at child protection plan and other meetings;
- following the progress of a referral by regularly communicating with the other agencies and services involved. If further information comes to light regarding the incident this should be referred following these procedures, as should any further incidents;
- identifying training and development needs for themselves and those staff involved in child protection issues and helping to provide training opportunities.

### 8.8 Role of Advisors in the Care and Learning Service (Education) and High Life Highland

A Child Protection Officer has been appointed for schools.

The Advisor does not act as Designated Persons, but provides advice and support to any staff who are involved in child protection processes. The Advisor has undertaken specific child protection training, and they also lead in-service training within Care and Learning (Education).

In High Life Highland the Human Resources Manager has been established as the Child Protection Advisor. The role established is as in Care and Learning (Education), above.

## SECTION 9: Responsibilities of other agencies/organisations

### 9.1 Services for Adults

Services that work with adults, particularly those working with offenders, domestic abuse, substance misuse and mental health issues, must have child protection policies, as well as protocols for sharing appropriate information with Care & Learning services.

Adult Health and Social Care Services also have access to Child Protection Advisors - Health and others for support and guidance regarding the well-being of children and young people (Link to CPAs and others: http://www.forhighlandschildren.org/2-childprotection/ ). In addition they are expected to attend child protection training and refresh three yearly. http://www.forhighlandschildren.org/3-icstraining/

It is **imperative** that staff in all services for adults, or providing services across the general population, pass suspicions of abuse or neglect to the local Family Team Practice Lead for Care and Protection or police. This should be done immediately, and usually verbally, and can be supported by use of the standard Child Concern Form (see Appendix F or, for Health staff, Health version of Standard Child Concern Form - with additional check-list ). In line with the Highland Practice Model, lesser concerns about a child's wellbeing should also be shared, with the Child's Named Person, using the standard Child Concern Form. (Guidance, from the Information Commissioner's Office, on sharing of welfare concerns can be located at: http://www.forhighlandschildren.org/4-icspublication/) It should never be assumed that Care & Learning services are already aware of relevant information.

Staff working with adults should be aware that many of their clients will also be parents living with, or having access, to children. There are many circumstances where lifestyle, physical and mental health issues, disabilities, etc., may have an adverse impact on an adult's parenting capacity. It may lead to behaviours that place children living with or visiting the adult at risk of harm or may limit an adult's ability to provide adequate protection. Additionally, it may place excessive caring responsibilities upon children.

There are many situations where staff in Adult services and those in Care & Learning services require to work collaboratively. As far as possible, this should be on the basis of a common and shared approach, around synchronised plans. Those staff with specialist knowledge should lead in the relevant areas, but the welfare and safety of the child will remain paramount.

### 9.2 Community Services (Housing)

Staff who are interviewing customers, whether in the office or in people's homes, may sometimes come across matters that give cause for concern in relation to the safety of children. Even an apparently small piece of information may be the final 'jigsaw piece' and it is very important that any such concerns are passed on and dealt with appropriately.

If staff have any concerns about children they should note these on the standard Child Concern Form. (Appendix F) They should then pass the form to a senior officer (e.g. Principal Housing Officer, Assistant Community Services Manager or Area Community Services Manager) as soon as possible and certainly on the same working day.

The senior officer will discuss the concerns with the officer as necessary and will contact

Care & Learning services and provide a copy of the concern form.

If an officer visits or interviews customers and is concerned that a child might be in immediate danger of harm they should phone either the Police or a senior officer immediately they leave the house/interview. The senior officer will notify the police or the local Family Team Practice Lead for Care and Protection without delay. The proforma for reporting concerns should be completed as soon as the staff member returns to the office.

### 9.3 Private and Third Sector agencies that provide commissioned services for children and families

Any private or Third Sector agency that provides commissioned services for children and families must have specific child protection guidance for their service. Advice on the production of child protection policies is available from Highland CPC. If it is suspected that a child has been or is at risk of abuse or neglect, staff or volunteers must act according to these guidelines. If any staff member believes a child needs immediate protection, they should get the advice of the local Family Team Practice Lead for Care and Protection or police immediately.

Accordingly, each organisation must:

- set in place child protection procedures;
- make sure that a designated senior staff member (DSSM) takes responsibility for coordinating the procedures;
- make sure that all members of staff and volunteers are aware of their agency's procedures;
- make sure that client groups are also aware of these procedures.

It is the responsibility of any staff member or volunteer to share their concerns immediately with their appropriate senior member of staff or with the designated senior staff member.

That senior staff member should be responsible for making sure that accurate records are kept, maintained and reviewed.

Having come to the designated senior staff member's attention, it is their responsibility to make sure that their procedures have been adhered to.

The DSSM should contact the local Family Team Practice Lead for Care and Protection or police about any concerns in line with these guidelines, and confirm that if necessary in writing.

### 9.4 Registered childminders

Registered childminders, who work alone and have no senior staff member (DSSM) must make sure they are aware of these guidelines, keep appropriate records and pass on concerns to the local Family Team Practice Lead for Care and Protection or police. They must access regular CP training appropriate to their role with children.

## 9.5 Community groups which support activities with children and the wider population

All community groups that support activities with children or the wider population have a responsibility to ensure that staff and volunteers have the necessary skills, information and support to provide or signpost any necessary help to children. This includes being alert and knowing what to do if there are any signs of abuse or neglect.

The Child Protection Committee provides guidance for Community Groups, *"Child & Adult Protection Guidance for Community Groups in Highland."* that is available to download from: http://www.forhighlandschildren.org/2-childprotection/publications.htm

Additional advice is available from the Care and Learning Education service, Keeping Children Safe (see 2.6) High Life Highland and the Child Protection Committee Development Officer.

## 9.6 Arrangements for Child Protection in the Armed Services

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

The Royal Navy & Royal Marines Welfare (RNRM Welfare) are staffed by registered social workers and trained and supervised welfare workers and provide a professional social work and welfare service to all naval personnel and their families. RNRM Welfare 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 RNRM Welfare Portal.

RNRM Welfare Portal Team
Swiftsure Block
HMS NELSON
PORTSMOUTH
PO1 3HH
Tel: (Civ): 0044 (0)2392 728777
Fax: (Civ): 0044 (0)2392 725082
Email: navypers-welfare@mod.uk

### Army

The Army may be represented by various personnel at CP Case Conferences, as follows:

Unit Welfare Officer (UWO). The UWO is the Commanding Officer's representative for the welfare of soldiers and families within an Army Unit. They are there to respond to day to day, non-complex welfare issues. At CPCCs they are able to advise on the

demands of the unit, up-coming operational deployments or assignments and localised issues that could assist or hinder any Child Protection Plan. They may also be there as a support for the family (and often live 'on patch' with their families). UWOs have limited training in matters of Child Protection. It is important therefore for the Chair of the Conference to assess whether the UWO is attending the Conference as a support for the family only; or as a fully participating member, according to their relationship with the family and the information that they might hold.

Army Welfare Service (AWS) Army Welfare Workers. Personal support is delivered by Senior Army Welfare Workers (SAWW) and Army Welfare Workers (AWW). Both are specially trained Social and Occupational Welfare Workers and are all professionally supervised; with SAWWs being professionally supervised by qualified Social Workers. The service is Army-wide, which enables consistent support when families move location. AWS PS provides advice and support to soldiers and families who are experiencing difficulties arising from personal relationships, separation, loss and bereavement, child and social problems. In addition to this AWS is responsible for advising the Chain of Command on all welfare issues.

The AWS is the Army's representative in all matters of Child Protection and is responsible for notifying the Army Staffing Personnel when a child is subject to and removed from a child protection plan.

Unlike the UWOs, S/AWWs have received significant training in supporting personnel with personal or family difficulties; and also have received a significant level of training in Child Protection. S/AWWs participate fully and regularly in CPCCs and the decision-making process; and are experienced in CP procedures. They are also able to advise the CPCC on the structure of the Armed Forces and who else might be relevant to engage with or hold important information in relation to safeguarding (for example Armed Forces' Medical Officers, Mental Health Social Work Team). The Armed Forces representative acts as a gateway to understanding the military environment, in order to fully assess the risks to children and to ensure effective safeguarding.

Whilst Army representation is not always limited to these 2 roles, these personnel have the most consistent presence at Conferences in the UK. Other agencies such as the British Forces Social Work Service (who provide a statutory Social Work service on behalf of the Armed Forces overseas) may also be in attendance when a family has transferred in from abroad and where there have been child protection concerns.

It is recognised that Armed Forces representation can appear complex within the CPCC arena. AWS PS is happy to provide any further advice in this area. If you have any queries, please direct them to the AWW in attendance or the local AWS team.

Local authorities with enquiries or concerns regarding child protection or the welfare of a child from an Army family should contact:

The Intake and Assessment Team(IAT)
Tel: (Civ): 01904 882053
AWS-HQ-IAT-PS@mod.uk

**Royal Air Force**
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 SSAFA-Personal Support and Social Work 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.

Interim measure:- SSAFA Social Work Adviser at RAF Lossiemouth
(Tel No: 01343 817759).

**Service families overseas**
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).

The MoD funds the British Forces Social Work Service (BFSWS) overseas which is contracted to SSAFA 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.

Larger overseas commands issue local child protection procedures, hold a command Child Protection Register and have a command Safeguarding Children Board.

Highland Council Care and Learning local Family Team Practice Leads for Care and Protection should ensure that SSAFA (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.

Local authorities and other agencies should be aware of Service Sexual Prevention Orders (SOPOs) which place conditions (i.e. prohibitions and positive obligations) on those subject to the Orders and are made for the purposes of protecting members of the service community outside the UK.

In the interests of the child, SSAFA, 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.

All referrals should be made to:

The Director of Social Work
Health and Social Care
Queen Elizabeth House
4 St Dunstan's Hill
London
EC3R 8AD
Tel: 020 7403 8783 Fax: 020 7403 8815

For the Royal Navy and Royal Marines:
RNRM Welfare Portal Team
Swiftsure Block
HMS NELSON
PORTSMOUTH
PO1 3HH
Tel: (Civ): 0044 (0)2392 728777 Fax: (Civ): 0044 (0)2392 725082
E-mail: navypers-welfare@mod.uk

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.

## SECTION 10: The Child Protection Register and the role of the Keeper of the Register

### 10.1 Management of the Child Protection Register

Local authorities are responsible for maintaining a central register of all children who are the subject of a multi-agency child protection plan. In Highland Council, this responsibility lies with the Care and Learning Service.

All partner agencies are encouraged to use the Register.

The Child Protection Register provides a record of children who require a multi-agency plan to reduce the risk of significant harm. It is a way of highlighting for professionals those children who have a protection plan. The Register provides a central point of enquiry for any professional staff who are concerned about a child.

The Child Protection Register is maintained on the Council CareFirst management information system. The Resource Manager (Child Protection), who is the Keeper of the Register, has responsibility for the management of it.

Enquiries to the Register should be made to a local Family Team Practice Lead for Care and Protection or the Out-of-hours service, when a professional becomes aware of or is suspicious of child abuse and neglect. A call back system is used to verify the caller's identity and location. All enquiries to the Register are recorded. The caller's name, agency, time, date and reason for the enquiry are noted.

### 10.2 Transferring children within the Highland area

If a child on the Register moves to another area in Highland, the Lead Professional must tell the Practice Lead for Care and Protection about the change of address. The Practice Lead for Care and Protection must notify their counterpart in the new area and must update the record on CareFirst, and also alert key staff in other agencies/services by phone.

The Practice Lead for Care and Protection will e-mail and message the Keeper of the Register about any change. The Keeper of the Register will notify in writing to the new area the change of address and the new Practice Lead for Care and Protection will take appropriate action to ensure their part of the protection plan is met. The receiving Practice Lead for Care and Protection must make arrangements to ensure a continuous service.

### 10.3 Transfers between Local Authority Areas

A child who is the subject of a Child Protection Plan may move with his or her family to another local authority area. The **originating local authority** will notify the **receiving local authority** immediately and follow up the notification, in writing, to the Keeper of the Register (or equivalent) and the relevant team.

Unless and until there is a formal 'transfer in' meeting, the child's name remains on the child protection register of the originating authority. The child's name should also be held on the receiving authority's child protection register on temporary status.

The originating local authority is responsible for leading on the assessment of the impact

of the relocation on the nature and level of risk of significant harm. This may include a formal review by the originating authority of the Child Protection Plan in advance of the relocation. It would be best practice for an appropriate member of staff from the receiving authority to attend the review.

During any period of temporary notification on the child protection register, the receiving authority should be a partner to the originating authority's Child Protection Plan. This should incorporate a clear description of the receiving authority services' contribution to the Plan and of how the authorities will work together to protect the child.

If the originating authority concludes that the risk is continuing or is increased and the relocation is not short term, the receiving authority is responsible for convening the Child Protection Plan transfer meeting. This should be held within the timescales of the receiving local authority's initial Child Protection Plan Meeting/Case Conference arrangements but within a maximum of **21 calendar days.** The transfer meeting should be attended by relevant professionals from the originating authority. At the very least this should include the outgoing Lead Professional. It may be expedient to convene the transfer meeting process as an immediate outcome of the originating authority's review of the Child Protection Plan.

A formal 3 month review by the receiving authority of the Child Protection Plan should be the first time that de-registration or re-registration is decided.

