

NB: We are currently awaiting publication of the updated National Child Protection Guidance. This will result in updated Highland Guidance in Spring 2021. Please ensure you are using the most updated version of the Guidance available in the Operating Procedures section of www.hcpc.scot

HIGHLAND INTER-AGENCY CHILD PROTECTION GUIDANCE



Reviewed and Updated 2019

Please note: This Guidance should be considered alongside the [Highland Practice Guidance](#) and [National Guidance for Child Protection in Scotland \(2014\)](#). Please seek advice from your service/agency if you require any further support with child protection processes.

PLEASE NOTE: SCOTTISH GOVERNMENT HAVE INTRODUCED SUPPLEMENTARY CHILD PROTECTION GUIDANCE IN RESPONSE COVID-19. SUPPLEMENTARY GUIDANCE FOR HIGHLAND PRACTITIONERS CAN BE FOUND AT www.hcpc.scot

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Foreword

This is the update of “*Highland Inter-agency Child Protection Guidance*” and brings the existing guidelines in line with: “[National Guidance for Child Protection in Scotland](#)”, the [Highland Practice Model](#), and changes to [Children’s Hearings](#) legislation. The Guidance has been developed in consultation with over 170 practitioners from across Highland and a number of short life working groups to ensure they are fit for purpose.

Highland Child Protection Committee (HCPC) brings together all of those agencies and services with responsibility for the safety and wellbeing of children in the Highland area. The Committee has responsibility for the development, dissemination and review of inter-agency child protection policies and procedures.

This Guidance aims to support child protection practice across Highland and is approved by the Chief Officers of the constituent agencies of the Child Protection Committee. 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 working with children or adults.

The Child Protection Committee 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. Further information is available at www.hcpc.scot

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.

The Child Protection Committee supports the development of a trauma informed workforce with an increased focus on our responses to adverse childhood experiences through a [trauma informed lens](#).

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.

Highland Child Protection Committee

Introduction

Procedures and guidance cannot in themselves protect children and young people; a competent, skilled and confident workforce, together with vigilant local communities can. Child protection is a complex system requiring the interaction of services, communities, children and families. For the system to work effectively, it is essential that everyone understands the contribution they can make and how those contributions work together to provide the best outcomes for children and young people.

Guidance provides the framework for that understanding. It enables managers and practitioners to apply their skills collectively and effectively, and to develop a shared understanding of their common objective – to promote, support and safeguard the wellbeing of all children and young people, including those who are most vulnerable.

This Guidance sets out common standards for child protection practice in Highland, making it clear how all agencies should work together where appropriate to respond to concerns early and effectively and ensuring that practice is consistent and of high quality.

Please note: This Guidance focusses specifically on child protection processes where children are considered to be *at risk of harm*. However, they should be considered alongside [Highland Practice Guidance](#) to ensure a proportionate and appropriate response, and that children and families get the right help and support at the right time.

While this guidance is intended to act as a reference point for practitioners and agencies, it should not be regarded as exhaustive or exclusive, nor does it constitute legal advice. Where there are concerns about the wellbeing and safety of a child, users of this guidance should consider whether there is a need to consult with others.

Often, needs can be met by families themselves or by a single agency; but where children and families are particularly vulnerable and/or have complex needs, services must work together to take a collective and co-ordinated approach.

All staff 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. In addition, staff should be clear about their roles and responsibilities in responding to concerns about children.

What do we mean by ‘child’ or ‘young person’?

In Scotland, the definition of a ‘child’ varies according to the [legal circumstances](#). Part 1 of the [National guidance for child protection in Scotland](#) explains that a child is generally defined as someone under the age of 18. The [United Nations Convention on the Rights of the Child](#) also applies to anyone under the age of 18 although Article 1 states that this is the case unless majority is attained earlier under the law applicable to the child.

This guidance is designed to include children and young people up to the age of 18. However, the protective interventions that can be taken will depend on the circumstances and

[legislation relevant](#) to that child or young person. Whilst support and some protective measures can be offered to children and young people up to 18 years (and beyond in some cases), formal child protection processes are generally limited at 16 years (unless the young person is subject to compulsory measures and/or has a plan in place). It is also important to identify and support vulnerable pregnant women and give consideration to high-risk pregnancies within child protection processes.

