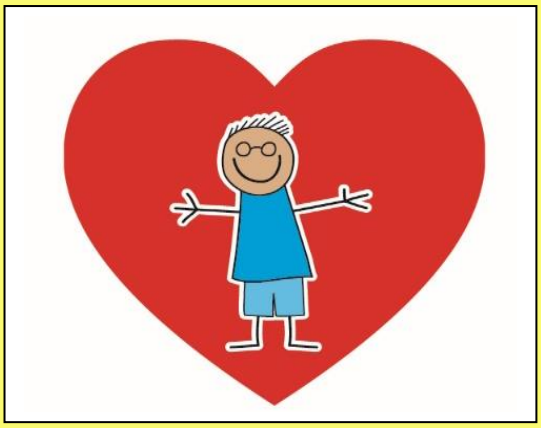
Highland Community Planning Partnership

Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd



Getting it Right for Every Child & Young Person in Highland: Interagency Practice Guidance & Child Protection Procedures 2024

Highland Child Protection Committee

HC PC

Comataidh Dìon Chloinne Na Gàidhealtachd

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Uncontrolled when printed.

Contents

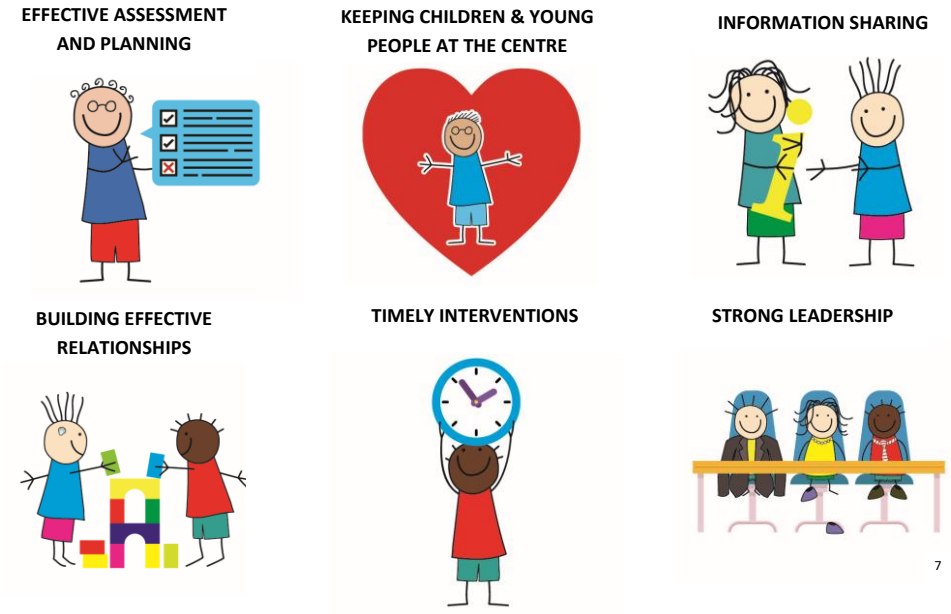
Foreword

This set of procedures and guidance are for all practitioners who support children and families whether they work in statutory, third sector or private organisations. The approaches set out depend on a culture and ethos which recognises that whilst there are specific responsibilities associated with certain professional roles, everyone has a job in making sure children 'are alright'. The Guidance also underlines the responsibilities of adult services to consider the needs of children and their parents where vulnerability and protection needs are identified.

The integration of child protection within the Getting It Right For Every Child (GIRFEC) continuum and framing responses to child protection concerns within the national practice model is a critical feature of the revised Procedures. There is a clear articulation of the importance of GIRFEC to protecting children, particularly in recognising that all children must receive the right help at the right time.

These procedures have been adapted from the National Guidance for Child Protection (2021) – updated 2023, and National GIRFEC Guidance (2022) and should form the basis of all practice for ensuring the care and protection of children in Highland. Where these procedures cannot be used, there should be a discussion with relevant manager(s) and clear recording of reasons for alternative practice. Additional information and support is also available within the national guidance documents.

Throughout this guidance, you will see various images which represent the six principles which should underpin all of our practice. These are:



Services have a responsibility to ensure that all staff and volunteers understand these procedures and their own roles and responsibilities in relation to Getting It Right for Every Child and Child Protection. These responsibilities are set within the context of The Promise, United Nations Conventions on the Rights of the Child

(UNCRC) and keeping children, young people and families at the heart of our approaches.