When a child and his or her 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 follow the child; or
- if the child is subject to a Supervision Requirement, the case records and/or file needs to follow child.

### 10.4 Transfers into Highland of children registered in another area

Children on another child protection register who move into Highland must be made known to the Keeper of the Register and to the Practice Lead (Care and Protection) of the locality they are to live in Highland.

The Practice Lead for Care and Protection must check that the other services in Highland know about such children, and in particular the Named Persons.

Health and education services in Highland should receive or obtain information from the corresponding services in the originating authority.

The Practice Lead (Care and Protection) is responsible for ensuring appropriate representation at any review arranged by the originating authority.

The Practice Lead (Care and Protection) is responsible for arranging the meeting to confirm the transfer of the full registration and Child Protection Plan to Highland. The formal transfer process must be concluded as soon as possible and **within 21 calendar days**.

The first review of the Child Protection Plan should be **3 months** after the transfer.

### 10.5 Transfers from Highland to another local authority area of registered children

When a child and his or her family is moving from the Highland area, the responsible Practice Lead for Care and Protection must let the Keeper of the Register know. He or she will then contact the Keeper of the Register in the new area to which the child has moved. *(Beyond Scotland, where this post title no longer exists, the matter should be referred to the relevant Director of Children's Services.)*

It is the responsibility of the Practice Lead for Care and Protection to convene a review Child Protection Plan Meeting, as outlined in 10.3 above. It is also the responsibility of the Practice Lead for Care and Protection to pass all necessary social work information, including the social work file and the protection plan, to the receiving authority. Education and health services should also make the necessary information available to the receiving authority.

During any period of temporary notification on the receiving authority's child protection register, those local agencies should be partners to the Child Protection Plan led by Highland. Documentation should incorporate a clear description of the receiving authority's contribution to the Child Protection Plan and of how the authorities will work together to protect the child.

For a child who is relocated permanently, the receiving authority should arrange a transfer meeting as soon as is practical **within 21 calendar days.** The outgoing Lead Professional and/or Practice Lead (Care & Protection) .from Highland must attend. Other relevant professionals may also attend

### 10.6 All children moving into Highland

**All** services becoming aware of children moving into Highland should request relevant records, where appropriate, and check with their counterparts in the originating area whether the children were known to social work services.

**Where it is discovered that there has been past or current involvement the local Practice Lead for Care and Protection must be informed.**

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).

**All services** should consider the appropriate method for sharing information with professional colleagues to help the child and his or her family in their new area. The Named Person provides a consistent point of contact for children moving between Scottish local authority areas.

### 10.7 Missing children and families

There are many innocent reasons why a child or family may appear to be missing and this is often down to communication issues with families.

All agencies should have procedures for dealing with missing children and families, within their particular settings. Highland has an agreed Missing Family Alert (MFA) protocol where agencies and services work together when concerns arise about the

whereabouts of children, families and pregnant women. This is a three stage process and if there are any concerns, staff should follow the protocol and contact their line manager or designated person for guidance. They may

- start the procedure for that agency or advise accordingly;
- consider informing the police regarding a missing child.

There is an established process for the management of the transfer of pupils between schools, detailed at paragraph 8.4. There are further procedures where children are absent from school. This process works within Highland MFA protocol.

There is a national process within the NHS for managing the movement of children within Scotland, including missing family alerts; this is stage three of the MFA process. This also includes children with life-threatening conditions requiring treatment on a daily or more frequent basis.

Particular attention should be paid to the early reporting of missing children in the following vulnerable groups:

- a child who is registered on the Child Protection Register is treated as missing if there has been difficulty making contact for over one week and their address is not known;
- a child who is 'looked after' and is believed to have absconded from care is vulnerable to exploitation - this includes children who have a history of running away, being trafficked, being sexually exploited or are vulnerable to exploitation by reason of substance misuse or reduced mental or physical capacity;
- an unaccompanied child who is suspected to be meeting with another person known only from internet contact;
- a child whose parents show strong identification with any cultural group which practices or condones forced marriage, female genital mutilation, honour killing or may be the subject of radicalisation;
- a child for whom there are indicators suggesting possible child trafficking or child sexual exploitation;
- a child with known associations with any individual assessed as 'High Risk' via MAPPA or MARAC arrangements.

Some families will move on from area to area despite their child being on the Child Protection Register. Often it is not known where they are planning to go. It is the responsibility of the local authority from where they have gone missing to try to trace them. When a missing person alert is received from outwith the Highland area, the Keeper of the Register will pass the information on as requested by the notifying Authority.

A database records all received MFAs into Highland for Care & Learning. Practitioners can contact the administrator to check against should they receive a family or child into Highland where it is not clear where they have come from/ or may be missing from. (see MFA protocol: http://www.forhighlandschildren.org/2-childprotection/publications.htm ).

If the Keeper of the Register is asked to let health services know, they will contact the Principal Child Protection Advisor-Health to notify the following, as appropriate all:

- maternity units;
- accident and emergency departments;
- health visitors;

- school nurses;
- mental health nurses;
- addiction nurses.

If a child is found, all missing-person alerts must be cancelled, the police and the agency responsible for generating the alert and the child's Named Person or Lead Professional must be informed.

**SECTION 11:**

**Legislation to protect children**

## 11.1 Introduction

The Children (Scotland) Act 1995 included four provisions for protecting children from harm or establishing whether they may need protection from harm:

- The Child Assessment Order
- The Child Protection Order
- The Exclusion Order
- Emergency child protection measures

Practitioners should be aware that Child Protection Orders, Child Assessment Orders and Emergency Child Protection Measures are now made pursuant to The Childrens Hearing (Scotland) Act 2011. Exclusion Orders will continue to be dealt with pursuant to the 1995 Act. Any practitioner considering applying for any order should consult Highland Council Legal Services.

## 11.2 The Orders

**A Child Assessment Order (S.35 2011 Act)** can only be applied for by a local authority to a Sheriff. It allows the local authority to carry out an assessment of the child's health or development, or the way a child has been treated or neglected, which will inform a decision about whether to take action to protect the child.

Anyone can apply to a Sheriff for a **Child Protection Order (S.37-54 2011 Act).** It authorises (but does not require) the child to be removed to a place of safety or prevents the child being removed from where he or she is being accommodated.

**An Exclusion Order (S.76 to S.80 1995 Act)** may be granted by a Sheriff if a local authority applies to exclude a named individual from the family home in an attempt to separate a child from an alleged abuser. A Sheriff may make a child protection order when an exclusion order is applied for, but not vice versa.

Anyone can apply to a Justice of the Peace for **Emergency Child Protection Measures**. This allows (but does not require) a child to be removed to a place of safety or prevents the child being removed from where he or she is being accommodated.

A police officer may remove a child to a place of safety without authorisation. However, he or she must have reasons for believing that the conditions for making a Child Protection Order are met, and that it is not practical or possible to apply to a Sheriff for a Child Protection Order.

## 11.3 Child Assessment Orders

This order is designed for cases where the situation is not as urgent as in the case of a Child Protection Order, but there is concern about a child's safety or welfare. Professionals may lack enough information to decide whether action is necessary to protect the child. In order to make an application:

- the Local Authority must have reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm or that a child has been or is being neglected and

as a result of that neglect is likely to suffer significant harm;

- the child must be assessed to see whether or not there is reasonable cause to believe that the child is being so treated or neglected; AND
- the assessment is unlikely to be carried out satisfactorily unless the order is granted;
- The main features of the order are:
  - it is limited to no more than three days, and will describe how and by whom the assessment will be carried out;
  - if the child is to be away from home during the assessment, he or she will be 'looked after' by the Local Authority who will have a duty to promote and protect the child's welfare and promote contact between the child and his or her family;
  - if the assessment is to be carried out away from the child's home, the order should contain details of contact which the Sheriff approves; and
  - if the Sheriff considers that the conditions for making a Child Protection Order are satisfied, he or she may make a Child Protection Order instead of a Child Assessment Order.

The Child Assessment Order does not reduce the child's rights to refuse medical treatment or procedures as determined by the Age of Legal Capacity (Scotland) Act 1991. This is the case for all emergency applications.

### 11.4 Child Protection Orders

Any person may apply for a Child Protection Order under S.37 (1) 2011 Act. The order may be granted pursuant to section 39 if there are reasonable grounds to believe that a child:

- has been or is being treated in such a way that the child is suffering or is likely to suffer significant harm;
- the child has been or is being neglected and as a result of the neglect the child is suffering or is likely to suffer significant harm
- the child is likely to suffer significant harm if the child is not removed to and kept in a place of safety; or
- the child is likely to suffer significant harm if the child does not remain in the place at which the child is staying (whether or not the child is resident there) AND
- a Child Protection Order is necessary to protect the child from that harm or from further harm.

In addition, the Local Authority may also apply for a Child Protection Order under S.38 2011 Act. The order can be granted if the local authority has reasonable grounds to suspect that:

- the child has been or is being treated in such a way that the child is suffering or is likely to suffer significant harm;
- the child has been or is being neglected and as a result of the neglect the child is suffering, or is likely to suffer, significant harm or
- the child will be treated or neglected in such a way that is likely to cause significant harm to the child AND
- the Local Authority is making enquiries to allow it to decide whether it should take any action to safeguard the welfare of the child or is causing those enquiries to be made; AND
- those enquiries are being frustrated by access to the child being unreasonably denied AND
- the local authority has reasonable cause to believe that access is required as a

matter of urgency

The order is limited in duration, and can only be extended by a Children's Hearing taking place on the second working day after its implementation. The Sheriff must consider whether to include a contact direction in the order and can give directions to a person with parental rights and responsibilities concerning how these rights should be exercised which can include the need for a Child to have medical or psychiatric examinations, assessments or treatments.

The person applying for the Child Protection Order must give notice to the Children's Reporter. If the Reporter considers that the conditions for making a Child Protection Order (or any condition attached to it) are no longer satisfied, he or she may terminate the order (or the condition) without referring to the Hearing. In these cases, the Reporter must inform both the person who applied for the order and the Sheriff.

It is possible to apply to the sheriff to vary a child protection order prior to the second working day hearing. However if such an application is not made and the Children's Reporter has not exercised his power to terminate the order pursuant to section 53 of the 2011 Act an initial Children's Hearing will be arranged for the second working day after the Child Protection Order is put in place. If the Child Protection Order is not continued, the child will return home. If it is continued, either unchanged or varied, the Reporter will arrange for a further Children's Hearing to take place on the eighth working day after the order was put in place. This hearing must consider the Grounds for Referral drafted by the Reporter.

A Child Protection Order automatically ends if no attempt is made to implement it within 24 hours from the making of the order.

A child subject to a Child Protection Order who is removed to a place of safety provided by the local authority is considered, in law, to be being looked after by the local authority.

### 11.5 Exclusion Orders

The conditions the local authority must meet for an Exclusion Order are if:

- the child has suffered, is suffering, or is likely to suffer, significant harm as a result of the behaviour of the person named in the order;
- the order is necessary to protect the child; and
- the order would better protect the welfare of the child than removing him or her from the family home.

Before the Sheriff makes a final Exclusion Order, he or she may grant an interim Exclusion Order, with the power to grant warrants and interdicts (these also apply to a final Exclusion Order).

Before the Sheriff grants a final Exclusion Order, the person to be excluded must have the opportunity to be heard by, or represented before, the Sheriff.

The Exclusion Order is a civil order and so does not mean the person named in it is either innocent or guilty of any crime.

### 11.6 Emergency Child Protection Measures

A Justice of the Peace can, on an application, by any person make an emergency order permitting a child to be kept in a place of safety for a period up to 24 hours pursuant to

section 55 of the 2011 Act. A police constable may remove a child to a place of safety for a period up to 24 hours pursuant to section 56 of the 2011 Act.

Emergency child protection measures can be considered if:

- the conditions for making a Child Protection Order under S.39(2)(a) 2011 Act are satisfied (and in the case of an application by a local authority if the conditions set out in s38(2) are met) and
- it is not practicable or possible in the circumstances, for a Child Protection Order application to be made to the Sheriff.

If a Justice of the Peace grants authorisation, the measures may:

- require the child to be produced;
- authorise the prevention of the removal of the child from the place where he or she is being accommodated; or
- authorise the person applying to remove the child to a place of safety and keep him or her there until the authorisation ends.

There are very strict time limits. Any authorisation by a Justice of the Peace ends 12 hours after being granted if, within that time, arrangements have not been made to implement the order. If arrangements have been made authorisation ends 24 hours after being granted.

A police officer may remove a child and keep him or her in a place of safety for up to 24 hours if the police officer has reasonable cause to believe:

a) the conditions for making a Child Protection Order pursuant to section 39(2) (a) are met;
b) that it is not practicable or possible to apply for such an order from a Sheriff or for the Sheriff to consider an application; and
c) it is necessary to remove the child in order to protect the child from significant harm.

Such emergency authority to keep a child in a place of safety ends when someone applies to the Sheriff for a Child Protection Order

### 11.7 Duties of constable where child removed to place of safety

The rules concerning the duties of a police constable who has removed a child to a place of safety are set out in The Children's Hearings (Scotland) Act 2011(Child Protection Emergency Measures) Regulations 2012.