Recognising actual and potential harm to a child

Abuse and Neglect

Abuse and neglect are forms of maltreatment of a child or young person. Somebody may abuse or neglect a child or young person by inflicting, or by failing to act to prevent significant harm to them. Children and young people 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.

Children and young people can experience abuse in a number of ways:

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 fabricates the symptoms of, or deliberately causes, ill health to a child they are looking after.

Emotional abuse

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child or young person's emotional development. It may involve conveying 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 or young person. It may involve causing children to feel frightened or in danger or exploiting or corrupting children or young people. Some level of emotional abuse is present in all types of ill treatment; it can also occur independently of other forms of abuse.

Sexual abuse

Sexual abuse is any act that involves the child or young person in any activity for the sexual gratification of another person, whether or not it is claimed that they either consented or assented. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not they are 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 or young people in looking at, or in the production of indecent images or in watching sexual activities, using sexual language towards a child or young person or encouraging them to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child or young person's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect children and young people 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, basic emotional needs. Neglect may also result in the child or young person 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.

Please note: Whilst this section talks about types of abuse, there are a number of indicators of risk which may involve a range of complex issues - domestic abuse, parental substance misuse, child sexual exploitation, responding to historical allegations of abuse etc. Further information on a range of topics is available [here](#)

What is child protection?

Child protection means protecting a child or young person from abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a *likelihood or risk* of significant harm from abuse or neglect. Equally, in instances where a child or young person may have been abused or neglected but the risk of future abuse has not been identified, the child/young person and their family may require support and recovery services but not a Child Protection Plan. In such cases, investigation may still be necessary to determine whether a criminal investigation is needed and to inform an assessment that a Child Protection Plan is not required.

The 4 Questions to Consider:

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?

Information Sharing

Sharing appropriate information is an essential component of child protection. To secure the best outcomes for children, practitioners need to understand when it is appropriate to seek or share information, how much information to share and what to do with that information. Practitioners also need to consider from and with whom information can, and should, be sought and/or shared. This applies not only between different agencies, but also within agencies. At the same time, children and their families have a right to know when information about them is being shared. Where appropriate, their consent should be sought, unless doing so would increase the risk to a child or others, or prejudice any subsequent investigation.

Further information about information sharing, recording and transfer of information across borders is available [here](#)

The [Information Commissioner's Office](#) also provides advice and information in recording, storage and sharing of information relating to children, young people and families.

Sharing a Concern

In some cases, 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 for child protection) 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.

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.

Where you are concerned that a child may be in need of protection, you should contact the local [Family Team](#) to discuss your concerns.

It is important to discuss the reasons for your concerns and any relevant information that is available, including views of risks and any protective factors (if known). Information should include correct names and aliases, addresses and supporting information (where available).

It is essential to share concerns without delay and in the first instance verbally (face-to-face or by telephone). It will usually be necessary to follow up an initial discussion in writing. There is a [standard child concern form](#) that should be used for this purpose. A copy of this should be saved on your own recording system. Health staff have a different version of the child concern form which can be downloaded [here](#).

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.

Please note: In circumstances where children, young people or families have no choice in whether or not information is shared, consent should not be sought.

It is nevertheless good practice to inform the child and parent of any actions you are going to take unless 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.

Recording and Record Keeping

The [Highland Practice Guidance](#) 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.

In the case of a concern about significant harm all practitioners should follow their agency Child Protection Procedures and, as appropriate, alert the appropriate Family Team and/or Police. Practitioners should then record their concerns on the appropriate 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

Responding to Child Protection Concerns

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.

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 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.

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.

Initial Referral Discussion

Once it has been agreed that further investigation is required, an initial referral discussion should occur. This may:

- identify that further information is needed
- further checks need to be carried out
- identify immediate risks, in which case urgent action will be needed
- establish if the child requires a child protection medical examination or some other type of health assessment.

The [Initial Referral Discussion](#) is a tripartite discussion between Health, Social Work and Police.