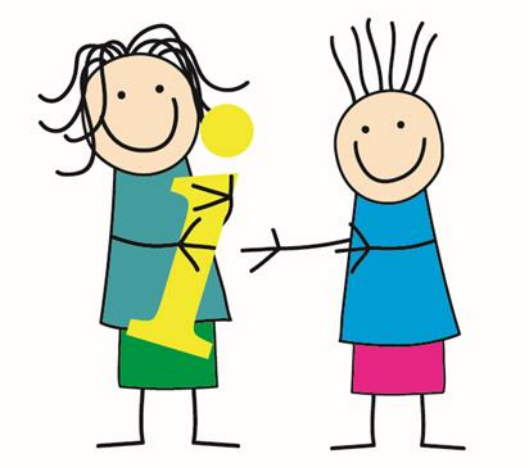
These procedures have been developed and agreed by the Integrated Children's Service Board, Highland Child Protection Committee and Public Protection Chief Officer Group.

The procedures are also available in an APP which can be accessed via desktop by clicking this link - https://bit.ly/HighlandGIRFECandCPP2024 – and saving to favourites. It can also be downloaded to mobile devices. Further information and links are available here.

As a minimum these procedures will be reviewed every three years. We recommend that they are accessed online rather than printed to ensure practitioners are working with the most recent version.

Part 1

Background and Context



Background and Context

What's changed?

The refreshed National Practice Model contains a number of key changes which are reflected in these procedures:

- Greater emphasis on child-centred, rights-respecting, strengths-based practice and the inclusion of children, young people and their families at every stage of the process;
- Simpler language identified which can be used when working together with children, young people and families;
- A deeper understanding of the impact of trauma and Adverse Childhood Experiences (ACEs) in considering the My World Triangle; and
- Further detail provided on the Resilience Matrix.

The National Guidance for Child Protection (2021 – updated 2023) builds on the 2014 Guidance. All sections have been revised and supplementary information provided.

This set of procedures and guidance describe the responsibilities and expectations for all involved in protecting children and will support the care and protection of children. The procedures outline how statutory and non-government agencies should work together with parents, families and communities to prevent harm and to protect children from abuse and neglect. Everyone has a role in protecting children from harm.

The most effective protection of children involves early support within the family, before urgent action is needed and purposeful use of compulsory measures are necessary. In Highland, this relates to the 'Family First' approach and the Whole Family Wellbeing programme. If children do require placement away from home, real protection involves attuned, trauma-informed and sufficiently sustained support towards reunification, or towards an alternative secure home base when this is not possible.

The Scottish approach to child protection is based upon the protection of children's rights. The Getting it right for every child (GIRFEC) practice model is a practical expression of the Scottish Government's commitment to implementation of the United Nations Convention on Rights of the Child (UNCRC). This requires a continuum of preventative and protective work.

There are consistent threads running between enabling, preventative and protective work applying the GIRFEC approach. They may be distilled in this way:

- the timing, process and content of all assessment, planning and action will apply to the individual child, and to their present and future safety and wellbeing. Their views will be heard and given due consideration in decisions, in accordance with their age, level of maturity, and understanding

- services will seek to build on strengths and resilience as well as address risks and vulnerabilities within the child's world
- partnership is promoted between those who care about and have responsibilities for the child – it entails a collaborative approach between professionals, carers and family members

'Partnership' may not be attainable in a timescale that protects the child. However, even when urgent action is needed, these procedures stress the need for proactive and persistent effort to understand and achieve a shared understanding of concerns, and a shared approach to addressing them.

Recognising the context of risk and need entails recognition of the influence of structural inequalities, such as poverty. Effective protection addresses the interaction between early adverse experiences, poverty, ill health and neglect. A disproportionate intensity of child protection interventions occur in the most materially deprived neighbourhoods. This indicates a need, not only to 'think family' but to think beyond the family, addressing patterns of concern and supporting positive opportunities in communities.

The interaction of risks and needs for each child in the context of their family and their community increasingly involves appreciation of the role of media and internet in each situation, especially in teenage years. Every child has the right to safety and support online.

Guidance, procedures and assessment frameworks may promote broad consistency. However, effective communication and partnership is a matter of relationship. This begins with listening and seeking shared understanding. Intuition, analysis, consultation and professional judgement all play a part in deciding when and how to intervene in each situation. Inter-agency training and predictable supervision are key to safe, principled and competent practice.

Child protection provokes constant developmental challenges for every individual and for every team. Safe practice is more likely to arise from a culture of leadership that has an evaluative focus on outcomes and promotes systematic learning from mistakes and good practice.