**Regulation 10**

As soon as reasonably practicable after a child has been removed by a constable to a place of safety under Sec 56(1) of the 2011 Act, a constable must take such steps as are reasonably practicable to inform the following persons of the matters specified in Regulation 11 below:

(a) any relevant person in relation to the child;
(b) any person, other than a relevant person, with whom the child was residing immediately before being removed to the place of safety;
(c) the local authority for the area in which the place of safety to which the child has been removed is situated;
(d) where not falling within para (c) above, the local authority for the area in which the child is ordinarily resident;

(e) the local authority for the area in which the child was residing immediately before being removed to a place of safety (where they are not the authority under (c) or (d) of this regulation);
(f) the Children's Reporter.

**Regulation 11**
The following matters are specified as matters on which the persons mentioned in Regulation 3 above are to be informed:
(a) the removal of the child by a constable to a place of safety;
(b) the place of safety at which the child is being, or is to be, kept;
(c) the reasons for the removal of the child to a place of safety; and
(d) any other steps which a constable has taken or is taking to safeguard the welfare of the child while in a place of safety.

**Regulation 12**
Where a constable informs persons in accordance with Regulation 10 above he/she may, where he/she considers it necessary to do so in order to safeguard the welfare of the child, withhold from those persons any of the information specified in Regulation 11(b) and (d) above.

**Regulation 13**
Where a child has been removed to a place of safety by a constable under Section 56(1) of the 2011 Act, a constable keeping him/her in a place of safety can only continue to so keep him/her only so long as he/she has reasonable cause to believe that
(a) the conditions for the making of a Child Protection Order laid down in Section39(2) of the 2011 Act are satisfied; and
(b) it is necessary to keep the child in a place of safety in order to protect him from significant harm (or further such harm).

### 11.8 Agreement to medical examinations and treatment

The Age of Legal Capacity (Scotland) Act 1991 provides that a person under the age of 16 years shall have legal capacity to consent on his or her own behalf to any surgical, medical or dental procedure or treatment, including psychological or psychiatric examination, where, in the opinion of an attending qualified medical practitioner, he or she is capable of understanding the nature and possible consequences of the procedure or treatment. Children who have the legal capacity may withhold their consent. Even if ordered by a Children's Hearing, medical examinations are governed by the provisions of the Age of Legal Capacity (Scotland) Act 1991.

## SECTION 12: Special Circumstances

### 12.1 Allegations against staff

Allegations of abusive or harmful behaviour towards children can be made against staff in any agency that works with children. These may be raised by the children themselves, by parents, members of the public, other members of staff or external professionals. Each agency should have systems in place to facilitate the reporting of child protection concerns, including a whistle-blowing policy to protect staff who report colleagues.

Each agency requires to have guidance about how an allegation is managed and investigated, which will need to include the provision for precautionary suspension or removal from direct contact with children. In these circumstances, advice may be available from police or social work. Note should be taken of the particular requirements set out in paragraph 12.15.

Where an allegation is made against a member of staff in relation to their life outside their employment, employing agencies will need to consider what precautionary or other action is appropriate within their own Human Resources policies, bearing in mind the provisions of the Protection of Children (Scotland) Act 2003 and the Protection of Vulnerable Groups (Scotland) Act 2007.

Where anyone has a concern about a member of staff in relation to their employment, this should be raised with their immediate line manager or another senior manager. That person will have responsibility for considering, with advice from more senior managers if need be, whether the Police or Social Work Service should be contacted. If the matter is considered a child protection issue, the procedures set out in this guidance should be followed.

Under the Protection of Children (Scotland) Act 2003, an organisation has a duty to refer to Ministers any person working in a child care position who harms a child or puts a child at risk of harm and is dismissed or moved away from access to children as a consequence. This applies even if the person has left the organisation prior to the outcome of the allegation or incident being decided.

When a referral is made, the Ministers will consider the evidence and decide whether to include the person on the 'Disqualified from Working with Children List'.

Despite these provisions, it is not unknown for malicious allegations to be made against staff. Agency procedures for the management of allegations should include provision for the on-going support of staff, against whom allegations have been made, during the investigation process. Where the line manager is involved in the investigation, provision should be made for support through an alternative, uninvolved, manager or appropriate external body, e.g. a Trade Union or an Occupational Counselling Service.

- Allegations against Residential Workers: Guidance on How Agencies Should Respond: http://www.gov.scot/Publications/2011/03/18100100/2

- Handling Allegations Against Members of School Staff – Guidance Note )September 2011): http://www.careinspectorate.com/images/documents/114/Teacher%20Anonymity%20-%20Guidance%20Note%20for%20issue%20to%20Directors%20(280911).pdf

- NHS Scotland - Management of Employee Conduct PIN Policy (April 2012): http://www.careinspectorate.com/images/documents/114/Teacher%20Anonymity%20-%20Guidance%20Note%20for%20issue%20to%20Directors%20(280911).pdf

**12.2 Supporting staff involved in child protection issues**

Staff who become closely involved in child protection procedures contribute to decisions that make a profound impact on the lives of children and whole families. Accordingly, at times, staff may feel a strong emotional response including frustration, anger, or even guilt about these issues. Agencies have a duty of care towards their staff, and welfare and support systems should be in place to help staff cope with these issues.

**12.3 Allegations against foster carers**

The Children's Service has explicit guidance found in the Fostering procedures to deal with allegations against foster carers. This includes the necessary support for any carers who are the subject of allegations.

The guidance issued by the Scottish Government in 2013 should also be referred to: "Managing Allegations against foster carers and approved kinship carers – How agencies should respond".

http://www.scotland.gov.uk/Publications/2013/05/7759/5

If an allegation against a Foster Carer is made, the Practice Lead Care & Protection who has responsibility for the case management of the child/ren must be informed. Out of hours, the Emergency Services Co-ordinator should be informed.

The Practice Lead Care & Protection should inform the relevant Fostering & Adoption Team Manager, Manager Fostering & Adoption and Area Children's Service Manager for the child. The Area Children's Service Manager should determine whether children need to be moved from their placement.

The Area Children's Service Manager is also responsible for considering whether the Police should be contacted.

If the matter is considered a child protection issue, the procedures set out in this guidance should be followed.

Consideration may also need to be given to other children in the household or previously in the household.

**12.4 Abuse by children or young people**

Any case where a child or young person is alleged to have abused another child is serious. It requires sensitive, careful investigation and action. Both the alleged victim and the alleged perpetrator are children, and both may have significant needs. Each must be considered separately.

The overall enquiry must be carried out under the child protection procedures set out in this guidance. The procedures as set out from Section 4.6 for Joint Enquiry and Joint

Investigative Interview apply. The Planning Meeting must focus on what immediate action is required to support both the alleged victim and the alleged perpetrator.

The alleged victim

Enquires, assessment and the identification of appropriate support must be carried out using the normal child protection procedures identified in this guidance.

The alleged perpetrator

There are three important elements to providing appropriate support to this child, and addressing any risk s/he may pose:

- investigation of the alleged abuse and any offence that may have been committed;
- assessment of the child, the child's needs, and any risk s/he may pose;
- supporting the child, and addressing those needs and risks.

Initial action on each element must be agreed at the Joint Enquiry Planning Meeting. As the Youth Action Service will normally have lead responsibility for assessing and supporting a child who is alleged to have abused another child, the responsible Practice Lead for Care and Protection must at the earliest possible stage consult with the appropriate local Practice Lead Youth Action to ensure prompt, co-ordinated action, and clarity about who is to be responsible for what.

Investigation

The child who is suspected of having committed offences against another child will be dealt with as a suspect within the police investigation. As such, any Interview of that child as a suspect will be conducted by two police officers, and not jointly with a Social Worker, albeit the overall enquiry will be jointly investigated. The standard guidance applies regarding the conduct of any such Suspect Interview of a child, any possible detention of that child, and the reporting of any alleged offence to the Children's Reporter, and in particularly serious cases jointly to the Reporter and the Procurator Fiscal.

The interview must be in the presence of a Parent, Guardian or other Responsible Person to ensure the child suspect is supported, is aware of their rights, and understands the questions put. The individual cannot be someone connected with the case either as another suspect or as a potential witness. A Social Worker may need to be present to fulfil this role if family members are potential witnesses, although it cannot be the Social Worker who has conducted the joint interview of the alleged victim.

The Joint Enquiry Planning Meeting must consider what support the child requires prior to and after the Suspect Interview.

Assessment

The Practice Lead for Care and Protection and the Practice Lead Youth Action must carry out an early assessment of the immediate needs of the alleged perpetrator, and the risk they may pose to others.

More detailed assessment must follow, as appropriate. Again, the Youth Action Service will normally be responsible, and an initial ASSET assessment will often lead to more specialist assessment – SAVRY where physical abuse is alleged; AIM where sexual abuse is alleged. The G-Map programme will usually be used to identify how best to manage and reduce the risks identified.

Where the seriousness of the alleged offence(s) or the risk the child presents is assessed as high, referral to a Forensic Psychologist will need to be considered.

Assessment must look at the child 'as a whole'. The focus is on identifying: the child's needs; any risks s/he may pose to others; and the most effective ways of addressing those needs and risks.

The fact that either the Children's Reporter or the Procurator Fiscal may initiate formal proceedings alleging that the child has committed an offence should not be a bar to prompt, effective assessment and action. In particular:

- Assessment and action should not be delayed pending any formal proceedings;
- Any professional carrying out assessment should explain to the child and any relevant persons:
  - what the purpose of the assessment is;
  - that although the information gathered is generally confidential, anything specific that the child discloses about the alleged abuse or other incidents of concern may need to be passed to other professionals;
  - that the child is not required to answer questions during the assessment which s/he would prefer not to answer;
- In cases where part of the assessment cannot be completed because of a child's unwillingness to discuss specific elements of any alleged abuse, that should not be a bar to carrying out as thorough an assessment as is possible in the circumstances.

During the course of any assessment, no pressure should be placed upon the child to disclose information.

Planning

A child who is alleged to have abused another child will require effective planning to address their own identified needs and any risks they may pose to others. Any necessary Child Protection Plan Meeting must be held separately from any meeting held concerning the alleged victim, and must identify effective action to address the child's needs and any risks s/he may pose. The normal elements of assessment and planning set out within the Highland Practice Model apply, and there needs to be a particular focus on:

- the alleged abusive behaviour, and the context in which it took place;
- the child's level of understanding and view of that alleged behaviour;
- the approach being taken by the child's carers;
- the findings from any specialist assessments conducted to date;
- any further specialist assessments that may be required;
- any potential abuse of the child him/herself, past or present;
- the support and services required to meet the child's needs and address any risks posed by the child;
- the impact on the child of any possible community knowledge of the alleged abuse, and how to address it;
- the need for compulsory measures of supervision to address the abusive behaviour and any other identified needs;
- the potential impact of any formal legal proceedings on the child (A Children's Hearing; Proof proceedings before the Sheriff; A criminal prosecution);
- whether referral should be made to the Children's Reporter. The police will have already made an initial referral to the Reporter (and, in particularly serious cases, the

Procurator Fiscal), but the Child Protection Plan Meeting needs to come to a clear, evidenced decision as to whether compulsory measures may be required.

As with assessment, any formal proceedings should not be a bar to prompt, effective action to address the child's needs and any risks s/he may pose.

Investigation where a child suspected of abuse is identified as having suffered possible abuse

Where it emerges that a child alleged to be a perpetrator of abuse is also a possible victim of abuse, the procedures set out in this guidance from Section 4.6 will apply, with any necessary Joint Interview of the child as a potential victim carried out independently of their interview as a suspect. Decisions as to which of the two investigations takes precedence at any stage must be taken jointly by the Police and Social Work Services, and will depend on a dynamic assessment of the relative seriousness of the allegations being made, how quickly action is required to address the concerns identified, and the needs of the child.

## 12.5 Under-age sexual activity and pregnancy

While every case of under-age sexual activity or under-age pregnancy does not automatically constitute child abuse, it should be recognised that children involved in sexual activity under the legal age of consent are entitled to the protection offered in terms of these guidelines and the law itself. Children and young people cannot consent to their own abuse and exploitation.

In cases where there is a report of under-age sexual activity or pregnancy, careful assessment must be made whether or not that child is at risk through an inappropriate sexual relationship, whether a crime has been committed against that child and whether there is any possibility the child may have been exploited. Consideration should also be given to the need to provide support and services to the young people who are involved.

While each agency, service and each practitioner has got particular responsibilities, detailed in codes of conduct or legislation, all will need to ensure that the wellbeing of any child is paramount. Practitioners should also be aware of the risks presented to other children by any male or female who has been involved in underage sexual activity.

As detailed in this Guidance, practitioners who have concerns about possible abuse must discuss these with their managers. Further to any referrals, there will be police and Family Team Lead Practitioner for Care & Protection consideration of the appropriate course of action. (See section 4.6 above)

When police are made aware of these types of incidents they should be considered and managed in a professional and sensitive manner. Early supervisory involvement is essential to ensure that the police response is appropriate. An immediacy of response is not always required and in these instances a staged and planned multi-agency response is seen as providing the optimum model so that all aspects are considered and the needs of the child (ren) are met.