When carrying out a child protection investigation, a number of professionals may have different responsibilities:

- [Health](#)
- [Social Work](#)
- [Police](#)

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

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

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

Significant harm can result from a specific incident, a series of incidents or an accumulation of concerns over a period of time. It is essential that when considering the presence or likelihood of significant harm that the impact (or potential impact) on the child or young person takes priority and not simply the suspected or reported abusive behaviour.

It should be remembered that the threshold for [referral to the Children's Reporter](#) is not the significant harm threshold, but when it is considered that a child or young person is in the need of protection, guidance, treatment or control and [Compulsory Measures](#) of Supervision might be necessary.

In order to understand the concept of significant harm, it is helpful to look first at the relevant definitions.

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

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 physical and psychological development.

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

- the nature of harm, either through an act of commission or omission

- the impact on health and development, taking into account age and stage of development
- the child or young person's development within the context of their family and wider environment
- the context in which a harmful incident or behaviour occurred
- any particular needs, such as a medical condition, communication impairment or disability, that may affect development, make them more vulnerable to harm or influence the level and type of care provided by the family
- capacity of parents or carers to adequately meet needs; and the wider and environmental family context

Assessment of Risk

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

The [Highland practice model](#) builds on knowledge, theory and good practice. It provides a framework for practitioners in all services to help gather structure and analyse information in a consistent and proportionate way. The framework helps to identify and understand the strengths and pressures for the child and their carer(s), the child or young person's needs and any risks.

The Highland practice model facilitates consideration of what support is required to improve outcomes for children. It promotes the participation of children, young people and families as central to assessing, planning and taking action.

The components of the practice model have been designed to ensure that assessment information about children and young people is recorded in a consistent way by all professionals. This should help to provide a shared understanding of a child or young person's needs and clarify how best to address concerns. The model and the tools which support it can be used by workers in adult and children's services and in single or multi service/agency contexts.

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.

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.

Failure to properly identify risk can lead to serious, and even fatal, outcomes for children. [The National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#) aims to support and assist practitioners at all levels, in every agency, in these tasks. The [Developing Competence in Child Protection](#) course delivered by Highland Child Protection Committee helps practitioners understand and apply the risk assessment framework. Further details are available at www.hcpc.scot

Views of the Child or Young Person

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

Child Protection Planning and Timescales

An 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 a Child Protection Plan Meeting, or to the conclusion of the investigation if a meeting is not required.

Child Protection meetings are usually chaired by a Quality Assurance and Reviewing Officer. The administrator/senior clerical from the Quality Assurance and Reviewing Team will arrange a date and time for the meeting within 14 calendar days of the decision to convene the meeting.

There must be very specific and rare 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.

Any information relating to the assessment of children and families by any service should be provided to the allocated Social Worker and incorporated into a 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.

Pre-birth Child Protection Planning

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

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

- whether it is safe for the child to go home at birth;
- whether there is a need to apply for a Child Protection Order at birth;
- whether supervised access is required between the parents and the child and who will provide this if needed;
- whether the child's name should be placed on the Child Protection Register. It should be noted that as the Register is not regulated by statute, an unborn child can be placed on the Register. Where an unborn child is felt to require a Child Protection Plan, their name should be placed on the Register; and
- whether there should be a discharge meeting and a handover to community-based supports.

The pre-birth CPPM should take place **no later than at 28 weeks pregnancy** or, in the case of late notification of pregnancy, as soon as possible from the concern being raised but always within 21 calendar days of the concern being raised. There may be exceptions to this where the pregnancy is in the very early stages. However, concerns may still be sufficient to warrant an inter-agency assessment.

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 for their recommendation individually.

Placing a child's name on the Child Protection Register indicates a decision that services and family members should work together in a co-ordinated way in order to reduce identified risks of significant harm.

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.

Child Protection Plan

A 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 be brought forward.

Responsibilities of Core Group

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 family from health, care & learning, adult services, third sector, forces welfare, police, and housing services (as appropriate)
- Where possible children, young people and parents/carers

The Lead Professional or their 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 endorsed by their supervisor.