Definitions

Definitions of 'child'

In general terms, for the purposes of these procedures, the protection of children and young people includes unborn babies, and children and young people under the age of 18 years. However, while child protection procedures may be considered for a person up to the age of 18, the legal boundaries of childhood and adulthood are variously defined. There are overlaps. Where a young person between the age of 16 and 18 requires support and protection, services will need to consider which legal framework best fits each person's needs and circumstances.

It is important to note that for the purposes of the UNCRC, **the rights** apply to anyone under the age of 18.

The independent legal status of a child commences at birth. In any action to safeguard and protect an unborn child, the needs and rights of the mother must be taken into account.

The needs, rights, and mutual significance of siblings should be considered in any process that has a focus on a single child. (https://www.gov.scot/publications/staying-together-connected-getting-right-sisters-brothers-national-practice-guidance/)

Further information on the definition of a child is available in https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/pages/4/

Definitions of parents and carers

A 'parent' is someone who is the genetic or adoptive mother or father of the child. This is subject to the Human Fertilisation and Embryology Act 2008, which sets out which persons are to be treated as the parents of a child conceived through assisted reproduction.

All mothers automatically get parental responsibilities and rights (PRRs) for their child. A father also has PRRs automatically if he is or was married to the mother at the time of the child's conception, or subsequently. If a father is not married to the mother, he will acquire PRRs if he is registered as the child's father on the child's birth certificate, which requires the mother's agreement as this must have been registered jointly with the child's mother. A father can also acquire PRRs by completing and registering a Parental Responsibilities and Rights agreement with the mother or obtaining a court order.

Same-sex couples can adopt a child together. A same-sex partner has no automatic parental responsibilities and rights for their partner's children. If a child is conceived by donor insemination or fertility treatment on or after 6 April 2009, a same-sex partner can be the second legal parent. The second parent may hold parental responsibilities and rights if they were in married or in a civil partnership with the

mother at the time of insemination/fertility treatment, or if the person is named as the other parent on the child's birth certificate and the birth was registered post 4 May 2006, or if the person completes and registers a Parental Responsibilities and Rights agreement with the mother. It is possible for a same sex partner to apply for parental responsibilities if none of these conditions apply.

Parental rights are necessary to allow a parent to fulfil their responsibilities, which include looking after their child's health, development and welfare, providing guidance to their child, maintaining regular contact with their child if they do not live with them, and acting as their child's legal representative. In order to fulfil these responsibilities, parental rights include the right to have their child live with them and to decide how their child is brought up. Parents continue to hold parental rights for a child unless and until these are removed. If this happens, it must be clear who does hold parental rights and responsibilities.

A 'carer' is someone other than a parent who is looking after a child. A carer may be a 'relevant person' within the children's hearing system. 'Relevant persons' have extensive rights within the children's hearing system, including the right to attend children's hearings, receive documents relating to hearings and appeal decisions taken within those proceedings. Relevant persons are 1) parents, whether or not they have parental rights and responsibilities (unless their parental rights and responsibilities have all been removed), 2) other persons, not parents, who have parental rights and responsibilities for a child, and 3) any person who has been deemed to be a relevant person by a children's hearing or pre-hearing panel on the basis that the person has, or has recently had, significant involvement in the upbringing of the child (section 200 and section 81(3) in the Children's Hearings (Scotland) Act 2011).

A 'kinship carer' is a carer for a child looked after by the local authority, where the child is placed with the kinship carer in accordance with Regulation 10 of the Looked After Children (Scotland) Regulations 2009 ('the 2009 Regulations'). In order to be approved as a kinship carer, the carer must be related to the child or a person who is known to the child and with whom the child has a pre-existing relationship ('related' means related to the child either by blood, marriage or civil partnership). Regulation 10 of the 2009 Regulations provides that a local authority may make a decision to approve a kinship carer as a suitable carer for a child who is looked after by that authority under the terms of section 17(6) of the Children (Scotland) Act 1995.

Further information regarding definitions of parents and carers can be found in Part 1 of the National Guidance for Child Protection (2021).

Legislation relating to Child Protection

Legislation places a variety of duties and responsibilities on services and organisations.These include duties to investigate and respond to concerns about a child’s safety and wellbeing. Legislation defines the responsibilities of local authorities to develop community planning processes with partner agencies.