This area remains challenging and national guidance *"Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns"* has been produced to assist professionals dealing with these matters. In

addition, NHS Highland, together with its partners on the Child Protection Committee, has developed a web-based ethical decision making tool to ensure that the needs of children are addressed. This can be found at: www.husp.org.uk

Where a child is displaying harmful or problematic sexual behaviour there is specific guidance in the National Guidance for Child Protection in Scotland (2014) (pages 113 – 135) http://www.gov.scot/Resource/0045/00450733.pdf See also Section 12.4 above.

### 12.6 Looked after and accommodated children

The Resource Managers for Residential Care and Fostering & Adoption have responsibility to ensure the protection of children living in these settings.

Residential staff and foster carers should be supported by training and relevant materials. In addition:

- all personnel, whether staff or volunteers, permanent or temporary should be checked using Highland Council's vetting procedures;
- foster carers and residential establishments should have clear child protection guidelines and must be kept up to date with child protection procedures;
- children should be told about any complaints procedure and how to use it;
- any child or young person who makes an allegation should be offered the services of an independent advocate;
- all professionals who have contact with looked after children should be aware of their role in identifying and reporting abuse.

Where any member of staff in any agency has reason to believe that a child, including anyone who is accommodated in a care placement, is being, has been, or is likely to be, abused, by any source including abuse by other children, they will immediately inform their line manager.

The line manager will immediately advise the child's Lead Professional, or if not available, the Practice Lead Care & Protection where the child normally resides. If necessary, this may be the Emergency Services Co-ordinator. Note should be taken of the particular requirements set out in Section 12.1.

In the case of concerns about a child who has abused another child, the line manager will immediately inform the child's Lead Professional or Practice Lead Care & Protection (or if necessary, the Emergency Services Co-ordinator) and the procedures in Section 12.4 will apply.

In situations where there are significant concerns about child safety or the investigation of a crime where children are living together, it may be necessary to consider temporary changes of placement for some children. The possibility that there may be concerns about other children currently or formerly living in the establishment or foster carer's household should always be considered.

### 12.7 Short-term Refuge

Local authorities and persons operating residential establishments may provide short-term refuge in designated or approved establishments and households for children who appear to be at risk of harm and who request refuge. Refuge will provide children with

somewhere safe to stay and access to advice and help for a short period, in order to resolve the crisis which led to the child seeking refuge, and to reconcile him or her with family or carers or to divert the child to other suitable services or accommodation.

A child may be provided with refuge for a period not exceeding seven days. In exceptional circumstances prescribed in the regulations, refuge may be extended for a period not exceeding fourteen days.

### 12.8 Children who are affected by disability

Whilst disabled children are likely to suffer much the same abuse as other children, research suggests that disabled children are 3 to 4 times more likely to be abused than non-disabled children (Sullivan & Knutson, 2000). Research has also shown that children with communication impairments, behavioural disorders, learning disabilities and sensory impairments are particularly vulnerable (Stalker et al, 2010), (Spencer et al 2005). The most common forms of abuse experienced by disabled children are neglect and emotional abuse, although they may experience multiple abuses. Disclosing abuse can be more difficult for children who have a wide range of communication styles, and this can be more problematic if a perpetrator is also in a trusted role (Hershkowitz et al, 2007).

Ensuring disabled children's wellbeing is everybody's responsibility and an awareness of what constitutes best practice is essential. It is critical that all practitioners are aware of the potential vulnerability of disabled children and of what constitutes best practice in protecting them from the risk of abuse and neglect.

Disabilities come in many forms and the effect on the child will vary considerably. Children who are affected by disabilities are among the most vulnerable and yet professionals often experience barriers in their thinking in relation to protecting them from abuse or investigating or enquiring into circumstances where they may already have been abused. Practitioners from all agencies/disciplines must be aware of the values, attitudes and beliefs that lead to denial or minimisation of the impact of abuse and neglect in relation to a disabled child, as this can lead to a failure to respond and/or report abuse or neglect.

Staff involved in making enquiries or investigations may not have an in-depth knowledge of disabilities, or how the child's disability may challenge the usual interviewing techniques. At a very early stage contact should be made with professionals who can:

- give you information about the child and their disability;
- give you advice about potential difficulties in relation to interviews or other aspects;
- make links with other professionals in a particular field where specialist knowledge, input or advice is needed.

These specialist staff can advise on how to tailor an enquiry - including the physical setting - to the child's particular needs to make the experience as suitable and as comfortable as possible for all involved.

More time will be needed during the planning phase to gather and assess information from all relevant sources. If a need for a facilitator/intermediary is identified, additional time will have to be set aside to ensure they are clearly briefed about their role and remit for the interview. This will require some flexible scheduling, not only for planning meetings but also for the interview itself.

When looking at the child's disabilities, the focus should always be: "So what are their *abilities*?" Even if the child cannot communicate through the usual communication channels, this should not prevent investigative agencies from attempting to obtain their account of the event (i.e. the child should not be automatically excluded from the investigative process).

Where there is to be a police investigation into allegations of abuse or neglect of a disabled child, those undertaking such investigations should not make presumptions about the ability of the child to give credible evidence. All such investigations should be undertaken in accordance with Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland (Scottish Government, 2011) and the use of special measures for vulnerable witnesses with special support needs in the guidance pack on the Vulnerable Witnesses (Scotland) Act 2004 (Scottish Executive, 2006).

When planning interview for a child with disabilities, take account of the following:

- Any facilitator/intermediary should ideally be independent of the child, and have adequate training. However, in some cases, for instance with a very young child with an impairment, sometimes the only person with whom the child will, and can, communicate successfully is the person to whom they are closest and with whom they are most familiar. Whatever, this person should always be clear about their interview role.
- If communication boards or signing are to be used, interviewers should ensure that they can provide the appropriate vocabulary that the investigative team may need to use.
- The interview room should take place in a suitable setting - i.e. one able to accommodate any equipment (e.g. a wheelchair), free from distractions and noise, have good lighting, etc. Seating arrangements should accommodate the needs of the child.
- The facilitator/intermediary should be introduced to the child and take full part in rapport building. However, the child should be made aware that the police officer or social worker is the lead interviewer and that all responses should be directed towards them, not the facilitator/intermediary.
- Instructions may have to be broken down into smaller points and the length of questions should also be adjusted accordingly.
- Children with learning difficulties may not always respond to open-ended questions. That being the case, begin with a specific question and then follow it with an open question. Interviewers should still take care to avoid leading the child or influencing their responses.
- With certain conditions, e.g. deafness, children may struggle with abstract concepts (including "trust", "yesterday", "tomorrow", "hot", "cold", "soft") therefore the investigative team will need to consider carefully how to frame questions.
- Children with additional needs may have a shorter attention span and may require more breaks and shorter sessions.

Further considerations are detailed in: National Guidance for Child Protection in Scotland 2014: Additional notes for practitioners: protecting disabled children from abuse and neglect (May 2014) http://www.gov.scot/Publications/2014/05/3076

There is additional Highland Council guidance for staff who provide intimate care for children.
http://www.highland.gov.uk/download/downloads/id/155/intimate_care_for_children_and_young_people

### 12.9 Very young children

Many of the points that apply to children with additional needs may be relevant when interviewing very young children. Additional considerations for this group include the fact that very young children can be very attached to familiar figures such as a parent. They can be distrustful of strangers and become distressed or avoid contact when left alone in rooms with unfamiliar adults. Unfamiliar surroundings can heighten their distress. Furthermore, pre-schoolers are more used to interacting with adults in play situations rather than serious formal sessions so, again, building rapport will be essential and more time may be needed when explaining the conventions of the investigative interview.

### 12.10 Children with mental health difficulties

In some instances the fact that a child has significant mental health difficulties will be obvious by virtue of the fact that they have contact with services. Other children will have significant mental health difficulties without being in contact with mental health services.

Children who suffer mental health difficulties may present with a range of symptoms and behaviours. At times, these difficulties have their origins in abusive experiences, and the child's behaviours may be their means of managing their distress or keeping themselves safe. Children who have suffered abuse may also experience flashbacks or dissociative experiences which can be triggered during discussion of their abuse, and which can be extremely distressing to the child. Children in this state are extremely vulnerable and may present with inexplicable or challenging behaviours.

Professionals involved in making investigations and decisions pertaining to a child with mental health difficulties, may not have the in depth knowledge of the child's mental health issues needed to understand some of these behaviours. When a child who is thought to have significant mental health difficulties and who is receiving support for these, is the subject of child protection concerns, contact should be made with the relevant specialist mental health professional involved in the child's care. Specialist mental health advice about potential difficulties or risks in relation to interviews etc. should be considered at each decision making stage, so that we most effectively consider the needs of the child at that point and in the future.

### 12.11 Transition between Child Protection and Adult Protection processes

There is a clear need to ensure a consistency of approach and ease of transition between child protection and adult protection processes, especially for young people with disabilities.

This can refer to two separate groups:

1) Those between the ages of 16 and 18 who present as a new case.
2) Those where new concerns are raised in an existing case that is not on the Child Protection Register.

In such cases:

- at the point of referral the relevant Nominated Officer for Social Work and Family Team Practice Lead for Care and Protection, in consultation with colleagues in Health and Police, will agree which guidance would be most appropriate to manage the case;
- whichever guidance is followed, the initiation of the procedure should also be flagged in the other system.

(i) Those who are on the Child Protection Register at their 16th birthday. In such cases:

- at the next Child Protection Plan Meeting, where it is determined that the young person should continue to be registered, consideration should be given to which guidance would be most appropriate to manage the case;
- if there is consensus that the adult protection processes should apply, responsibility can only be transferred if formal agreement of the Nominated Officer for Social Work and Family Team Practice Lead for Care and Protection can be confirmed at the meeting or the subsequent core group meeting - these meetings also have the responsibility for agreeing and documenting the necessary transfer arrangements in processes;
- whichever guidance is followed, the initiation of the procedure should also be flagged in the other system.

### 12.12 Foetal and perinatal vulnerability

Some children are placed at risk before or shortly after birth. The local Family Team Practice Lead for Care and Protection should be notified if health professionals or other services anticipate there may be risk after birth, for a child still in utero, even if it means breaching the confidentiality owed either to mother or father.

In addition to following the protocols in such NHS documents as the *Substance Misuse and Pregnancy Pathway* and the *Perinatal Mental-health Good Practice Guidelines*, ante-natal plans should be prepared for Child Protection Plan Meetings in the following situations:

- where either prospective parent is a schedule 1 offender;
- where there is a history of previous action to protect the children of either parent;
- where parental behaviour places the normal development of the foetus at risk;
- where there has been a previous, unexplained, cot death;
- where this is a first pregnancy, particularly where the parent(s) are very young, for a woman and/or partner who has a history of having been abused or looked after.

The aim of such meetings is to assess parenting capacity and pre/post-natal support needs; and to consider whether the unborn child needs to be placed on the Child Protection Register. It will also discuss if it is safe for the child to go home following birth and consider if there is a need to apply for a Child Protection Order. Care should be taken to encourage positive engagement and to minimise stigmatisation. Early intervention to prepare for the birth is recommended. Multi-agency meetings should be planned for no later than at 28 weeks pregnancy to ensure a Child Protection Plan is in place in sufficient time for possible early delivery. Should late notification of a request for a meeting be made the meeting should take place as soon as possible and within 14 calendar days. Transition plans should be in place from midwife to health visitor, and a review child's plan meeting or core meeting date planned.

### 12.13 Young Carers

Children and young people may become the primary carer in a family as a result of a parental illness (physical or mental) or addiction. As a result of having inappropriate responsibility, the young carer's own health and development may be seriously impaired.

Young carers are entitled to a carer's assessment if they are providing substantial and regular care, but they are also entitled to have their needs assessed as vulnerable children and young people. Either assessment should consider the impact of their situation upon their health and development and whether they are being exposed to any undue risk e.g. exposure to violence, drug abuse etc.

### 12.14 When the Child's first language is not English

A child should, wherever possible, be interviewed in their first language (or, if bilingual, the one of their preference). Only in special circumstances, i.e. where an interpreter is not available and there is an immediate need to talk to the child, should an exception be made. Interviewers should be aware that some children who use English every day, for example at school, may revert to using their native language for certain terms, e.g. parts of the body.

If an interpreter is required, then they should be someone independent of the child's family and community. They should be fully briefed as to their role and remit during the interview and to the principles of the phased interview. The interpreter should also have an understanding of the child's cultural context as well as being able to speak the language.

The interpreter should be fully aware that they must translate exactly the interviewer's questions and the child's responses. They should avoid making inferences. Moreover, interpreters should not add in or omit anything; just report what has been said.
If the child has any preferences regarding the interpreter's gender or ethnicity, these should be respected and accommodated wherever possible. This applies for all interview personnel (and also any forensic medical examinations).

### 12.15 Ethnicity

There may be certain barriers to communication other than language. Some children from asylum-seeking families, for example, may have had negative experiences with the authorities dealing with their application (e.g. discrimination, racism, etc.) and may therefore be mistrustful of professional interviewers. Such issues should be treated with due care and consideration.