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.

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**.

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, any recommendations made by the core group and whether:

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

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.

Full details of Child Protection planning processes and timescales are available [here](#)

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 or young person and reduce that harm.

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 Keeper of the Child Protection Register or the Practice Lead (Care and Protection) within the local Family Team.

Out with normal office hours, this check should be made with the co-ordinator on duty in the [Social Work Out-of-Hours Team](#). Any direct contact should include a discussion about the concern.

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 Child Protection Guidelines has a responsibility to escalate this matter. In the first instance, escalation should be to the Family Team 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 Chief Social Work Officer and/or Executive Chief Officer (Health and Social Care) for discussion with Chief Officers where necessary. 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.

De-registration

A child's name should only remain on the child protection register if a detailed assessment indicates that there is continued risk of significant harm. Where a child is no longer considered to be at risk of significant harm, the child's name should be removed from the Child Protection Register. All de-registration decisions should be recorded on CareFirst immediately after the review meeting and it is the responsibility of the Quality Assurance and Reviewing Officer/Chair to ensure this happens. The task of updating the register may be undertaken by the minute taker. The minute of the review should detail a plan for the child and ***outline contingencies*** should the situation change and child protection concerns are once again identified. A further meeting should take place to ensure the child/young person's needs are still being met **within 6 weeks of de-registration and no later than 3 months post de-registration.**

Collective Responsibilities for Child Protection

Chief Officers' Groups

Chief Officers from NHS Highland, Police Scotland and Highland Council are responsible for ensuring that their agencies, individually and collectively, work to protect children and young people as effectively as possible. They also have responsibility for maximising the involvement of those agencies not under their direct control, including the Scottish Children's Reporter Administration, the Crown Office and Procurator Fiscal Service and the third sector. Chief Officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and the Child Protection Committee. Chief Officers are responsible for overseeing the commissioning of all child protection services and are accountable for this work and its effectiveness. They are individually responsible for promoting child protection across all areas of their individual services and agencies, thus ensuring a corporate approach. This responsibility applies equally to the public, private and third sectors. The Public Protection Chief Officer Group is responsible for overseeing child protection practice across Highland.

Local Communities and the General Public

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.

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.

Anyone with concerns about children should speak to a relevant professional such as a Health Visitor, Head Teacher, Police Officer etc. Where a child is thought to be 'at risk of harm' contact the [local family team](#) to discuss these with a Social Worker. If a child is at immediate risk of harm, contact the Police on 101 or 999 in an emergency situation.

The Children's Hearing System, the Children's Reporter and the Procurator Fiscal

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. Child Protection referrals to the Reporter should come from Police and Social via multi-agency child's plan meetings. Referrals 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](#).

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 if 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).

Responsibilities for 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.

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 \(Health\)](#) 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.

Further information for Health professionals is available:

- [Child protection in Highland](#)
- Health roles in relation to [child protection investigations](#).
- [National Guidance](#) is also available for Health professionals.

Responsibilities for 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 services, and out-of-hours social work services

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 NHS Highland 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.

Statutory services within the Care and Learning Service have specific responsibilities in relation to child protection. Further information can be found by clicking on the links below (please note, these do not replace discipline specific procedures in relation to child protection):

- [Education](#)
- [Health](#)

- [Social Care](#)

Responsibilities of Highland Council (All Other Services)

Council staff that have contact with local communities or visit people in their 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 with concerns about children or young people report these 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.

Responsibilities for Police Scotland

Police Scotland has a duty to protect the public, to investigate all matters where a criminal offence may have been committed and to ensure the safety of the public.

All child protection concerns reported to Police Scotland are a priority and will be thoroughly investigated. Such matters will be handled with professionalism and in consultation with partner agencies where appropriate. All relevant and necessary information will be shared to ensure the ongoing wellbeing and protection of children. The needs and wellbeing of the child are paramount: all child protection inquiries will be dealt with in a child focused manner, taking into account the views of the child when decisions are made, unless this places them at further risk.