When interviewing children from different backgrounds and heritage, interviewers might encounter beliefs and values that are different to their own. However, interviewers should never impose any ethnocentric attitudes during an interview. The child's culture and customs must always be respected. The following are some points to consider:

- Certain rituals or customs might affect the scheduling of the interview (e.g. prayer times, holy days, fasting).
- Behaviour towards authority figures can vary from culture to culture. In some cultures it is inappropriate for a child to question anything an authority figure says. In this situation, it is essential that the interviewer makes clear the ground rules described earlier (e.g. where the child should correct the interviewer if they make a mistake).

- Beliefs and practices regarding child rearing can also vary from culture to culture. Interviewers should respect that and avoid passing judgement.
- The issue of shame can be a major determinant of how co-operative the child and their family are with regards the investigation (a child disclosing allegations of abuse might fear retribution from their family and the community).

**12.16 Harmful Cultural Practices**

Whilst it is important to remain sensitive to cultural differences, it is necessary to remain alert to cultural practices that are harmful to children and young people. Practices such as Female Genital Mutilation (FGM) and Forced Marriage are illegal in Scotland and, in those under the age of 16 years, constitute child abuse. It is also illegal to remove a Scottish citizen to another country, where such practices may be acceptable, for the purposes of FGM or Forced Marriage. Local Protocols can be located on: http://www.forhighlandschildren.org/4-icspublication/

Further guidance can be found at:
http://www.gov.scot/Topics/People/Equality/violence-women/forcedmarriage
http://www.gov.scot/Topics/People/Equality/violence-women/FGM

**12.17 Children who may have been trafficked**

Trafficked victims are coerced or deceived by the person arranging their relocation. On arrival in the country of destination, the trafficked victim is forced into exploitation by the trafficker or person into whose control they are delivered or sold.

Any child transported for exploitative reasons is considered to be a trafficking victim, whether or not they have been deceived. This is partly because it is not considered possible for children to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adults. It is important that these children are still protected.

Specific responsibilities of all agencies for trafficked children are set out in Scottish Government Guidance, *"Inter-Agency Guidance for Child Trafficking: Child Trafficking Assessment National Referral Mechanism (2013)"*
http://www.gov.scot/Resource/0043/00437636.pdf

**NB: Notification of suspected trafficking must be made through the Head of Children's Services and the Director of Care & Learning.**

**12.18 Children on international visits**

Children may be abused while visiting countries and communities abroad. The publication *'Protecting Children in the Context of International Visits'* , which previous versions of this guidance referred to, is now seriously out of date and has been withdrawn. Further guidance can be found in the Excursions Guidance 2015 and the Scottish Government's 'Going Out There' guidance.

### 12.19 Fabricated and Induced Illness (FII)

If it is suspected that there may be a diagnosis of FII, the Practice Lead for Care and Protection should work closely with health colleagues and the police. A consultant paediatrician must be contacted for advice and guidance from the outset.

It is important to carefully plan any decision to tell the parents about a diagnosis of FII. The research available shows that the abusing parent is particularly dangerous at the time of diagnosis.

When FII is diagnosed or suspected, particular consideration needs to be given to whether parents should be invited to the Child Protection Plan Meeting.

### 12.20 Abuse by organised networks or multiple abusers

Complicated cases arise in which a number of children are abused by the same perpetrator or many perpetrators. These may involve:

- groups of adults, within a family or a group of families, friends, neighbours and or other social network who act together to abuse children;
- organised abuse by carers, teachers or other workers with a duty of care towards children;
- children recruited for abuse, including prostitution and child sexual exploitation (CSE);
- children recruited for other forms of exploitation, including unregulated employment and criminal activity.

When planning enquiries, a measured approach should be used that takes care not to affect efforts to collect evidence for criminal prosecution of an abuser or group of abusers. A senior officer should act as lead officer for each agency involved, including the Head of Children's Services or a manager of at least Area Children's Services Manager level in social work and Detective Chief Inspector level in the police.

The welfare of any child or children at risk is of paramount importance. Investigations should identify, as far as possible, which children may have been vulnerable to abuse. The plan must reflect the different roles of agencies/services, taking account of the following factors, and ensuring that the welfare of the children is prioritised throughout:

- full information should be shared at regular well-structured briefings;
- there should be a periodic joint review of progress and future plans;
- the need to co-ordinate any interviews, enquiries and assessments to protect evidence and prevent suspects from communicating with each other;
- there should be arrangements in place for communicating with other local authorities or police services;
- there should also be arrangements in place for sharing information with parents and carers.

A monthly area meeting will also be held between the Police and Care and Protection Practice Leads to review any cases of concern in respect of Child Sexual Exploitation. Additionally, quarterly meetings will be held between the Police Missing Persons Coordinator, the Resource Manager for Child Protection, Throughcare and After Care and the Placement Officer, to consider any emerging patterns and trends. These will be reported to the Child Protection Committee.

## 12.21 Digital Technologies

### Online and Mobile Phone Child Safety

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 tablet, a games console or mobile/smart 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 from adults and peers, such as:

- exposure to obscene, violent or distressing material;
- bullying, coercion or intimidation through email and online (cyber-bullying);
- identity theft and abuse of personal information;
- pro-eating disorder, self-harm or suicide sites; and
- sexual exploitation by online predators – for example, grooming – often
- through social networking sites.

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 and sharing this information with the Named Person. 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 suspected perpetrator. In many cases, they will have been targeted because they were already vulnerable.

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. This will include having a clear understanding of normal, age-appropriate sexual development means, in order to better identify those attitudes and behaviours that they should be concerned about.

Services should also consider what risks are posed to the child or young person through the internet, and those that are posed by the child or young person to others. Children, young people, parents, carers and practitioners 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.

The Highland E-Safety Group provides useful information, research and publications for Parents / Carers and professionals to support keeping children and young people safe and address some of the risks outlined above. The Highland E-Safety Group has developed a strategy to support educational approaches for ‘Internet Safety and Responsible Use’ in schools and the wider community. This strategy includes training opportunities and policy development.
The website can be found here www.highlandesafety.wordpress.com

Further information – The Scottish Government Internet safety page.

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 CEOP Safety Centre

WithScotland's *"Keeping Children and Young People Safe Online: Balancing Risk and Opportunity"*

Respectme

Childnet International www.childnet.com

## SECTION 13: Going to Court

### 13.1 Supporting children

At the beginning of a child protection investigation it is always possible that a child may be called upon to give evidence at either a Proof Hearing in the Children's Hearings process or a criminal trial. It is important, therefore, that staff are honest about this possibility with children and parents and carers and reassure them about the process.

If a statement is taken from a child, no matter whether the child is a victim or witness, the parent/carer and child should be given the leaflet 'Children who are Witnesses'. The aim of the leaflet is to help the parent or carer until more formal proceedings begin, and copies are available from all police stations, social work offices, Children's Reporter offices, and Procurator Fiscal offices.

All Highland Procurator Fiscal offices send out letters designed to keep parents and carers fully informed of the progress of any criminal proceedings. Once either the Procurator Fiscal or the Children's Reporter formally cites a child, they will also be given a booklet (or a web link to the electronic booklet) giving details of the process ahead more fully.

A series of electronic publications provide guidance on how to provide support to vulnerable witnesses before, during and after any court proceedings. These include:

- special Measures for Vulnerable Adult and Child Witnesses, a guidance pack;
- code of practice to facilitate the provision of therapeutic support to child witnesses in court proceedings;
- information about Child, Young and Vulnerable Witnesses to inform decision making in the legal process.

### 13.2 Criminal injuries compensation for victims of child abuse

The Criminal Injuries Compensation Scheme provides payments to compensate victims of violent crime and is managed by the Criminal Injuries Compensation Authority.

The 'Tariff Scheme', managed by the Criminal Injuries Compensation Authority (CICA) was introduced on 1 April 1994. This is based on a tariff or scale of awards, which are grouped together into 25 bands of severity which can be compared.

Local authority Children's Services have a 'duty of reasonable care' towards any child with whom they are involved. This includes all children whose cases are considered by child protection plan meetings and others where a service has been involved in their care.

The duty of reasonable care includes taking steps to protect the child's estate and to take any steps to increase the child's estate. Family Teams will probably be involved with most, if not all, of the known or suspected victims of child abuse. Part of the duty of reasonable care held by social work services is to advise victims and their carers of the existence and relevance of the CICA and give them guidance on how a claim to the CICA is made.

Any child or adult not given this advice may have a claim against the Social Work Service for loss suffered as a result of a service's professional negligence at any time in failing to provide advice about the scheme. Practice Leads for Care and Protection are

responsible for considering the relevance of an application to the CICA for every eligible child a member of their team is working with.

This could include some children not placed on the Child Protection Register because the abuse was carried out by a stranger or by someone who no longer has contact with the child if such a child was a victim of a crime.

**APPENDIX 'A'**

**Constituent agencies of the Child Protection Committee**

**1) The Highland Council**, including:
CEO
Elected member
Director of Care & Learning
Head of Children's Services
Head of Housing
Legal Manager – Litigation and Advice
Principal Officer Child Protection & TCAC
Area Manager & CAPSM Lead H&SC
Principal Child Protection Advisor (Health)
Health Improvement Policy Manager

**2) NHS Highland**, including:
Lead Director Children's Services/Director of Public Health
Clinical Lead for Child Protection
Children's Service Commissioner

**3) Police Scotland , N Division (Highland & Islands) – DCI Public Protection and Chair of CSE Sub-Group**

**4) Crown Office and Procurator Fiscal Service**

**5) Scottish Reporter Administration**

**6) Children's Panel**

**7) 3rd Sector**, including: High Life
Highland Care and Learning
Alliance (Keeping Children Safe)
3rd Sector Interface

**8) Forces Welfare**

**9) Scottish Prison Service**

**10) Care Inspectorate** (by invitation)

**The District Commander (Police Scotland) and the CEO (NHS Highland) are ex-officio members.**

## Appendix B

## Highland Family Teams including Care and Protection Leads

| Area | Associated School Group* | Contact Details |
|---|---|---|
| Inverness West | Charleston Academy<br>Glenurquhart High School<br>Inverness High School | 01463 256120 |
| Inverness East & Nairn | Culloden Academy<br>Nairn Academy | 01667 453951 |
| Inverness Central<br>Badenoch and Strathspey | Inverness Royal Academy<br>Millburn Academy<br>Kingussie High School<br>Grantown Grammar School | 01463 252999 |
| Health & Disability (South) | All schools (South) | 01463 668673 |
| Lochaber | Ardnamurchan High<br>Lochaber High School<br>Kilchuimen Academy<br>Kinlochleven High<br>Mallaig High School | 01397 707025 |
| Skye & Lochalsh | Plockton High School<br>Portree High School<br>Gairloch High School<br>Ullapool High School | 01478 612943 |
| East Ross-shire & Disability | Alness Academy<br>Invergordon Academy<br>Tain Royal Academy | 01349 886909 |
| Mid and West Ross-shire | Fortrose Academy<br>Dingwall Academy | 01349 868700 |
| Caithness | Wick High School<br>Thurso High School | 01955 609611 |
| Sutherland | Golspie High School<br>Farr High School<br>Kinlochbervie High<br>Dornoch Academy | 01408 635360 |

## Appendix C
## Further Definitions

Child Protection practitioners should be familiar with the following types of harm, formerly referred to in respect of registration categories. Whilst these definitions remain useful, practitioners should be aware that a wider range of definitions is given, and further risks described, in *'National Guidance for Child Protection in Scotland – 2014'*:
http://www.gov.scot/Resource/0045/00450733.pdf
A full list of relevant contents is given at the end of this appendix.

### Physical abuse

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after. (See also Section 12.18 Fabricated and Induced Illness)

Lessons from research – physical injury
Physical abuse can lead to neurological damage, physical injuries, disability or even death.

Harm may be caused by the abuse itself and the context for example if it takes place in a wider context of family conflict or domestic violence; or if it happens within an institution where there is a high level of obvious aggression.

### Sexual abuse

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 indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

Activities involving sexual exploitation, particularly between young people, may be indicated by the presence of one or more of the following characteristics lack of consent; inequalities in terms of age, developmental stage or size; or actual or threatened force.

Lessons from research - Sexual Abuse
Disturbed behaviour including self-harm, inappropriate sexualised behaviour, sadness and depression, a drop in school performance and poor relationships have all been associated with sexual abuse. How severe the effect is depends on how long the abuse has gone on, the nature and the extent of the abuse and the age of the child. Other features also likely to increase the chance of a negative outcome for the child include;

- how premeditated the abuse is;
- the degree of threat;
- whether sadism and bizarre and unusual elements are involved.

A child's ability to cope with the experience of sexual abuse once recognised or revealed is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse and is able to offer help and protection.

Discovering your child has been sexually abused can have a devastating effect, especially if this involves a relative or partner. Women who find themselves in this position experience a range of powerful emotions. Disbelief can often be the first understandable reaction. This is often followed by guilt and loss of confidence as a parent or carer. For some women the abuse of their child will arouse powerful feelings associated with their own experience. All this can be debilitating and highlights the importance of offering women support in their own right. Self-help groups can be a very effective means of helping women to help their children.

Child Sexual Exploitation (CSE)

There are many examples of definition in circulation. The CPC has adopted the following, which is slightly adapted from Barnardo's Scotland publication *"Guidance on Child Sexual Exploitation"*, to include a reference to use of mobile phones and the internet. This definition was preferred because it was felt it was more accessible to young people and people who are not working in children's services:

Child sexual exploitation is a form of sexual abuse, in which a young person is manipulated or forced into taking part in a sexual act by someone who has power over them. This could be as part of a seemingly consensual relationship, or in return for attention, affection, money, drugs, alcohol or somewhere to stay. The young person may think that their abuser is their friend, or even their boyfriend or girlfriend but they will put them into dangerous situations, forcing the young person to do things they don't fully understand or want to do. Young people can be exploited through use of substances or being tricked or the use of technology through social media sites, instant messaging, etc. This could involve getting young people to post sexually explicit images or take part in sexual activity or sexual conversations using technology. The abuser may be male or female; they may physically or verbally threaten the young person, or be violent towards them. They will control and manipulate them, and try to isolate them from friends and family. For further information on signs of CSE: www.csethesigns.scot

**Emotional abuse**

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.

Other examples include situations where, as a result of persistent behaviour by the parents or carers, children are:

- rejected or made scapegoats;
- inappropriately punished;
- denied opportunities for exploration, play and socialisation appropriate to their age and stage of development or encouraged to engage in antisocial behaviour;
- isolated from normal social experiences which prevent the child from forming friendships.

The exposure to domestic abuse within the family may produce one or more of the situations outlined above.

Sustained or repeated abuse of this type is likely, in the longer term, to result in failures or disruptions of development of personality, inability to form secure relationships, and may also have an effect on intellectual development and educational achievements.

Lessons from research - Emotional Abuse

There is now increasing evidence that children suffer long-term harm if exposed to sustained criticism and little demonstration of warmth or comfort coming from the carer. Mental health problems; problems with substance misuse and offending behaviour are often the result in adolescence and into adulthood.

**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, 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.

Lessons from research - neglect including non-organic failure to thrive

Severe neglect of young children is associated with major detrimental effects on growth and intellectual development. Constant neglect can lead to health and long-term developmental problems socially, emotionally and educationally. Neglect in some cases can result in physical disability and deformity and even death. (See Review of Child Neglect in Scotland. Edinburgh: Scottish Government.)

Non-organic failure to thrive (Also known as Interactional Failure to Thrive or Faltering Growth) Children who significantly fail to reach normal growth and developmental milestones (i.e. physical growth, weight, motor, social and intellectual development), where physical and genetic reasons have been medically eliminated and diagnosis of non-organic failure to thrive has been established.

Factors affecting a diagnosis may include inappropriate relationships between the carers and child, especially at meal times, for instance, constantly withholding food as a punishment and whether there is enough or suitable food for the child. In its chronic form, non-organic failure to thrive can result in the child suffering more serious illnesses, a reduced potential height and, with young children particularly, the results may be life-threatening over a relatively short period.

***'NATIONAL GUIDANCE FOR CHILD PROTECTION IN SCOTLAND – 2014'***


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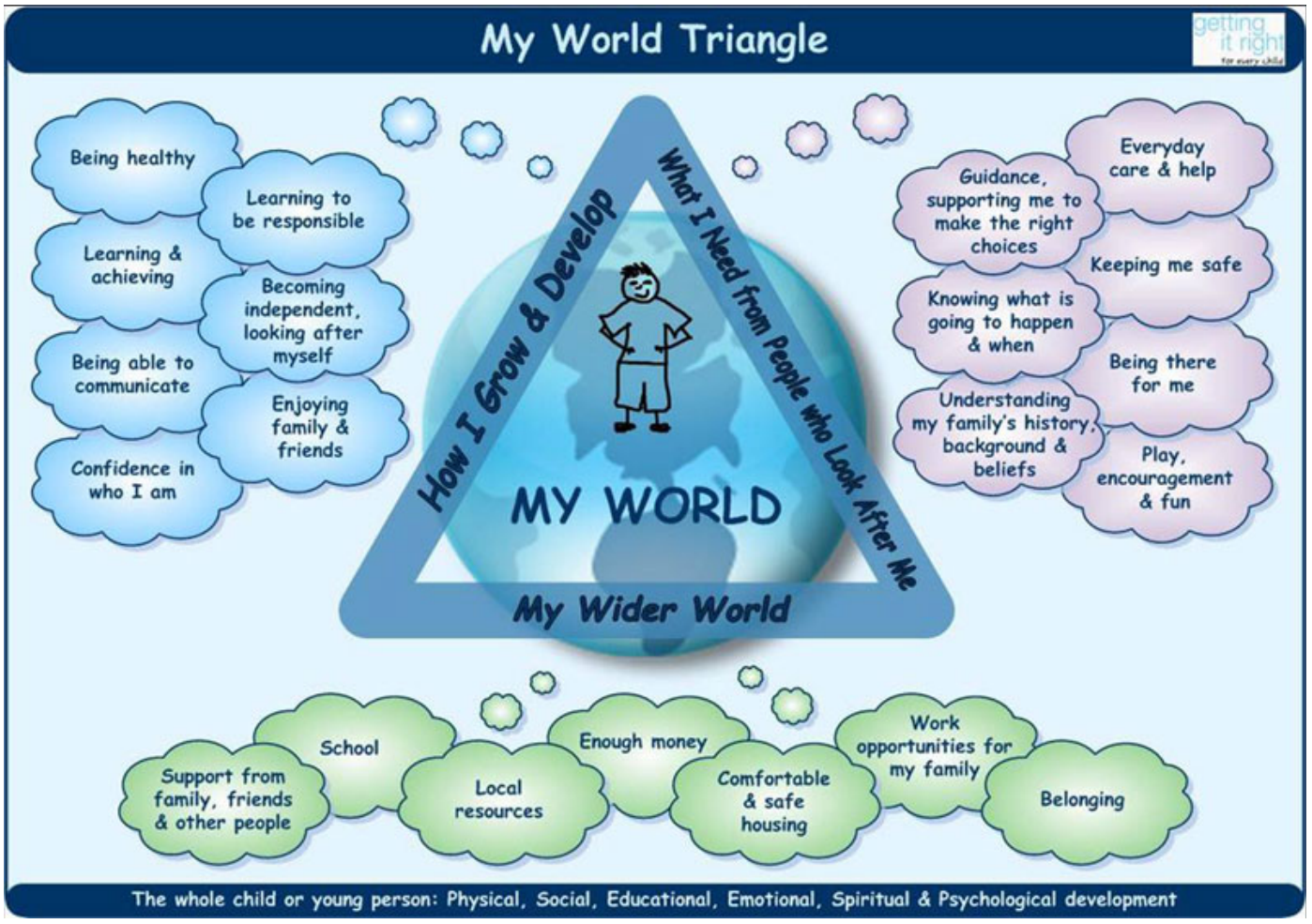
## Appendix D

### *My World Triangle*



## Using the resilience matrix to make sense of assessment information and evaluate children's needs

Resilience can be defined as:
'Normal development under difficult conditions' (Fonagy *et al* 1994).

In their three workbooks on assessing and promoting resilience in vulnerable children, Daniel and Wassell describe the protective factors that are associated with long term social and emotional well-being in the child's whole world.

The existence of protective factors can help to explain why one child may cope better with adverse life events than another. The level of individual resilience can be seen as falling on a dimension of resilience and vulnerability (see Figure 1).

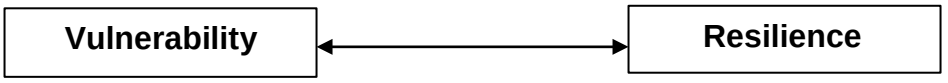



***Figure 1. Dimension on which individual resilience can be located***

This dimension is usually used to refer to intrinsic qualities of an individual. Some children are more intrinsically resilient than others because of a whole range of factors. … For example, an 'easy' temperament is associated with resilience in infancy.

A further dimension for the understanding of individual differences is that of protective and adverse environments; this dimension covers extrinsic factors and is therefore located in the parts of the My World Triangle that are concerned with wider family, school and community. Examples of protective environment might include an adult in a child's wider world, such as a teacher or youth leader, or a grandparent (see Figure 2).

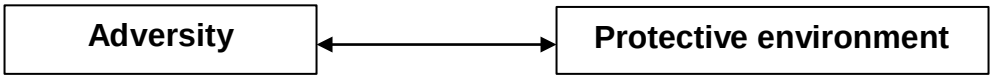



***Figure 2. Dimension on which factors of resilience around the young person can be located***

When considered together, these dimensions provide a framework for the assessment of adverse and positive factors in every part of the My World Triangle (see Figure 3).

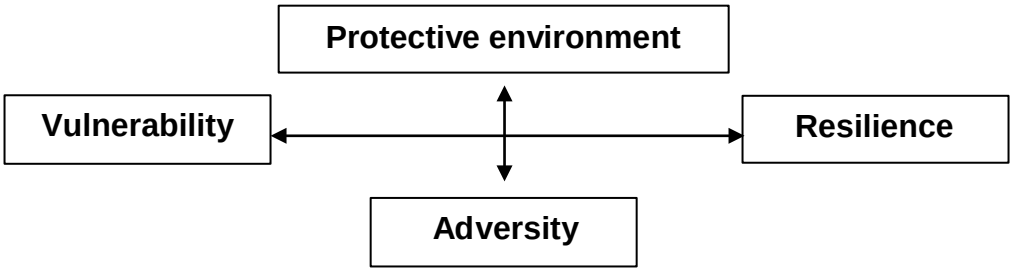



***Figure 3. Framework for the assessment of resilience factors***

The two dimensions will interact, and an increase in protective factors will help to boost a child's individual resilience.

*Adapted from Daniel and Wassell, (2002) The School Years: Assessing and Promoting Resilience in Vulnerable Children 2, London: Jessica Kingsley Publishing, pp.10-12.*

Daniel and Wassell do point out that resilience is a complex issue and that nothing can be taken for granted when assessing how resilient a child is. Although pointers to resilience may be present these have always to be taken in the context of an individual child's situation. For example, some children may appear on the surface to be coping well with adversity, but they may be feeling very stressed internally (Daniel and Wassell 2002, p.12). This is why it is important to get to know a child during the process of assessment and also why perspectives of the child from different adults in their world are so valuable.

There are many factors associated with resilience, but Gilligan (1997) suggests that there are three fundamental building blocks of resilience:

- A secure base whereby the child feels a sense of belonging and security.
- Good self-esteem, that is an internal sense of worth and competence.
- A sense of self efficacy that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

**How can the resilience matrix be used in '*Getting it right for every child*'?**

Practitioners will have gathered information around the *My World Triangle* and may also have more specialist information about certain aspects of an individual child's well-being. It is important to see every child in a family as an individual because each child may experience the same conditions in a very different way.

One way practitioners have found helpful to make sense of this information and identify resilience and vulnerability, as well as adversity and protective factors is to take a blank matrix and 'plot' on this matrix the strengths and pressures the child is experiencing in relation to the two sets of factors at each point of the matrix. Yellow 'post-its' are a good way of writing down and grouping the information.

Along the axis of adversity and the protective environment, all the factors that provide strengths in the environment, such as the child getting on well at school should be placed from the centre along the protective environment axis. Likewise, all the factors in the environment which are causing adversity, such as insufficient money or a dangerous neighbourhood should be placed from the centre along the adversity axis.

The same process can be repeated for factors with the child that are likely to promote resilience and for those which are making a child vulnerable. The Resilience Matrix below gives some ideas of the main factors which are likely associated with resilience, vulnerability, adversity and a protective environment.

There are some factors which may be both protective and also suggest vulnerability or adversity. In making decisions about where to plot this information where the meanings may be not so straightforward, practitioners need to exercise judgement about how to make sense of these different aspects of information and weigh the competing influences. As the diagram at the top left hand corner of the Resilience Matrix below suggests, factors such as a child's age may influence the weighting given to the information and the impact of these complex factors on an individual child. Judgement will be needed to weigh which factors are most important. It will also be helpful to look at the interactions between factors because this may also be a dimension that influences whether the impact is negative or positive.

Once these judgements have been made, it will be possible to see what needs to be done to help the child and family. In the top right hand corner of the Matrix below, there are suggestions about the kinds of actions that should be taken. These fall into strengthening protective factors and resilience and reducing adversity and vulnerabilities.

It is also suggested helpfully that achieving small improvements is a good way to accumulate success rather than having over ambitious aims.

Having plotted the factors on the matrix and given some thought to the child's needs and possible actions, the needs and actions can be plotted briefly against the seven well-being indicators of safe, healthy, achieving, nurtured, active, respected and responsible and included. Action may not be needed against every indicator and the help has to be proportionate to the issues identified.

This analysis then forms the basis for discussion with the child, family and other practitioners on what should go into the Child's Plan. This will include what needs to be done and who is going to do it.

Reviewing a child's progress will be an essential part of a child's plan. In some circumstance, especially in complex cases, it may be useful to revisit the Resilience Matrix in reviewing the child's progress.

**References**

Daniel B. and Wassell, S. (2002*) Assessing and Promoting Resilience in Vulnerable Children,* London: Jessica Kingsley Publishing.