Police Scotland has specific responsibilities in relation to child protection. These can be found [here](#) (please note, these do not replace Police Scotland procedures in relation to child protection)

Responsibilities for Third Sector, Private Sector and Community based organisations including registered childminders & High Life Highland

A [Child Protection Toolkit](#) has been developed for Third Sector organisations and Community Groups providing activities for children, young people and families in Highland. This may include charitable/private organisations, sports groups, arts and crafts clubs, religious groups or any organised groups/activities which involve regular contact with children and young people. This toolkit provides guidance only and cannot cover every situation. Groups should act proportionately and appropriately and seek advice through the Child Protection Committee or local professionals where clarity is required. This Guidance aims to provide the information Third Sector, Private Sector and community based organisations need to help them make sure their group/organisation/service has the right procedures and guidelines in place, along with access to ongoing training and support to help ensure they are competent and confident in dealing with child protection issues.

Registered childminders, who work alone and have no senior staff or Designated 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 Child Protection training appropriate to their role with children.

High Life Highland delivers a range of services on behalf of Care & Learning. Staff and volunteers work in a variety of situations where families and/or children and young people 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. In High Life Highland, the [Head of Development](#) has been established as the Child Protection Advisor.

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. Further guidance for Armed Services is available [here](#).

Child Protection in Specific Circumstances

When making judgements about the risks and needs of a child, there are a range of indicators that should trigger assessment and, where appropriate, action. Not all the indicators set out in the links below are common; nor should their presence lead to any immediate assumptions about the levels of risk for an individual child. Where identified they should act as a prompt for all staff, whether in an adult or child care setting, to consider how they may impact on a child. In the links below, indicators of potential risk are considered separately but they will often – particularly for children in vulnerable circumstances – occur together.

Indicators of risk should not be considered not in isolation but in relation to all the relevant aspects of a child and family's circumstances. For example, a young person involved in offending behaviour is often a young person in need of care and protection. Where there are a number of risk factors in a child's life, practitioners should pay particular attention to the cumulative impact on the child. Where a range of different services is involved, it is particularly important to maintain the focus on the child's needs.

The further information sections provide links to important resources that will support practitioner judgements.

- [Domestic abuse](#)
- [Parental problematic alcohol and drug use](#)
- [Disability](#)
- [Non-engaging families](#)

- [Children and young people experiencing or affected by mental health problems](#)
- [Children and young people who display harmful or problematic sexual behaviour](#)
- [Female genital mutilation](#)
- [Honour-based violence and forced marriage](#)
- [Fabricated or induced illness/Perplexing presentation](#)
- [Sudden unexpected death in infants and children](#)

Harm outside the home or in specific circumstances:

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

- [Complex Child Protection Cases – ritual abuse, historical abuse, abduction etc.](#)
- [Child trafficking](#)
- [Child Sexual Exploitation](#)
- [Historical reports of abuse](#)
- [Children who are looked after away from home](#)
- [Online and mobile phone child safety](#)
- [Children and young people who place themselves at risk](#)
- [Children and young people who are missing](#)
- [Under-age sexual activity](#)
- [Bullying](#)

Legislation Relating to Child Protection

[Legislation](#) places a variety of duties and responsibilities on individuals, services and organisations. These can include:

- duties conferred on services to investigate and respond to concerns about a child's wellbeing, as well as the responsibilities of local authorities to develop community planning processes with partner agencies;
- overarching legislation where some aspects are particularly relevant; and
- other legislation including laws relating to offences against children and young people and to civil law or administrative arrangements,

Staff should be aware of their legal responsibilities and duties as well as understanding the legal framework within which they and other organisations and agencies operate.

Quality Assurance

The quality assurance of child protection processes is the responsibility of all managers and practitioners who are involved with those processes.

The Child Protection Committee will continue to support a strategic approach to quality assurance that also involves the dedicated staff who has this remit in each of the partner

agencies. This includes collating data relating to child protection activity across statutory services, conducting single and multi-agency audits of child protection practice, and sharing the learning from case reviews.

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.

Complaints

If an individual has a concern or complaint about these guidelines, the [Chairperson of the Highland Child Protection Committee](#) should be notified in the first instance.

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