1 The Early Years
2 The School Years
3. Adolescence

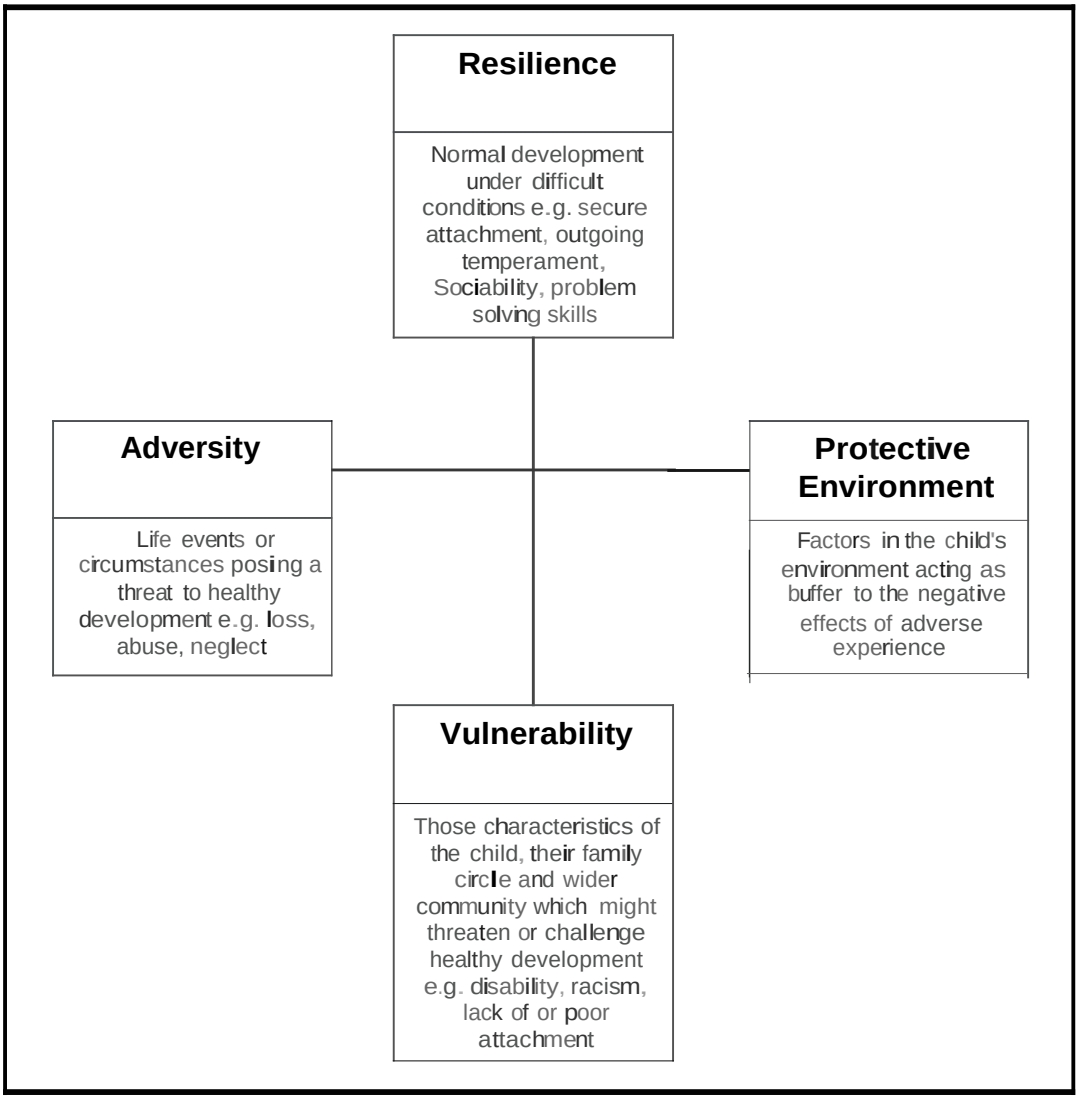
Fonagy, P., Steele, H., Higgitt, A. and Target, M. (1994) The Emmanuel Miller Memorial Lecture 1992: 'The theory and practice of resilience'. *Journal of Child Psychology and Psychiatry,* 35, 2, 231-257.

Gilligan, R. (1997) Beyond Permanence? The importance of resilience in child placement practice and planning. *Adoption and Fostering,* 21,1,12-20.

## The Resilience Matrix

The ResilienceNulnerability Matrix below is taken from *The Child's World: Assessing Children in Need, Training and Development Pack* (Department of Health, NSPCC and University of Sheffield 2000). Highland has purchased this pack for training purposes.

**A Resilience Matrix for Analysing Information**



**Appendix F**

# STANDARD CHILD CONCERN FORM
# (All agencies except Police Scotland)

| Is this a child you are concerned may be AT RISK OF SIGNIFICANT HARM (As per Highland Child Protection Guidance). Please tick. | No ☐ |
|---|---|
| | Yes ☐ |

**If yes, confirm below,**

**Name & office of Social Worker or Police Officer spoken to:**

**Date:**

**Time:**

| FORM SENT TO: | |
|---|---|
| **Name:** | |
| **Agency:** | |

| FORM COMPLETED BY: | |
|---|---|
| **Name** (print)**:** | |
| **Agency:** | |
| **Contact Details** | |

**Note:**
**Only complete information that is known and is relevant to the concern.**

## (1) Core Details

**Section 1.1**

| Full name of the CHILD you are concerned about (use Mother's surname if unborn) | Gender | Ethnicity | DOB (EDD if unborn) | Address & telephone number |
|---|---|---|---|---|
| | | | | |

**Section 1.2**

| Full name/s of OTHER CHILDREN in the household | Gender | Ethnicity | DOB (EDD if unborn) | Relationship to the child |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Section 1.3 | | | |
|---|---|---|---|
| **Full name/s of ALL ADULTS in the household** | **Gender** | **DOB** | **Relationship to the child** |
| | | | |
| | | | |
| | | | |
| | | | |

| Section 1.4 | | | | |
|---|---|---|---|---|
| **Name of any PARENT who does not reside with the child** | **Gender** | **DOB** | **Address & telephone number** | **Has Parental Rights & Resps.** Y/N/not known |
| | | | | |
| | | | | |

| Section 1.5 | | | |
|---|---|---|---|
| **Names of any SIBLINGS outwith the household** | **Gender** | **DOB** | **Address & telephone number** |
| | | | |
| | | | |
| | | | |
| | | | |

| Section 1.6 | Name | Contact details |
|---|---|---|
| **Named Person** | Designation: | |
| **Lead Professional** (multi-agency | Designation: | |
| **Midwife** | | |
| **Health Visitor** | | |
| **Nursery/Childcare** | | |
| **School** | | |
| **School Nurse** | | |
| **GP** | | |
| **Other Professionals** | | |
| | | |
| | | |
| | | |

# (2) Description of Concern

| **Section 2.1 - Which wellbeing indicator/s are you concerned about?** | | |
|---|---|---|
| **Safe** | ☐ | Protected from abuse, neglect or harm at home, at school and in the community |
| **Healthy** | ☐ | Having the highest attainable standards of physical & mental health, access to suitable health care & support to make healthy & safe choices. |
| **Achieving** | ☐ | Being supported & guided in their learning & in the development of their skills: confidence & self-esteem at home, at school & in the community. |
| **Nurtured** | ☐ | Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in suitable care setting |
| **Active** | ☐ | Having opportunities to take part in activities such as play, recreation & sport, which contribute to healthy growth & development at home & in the community |
| **Respected & Responsible** | ☐ | Should be involved in decisions that affect them, should have their voices heard & should be encouraged to play an active and responsible role in their schools & communities |
| **Included** | ☐ | Having help to overcome social, educational, physical & economic inequalities & being accepted as part of the community in which they live & learn |

| **Section 2.2 - Describe the issues which give you cause for concern, and why.**<br>**Include how many occasions or how long this has been happening, and the possible impact on the child.** |
|---|
| |

| **Section 2.3 - Comment if you know the views of the child and/or parents about this.** |
|---|
| |

| **Section 2.4 - Describe any discussions and/or actions that have taken place regarding this concern.** |
|---|
| |

| **Section 2.5 – Describe any assistance that the child or any family member might require (e.g. English not first language, interpreter required, mobility issues, deaf, visually impaired etc.)** |
|---|
| |

| **Section 2.6 - Information Sharing.** |
|---|
| **Is consent to share this information required Yes ☐ No ☐**<br>**If YES who has given consent and how has it been obtained? If NO what is the reason for not requiring consent?** |

**Signature:** **Date:**

Appendix G
Police Scotland Sample Child Concern form

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## Section 1: Nominal Details

**Subject Nominal (1):**

**EXAMPLE [redacted] Child Concern**

Cagory -

Subject of Concern

| | | | |
|---|---|---|---|
| RV Idlm: | [redacted] | Repeat Perpetrator: | [redacted] |
| Forename(s): | EXAMPLE | Surname: | EXAMPLE |
| Previous Name(s): | | | |
| Known As: | | Occupation: | |
| Date of Birth: | [redacted] | Place of Birth: | EXAMPLE |
| Gender: | Unknown | Ethnicity: | [redacted] |
| Disability: | | Appropriate Adult: | [redacted] |
| Language Spoken: | [redacted] | Interpreter Required: | [redacted] |
| GP Practice: | | Health Professional: | |
| School / Nursery: | | Education Contact: | |
| Social Worker: | | Other: | |

| | | |
|---|---|---|
| -..dr | Address Type | L 1• 'd d |
| 1. EXAMPLE. EXAMPiLE. | Home Address | 24/10{2013 |

**Contact Information:**

Wellbeing Indl .ono;

SAFE

[ Wellbeing Commem•:

EXAMPLE

**Consent:**

**Has consent been given to share?**

[redacted]

**Incident Synopsis:**

The way in which a ctlild is cared for is having 01 may have an impact on their 'roe Ibeing

OielONIIII IIIfomltiUon:

Apncy Oiscuuion:

[redacted]

Pltge 7 0r S

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## Section 2: Perpetrator Details

No records available

[redacted]

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## Section 3: Incident Details

[O.c.lla of In

EXAMPLE

of Incldlnl

EXAMPLE

[Pollee Action T.aen:

EXAMPLE

[ Any Other Relev•nt Inform allon -

EXAMPLE

Pllgjl 4 cA 5

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Section 4: Information Sharing

| | |
|---|---|
| 1 EXAMPLE. | E-mail |



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## Appendix H:
## Child Protection – Medical Examinations

- It is extremely important to get the medical examination of a child correct right from the start of the planning process.

- The police designated person must phone the dedicated phone number on every occasion and discuss the circumstances surrounding the referral.

- The Consultant Paediatrician will advise as to the medical requirement based on the specific circumstances.

- Under no circumstances must police or social work proceed with a medical examination without prior consultation with a Consultant Paediatrician.

- Incident Occurs

- Referral Picked up by initial referral (any service professional, parent, carer, member of public)

- Joint Information Gathering – between Health, Police, Social work and Education

- Decision making must include consideration of:

    - Immediate health issues – may require assessment at A and E
    - Child/Sibling safety
    - Securing of forensic evidence if applicable
    - Must involve discussion with Paediatrician

- Designated Police Officer will call 01463 704000 9am-5pm Monday – Friday and ask to page the Child Protection Co-ordinator who will pass this on to the Child Protection Consultant. Child Protection Consultant will telephone Police Officer to discuss the case - including any immediate health concerns/needs and necessity for a medical examination by a Paediatrician. The Paediatrician, in discussion with Police, will decide on type and timing of any medical examination needed – or any action needed to meet health needs.

- Out with these hours cover is provided by the On Call General Paediatrician Consultant (contacted on same number). If a concern arises out of hours it may, in some cases, be possible to delay the discussion with the Paediatrician until the following morning. However if there is any doubt about immediate health concerns or physical signs then the Designated Police Officer should ring the Paediatrician at the time. In cases of CSA arising out of hours the OOH CSA guidelines should be followed.

- If Forensic CSA or complex Forensic NAI case requiring joint examination with FME Police to arrange FME attendance.

- It should be noted that if use is to be made of the colposcope during a child examination then the medical must take place at the Children's Suite, Dalneigh, Inverness. This can be accessed through the Headquarters Public Protection Unit of Police Scotland (Highland and Islands Division).

# THE HIGHLAND COUNCIL PUPIL TRANSFER DOCUMENT

Current School

The Highland Council

Comhairle na Gaidhealtachd

| Pupil Details | | | |
|---|---|---|---|
| Name | | Date of Birth | / / |
| | | | |
| Tel No | | | |

| School Details | |
|---|---|
| Scottish Candidate No (SCN) | |
| Stage and Class: | |
| Date of Leaving | / / |

| Destination | |
|---|---|
| New Address | |
| Tel No | |

| Contact With Other Agencies |
|---|
| E.g. (Social Work Services) |

| Interim Contact (if known) | |
|---|---|
| Name | |
| Address | |
| Tel No | |

| New School (if known) | |
|---|---|
| Name | |
| Address | |
| Tel No | |

| Other relevant details |
|---|
| E.g. dates of school attendance out with school |

| Parent/Carer signature | Date: | Headteacher signature | Date: |
|---|---|---|---|

## Appendix J
## Contact details for the Armed Forces

### Royal Navy and Royal Marines

The Royal Navy and Royal Marines welfare services have amalgamated to form RNRM Welfare. This organisation operates a Single Point of Contact (SPOC) system and any queries should be addressed to the RNRM Welfare Portal which can be viewed on internet. Contact details are:

Tel: 023 9272 877
E-mail: navypers-welfare@mod.uk

### Army Welfare

The welfare of Army families whose children are considered by a social work service to be at risk is the responsibility of the Army Welfare Service (AWS). The AWS provides a confidential professional welfare support service to all Army personnel and their families through Army Welfare Workers (AWW). Social work services should liaise with the AWS Personal Support team, which provides a service to the whole of Scotland. The team should be invited to send a representative to any relevant Child Protection Plan Meeting. Social work services can also liaise on more general matters with either the Brigade Welfare Support Officer (BWSO) based in Edinburgh or the Welfare Support Officer (WSO) based in Inverness. The BWSO and WSO cover the whole of Scotland and they respond directly to Army Headquarters.

AWWs respond to the Senior Army Welfare Worker (SAWW) based in Edinburgh together with the Area Personal Support Officer (APSO), a qualified Social Worker, also based in Edinburgh.

| | | |
|---|---|---|
| Army Welfare Service | Edinburgh | Highlands |
| Building 30 | Building 29 | 24 Wimberley Way |
| Craigiehall | Dreghorn Barracks | Inverness |
| South Queensferry | Redford Road | IV2 3XX |
| West Lothian | Edinburgh | |
| EH30 9TN | EH13 9QW | |
| | | |
| APSO AWS | BWSO AWS | WSO AWS |
| 0131 310 2107/2108 | 0131 310 2850 | 01463 233132 |

### Royal Air Force

The Royal Air Force is supported by an independent Social Work Service in the name of SSAFA Forces Help (The Soldiers, Sailors and Airmen's Families Association). Most Stations have trained Personal & Family Support Workers but small Stations are still offered a service from a local designated team. The officer Commanding Personnel Management Squadron (OCPMS) is the main focus within the RAF system in relation to the welfare of families on their Station. In cases of child protection relating to a family of a serving member in the RAF, the Social Work Service should make contact with the parent unit, or

if this is not known, the nearest RAF unit by contacting the OCPMS or SSAFA Forces Help. Every RAF unit has an officer appointed to this duty.

Social work is co-ordinated by each Station's Personnel Officer; the officer Commanding Personnel Squadron (OCPMS). Where the parent unit is not known, contact the OCPMS or SSAFA Forces Help Adviser at the nearest RAF unit.

If you wish to discuss informally contact the SSAFA Social Work Adviser at RAF Lossiemouth (Tel No: 01343 817759).

**Service families going or returning from overseas**

The Soldiers', Sailors', Airmen's and Families Association Forces Help (SSAFA)

Director of Social Work
SSAFA FH
Central Office
Queen Elizabeth House
4 St Dunstan's Hill,
London
EC3R 8AD.

Tel: 020 7403 8783

## Appendix K:
## Timescales for different stages of acting on Child Protection concerns

Highland has introduced some new timescales in line with the National timescales for Child Protection Plan Meetings as well as for the production of minutes and Child Protection Plans. Every effort should be made to meet the timescales within the Highland guidance but it is recognised that this may not always be possible. The reasons for not complying with the timescales should be clearly recorded and approved by Area children's service manager's and notified to the Keeper of the Child Protection register, along with a proposed future date for completion.

| | Highland |
|---|---|
| Notification of concern to Initial CPPM | 1. All children about whom child protection concerns have been expressed should be seen by a qualified Social Worker **within 24 hours**, unless the referrer is a professional who has seen the child that day and it is clear that the child is not at immediate risk. If a child is not seen **within 24 hours,** the reasons for this should be recorded by the Practice Lead for Care and Protection.<br>2. Decisions about how child protection concerns will be responded to should be made by the Practice Lead for Care and Protection as soon as possible and **not later than 24 hours** from the initial contact.<br>3. The administrator will arrange a date and time for the meeting **within 14 calendar days** of the decision being made with the Quality assurance & Reviewing Officer |
| Invitations | Participants should be given a minimum of **5 calendar days**" **notice** of the decision to convene a CPPM whenever possible |
| Review CPPM | A meeting will take place within **three months** of registration, with subsequent Child Protection Plan Meetings within **six months** if registration is continued. Changes in the child's circumstances or legal status may require any scheduled meeting to be brought forward. |
| Pre-birth CPPM | The CPPM should take place **no later than at 28 weeks pregnancy** or, in the case of late notification of pregnancy, as soon as possible **within 14 calendar days** of the decision being made with the Quality Assurance & Reviewing Officer |

| | |
|---|---|
| Core group | The first core group subsequent to the Child Protection Plan Meeting will take place **within 14 calendar days** of registration, **dates for a further two** core groups should be set after the Child Protection Plan Meeting, and that these dates should be no more than **one calendar month apart**. |
| Minutes | 1. The draft minute including any protected information will be forwarded for verification **within 10 calendar days.**<br>2. All attendees will check the minute on receipt and notify any changes to the **chairperson within 7 calendar days**<br>3. The final minute will be sent out **within 20 calendar days** after the Child Protection Plan Meeting |
| CP Plan | Written decisions of the Child Protection Plan Meeting will be sent to all invited agencies/services, parents and children regardless of attendance, **within 5 calendar days** of the meeting |
| Changes to CP Plan | Minutes of all core groups should be forwarded to the QA&RO **within 3 calendar days** |
| Protected Period | Any requests for a protected period should be discussed with the chairperson wherever possible **2 calendar days prior** to the meeting providing clear justification as to the reasons why. |
| Access to Child's Plan | Access to the Child Protection Plan and any other written documents will be provided **no later than 2 working calendar days before** the Initial CPPM and **7 calendar days** prior to all other meetings. |
| Parents or carers not invited to attend CPPM | Where children and/or parents/carers are not invited to attend, they must be informed and given reasons for the decision in writing by the Practice Lead for Care and Protection **at least 7 calendar days** before the date of the meeting. |
| Joint Investigation | If a joint child protection investigation is agreed, this should **commence within 24 hours** of that decision being taken. |

**NB: Unless otherwise stated, the timescales used throughout this document refer to 'calendar' days or, in the case of Education, 'school' days.**

## Appendix L
## VRI and Joint Interview

Briefing

In relation to a joint investigation, police and social work staff must be briefed together. Either the police or social work designated person can undertake the briefing, although it is recommended that wherever possible this takes place jointly and in person. A structured briefing discussion is held during which interviewers are informed of:

- the circumstances leading to the investigation;
- the intended course of action that will be taken;
- what role they will undertake during the investigation;
- contingencies and any anticipated short term future needs.

Consideration should be given to:

- the purpose and objectives of the interview;
- the roles of the interviewers, Lead and 2nd Interviewer;
- length and timing and location of the interview (including communication needs and aids);
- the possible need to suspend the interview if the child becomes unable or unwilling to continue;
- the possibility of further interviews;
- safety of staff;
- any issues around consent and who might be present/necessary to the interview;
- plans for recording the interview, including contingency plans;
- the possibility of the child admitting to an offence in interview;
- arrangements for the de-briefing of staff.

Decisions made at this briefing must be documented, who was involved in making them and the reasons for making them. Copies of these records must be maintained on each service's recording system.

As the investigation progresses, it is important that Designated Persons are updated regularly, as it may be necessary to amend the original plan – for example, further discussion with the paediatrician about a medical.

Joint Investigative Interview

The structure and procedures for conducting an investigative interview of a child are set out in the National Guidance Document, *"Guidance on Joint Investigative Interviewing Child Witnesses in Scotland (2011)."*

The main purposes of the investigative interview are:

- to learn the child's account of the circumstances that prompted the enquiry;
- to gather information to permit decision making on whether the child in question, or any other child, is in need of protection;

- to gather sufficient evidence to suggest whether a crime may have been committed against the child or anyone else;
- to gather evidence which may lead to a ground of Referral to a Children's Hearing being established.

If it is appropriate to interview the child, consideration and account must be taken of his/her.

- age;
- physical and/or learning impairments;
- health and/or mental health issues;
- cognitive abilities;
- linguistic abilities;
- race, culture, ethnicity and religion;
- first language;
- gender and sexuality;
- overall sexual education/knowledge and experience;
- current emotional state.

The investigation team should consider where best to acquire this and other relevant information. Most of this should already be known about the child, and available from the child's Named Person or Lead Professional. However parents also have an important role to play in making sure that the team has the necessary information.

Prior to commencing the interview, the investigation team should be clear of the purpose and nature of the interview they are undertaking. Both members of the team need to be fully conversant with the interview plan and the topics that need to be explored Whilst the investigation team might agree beforehand who is undertaking Lead Interviewer role within the interview, the child may prefer to talk to the Second Interviewer and both members of the team need to be able to change roles as necessary.

Where possible, the child should be interviewed in a child friendly, neutral environment. Where this is not possible, the interview team, supervisors and managers must consider the impact of the location on the child and attempt to address this. All decisions made and the justification for such must be documented.

Where equipment is available all JIIs must be visually recorded unless there are specific reasons why this may not be appropriate e.g. the offence involved video-recording or photography of the victim. In instances such as this or when equipment fails or is not available a paper statement must be noted, verbatim, from the child. The method to be used to record the interview must be decided during the planning stage.

At all stages of any investigation the welfare of the child is paramount and consideration should be given to the timing of the interview and travel implications.

Immediately after the interview is concluded the interview team must check and agree the visual recording; two copies of the interview will be made and burned to disc. Both discs will be produced and these will be retained as productions by the investigating Police Officer.

Where a paper statement has been obtained both interviewers must agree, sign and date the statement - and where appropriate the child should also sign their statement. The original statement is retained by the Police Officer as a production.

Debriefing

Debriefing of the investigation team is essential. Designated Persons are responsible for ensuring that a de-briefing takes place.

Ideally this would again be face to face and include both agencies. It is a structured meeting during which officers and Social Workers are required to provide an update to the Police or Children's Service Designated Persons, with:

- the progress of the investigation;
- what information has been gleaned to date including the content of any joint interview carried out;
- identification and/or assessment of on-going risk;
- further tasks required to be completed by individuals and agencies;
- if consultation has not already taken place, discuss with consultant paediatrician the need for a medical examination;
- timescales;
- consideration of how to proceed.

As with briefing meetings, the debrief decisions should be recorded and stored by both agencies.

At the conclusion of the enquiry, for the police service the case review sheet will be signed by the Designated Person to acknowledge that all aspects of the enquiry have been satisfactorily completed. A final briefing with the Police Officer carrying out the joint investigation should be carried out by their supervisor before the documentation is filed within the relevant Public Protection Unit Files.

For the Care & Learning Service, the social worker will discuss the outcome with the Practice Lead for Care and Protection (the Designated Person), and complete the case recording. The Practice Lead for Care and Protection will authorise the recording and any further action.

## Appendix M

## Revised Prevent Duty Guidance: for Scotland

**Guidance for specified Scottish authorities on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism.**

HM Government. Originally issued on 12th March 2015 and revised on 16th July 2015.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445978/3799_Revised_Prevent_Duty_Guidance__Scotland_V2.pdf

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies, listed in Schedule 6 to the Act, to have, in the exercise of their functions, *"due regard to the need to prevent people from being drawn into terrorism"*.

The Prevent strategy, published by the UK Government in 2011, is part of our overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The Prevent strategy has three specific strategic objectives:

- Respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
- Work with sectors and institutions where there are risks of radicalisation that we need to address.

Prevent work is intended to deal with all kinds of terrorist threats to the UK and also includes extreme forms of sectarianism and white supremacist ideology of extreme right-wing groups that provide both the inspiration and justification for people to commit extreme acts of violence.

### Why may Prevent be a Child Protection Issue?

There have been a number of examples of radicalised adults taking their children to extremist events and even to terrorist communities abroad as well as encouraging their participation in extremist activities.

Children under 16 years of age have also been recruited to join extremist/terrorist groups. Many of the vulnerabilities that can lead to a child being groomed for exploitation can also, in some circumstances, lead to a child being groomed for extremism and terrorism.

Indicators of vulnerability include:

• Identity Crisis – the child is distanced from their cultural/religious heritage and experiences discomfort about their place in society;

• Personal Crisis – the child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of

friends; they may be searching for answers to questions about identity, faith and belonging;

• Personal Circumstances – migration; local community tensions; and events affecting the child's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;

• Unmet Aspirations – the child may have perceptions of injustice; a feeling of failure; rejection of civic life;

• Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration;

• Special Educational Need – the child may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

More critical risk factors could include:

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations;
- Significant changes to appearance and/or behaviour;
- Experiencing a high level of social isolation resulting in issues of identify crisis and/or personal crisis.

**What should you do if you suspect that someone is becoming radicalised?**

**NOTICE** – Consider what signs of radicalisation you have observed

**CHECK** – With the person about whom you have a concern and/or someone who understands 'Prevent', e.g. a WRAP Trainer.

**SHARE** – Where a child is involved there is a duty to share concerns with the Named Person. Where it is agreed that the concern needs to be escalated for a multi-agency Prevent Professional Concerns meeting, information should also be shared by e-mail to:

Prevent@highland.gov.uk

***Workshop to Raise Awareness of Prevent (WRAP) Training is available from Highland Council, NHS Highland, Police Scotland and the Child Protection Committee.***