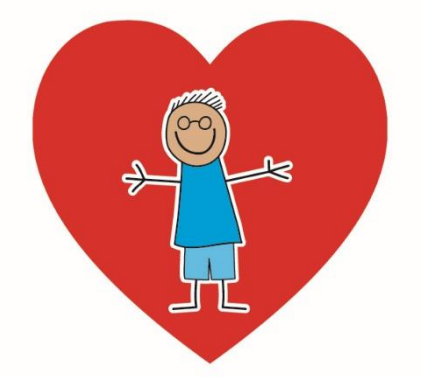
Part 1 of the National Guidance for Child Protection (2021) reviews overarching legislation covering the duties placed on services, and outlines a selection of key overarching legislation. For an outline of other legislation current or impending, see Appendix C of the National Guidance for Child Protection (2021).

Practitioners should be aware of their own legal responsibilities and duties, and understand the legal framework within which they and other organisations and agencies operate.

Duties to protect

The legal duty to investigate and report issues in relation to child protection is derived from two sources: the Police and Fire Reform (Scotland) Act 2012, which provides the mandate for police officers, and the Children's Hearings (Scotland) Act 2011, sections 60-64, which set out the duties and powers of local authorities, constables, courts and other persons to refer all children who may be in need of a Compulsory Supervision Order to the Scottish Children's Reporters Administration. Section 66 of the 2011 Act requires the Principal Reporter to consider whether such Compulsory Supervision Orders are necessary – in which case the Reporter must refer the case to the children's hearing under section 69.

Part 2:
Keeping Children & Young People at the Centre



Child and family centred help

A fundamental principle of *Getting it right for every child* is that there are clear and transparent ways of accessing advice and help. This means that every agency or service in Highland that has connections with children or their families takes responsibility for responding to any request for help.

There are two main reasons why children should be involved in decisions that affect their lives:

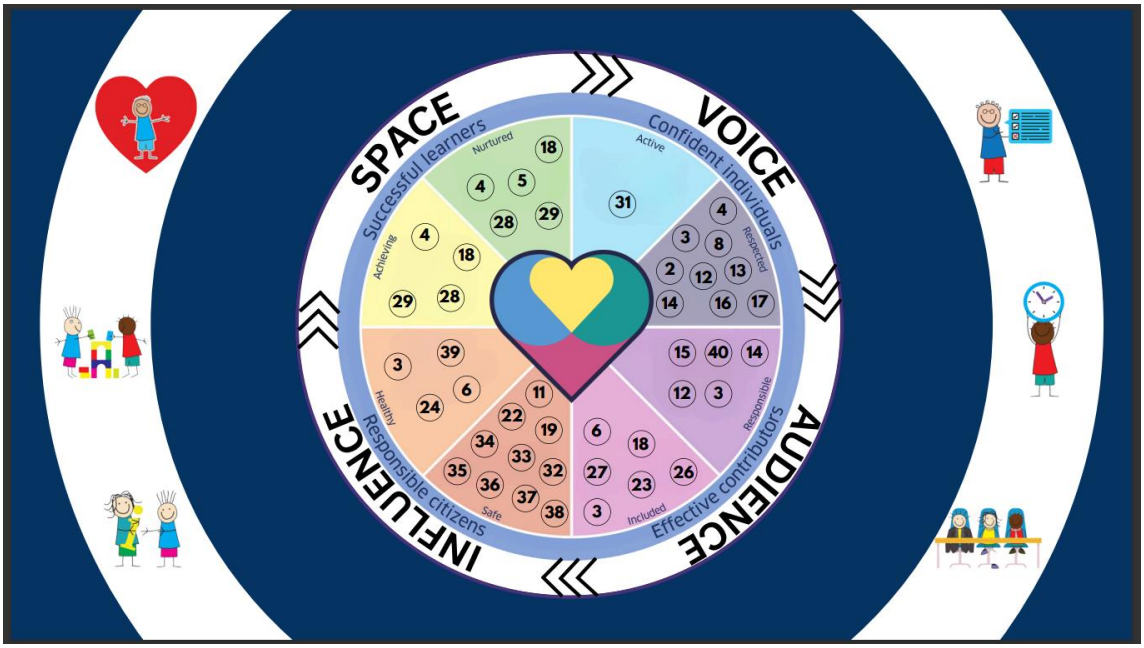
1. children have the right to be involved

2. children have the capacity to be competent commentators on their lives

The right for children to participate in decision-making is enshrined in the United Nations Convention on the Rights of the Child, Children (Scotland) Act 1995 and Children's Hearings (Scotland) Act 2011 and Additional Support for Learning 2004 as amended 2009 and Children and Young Persons(Scotland) Act 2014. These specify that children have a right to be involved in decisions that affect their lives. The Scottish Government is committed to the participation of children in decision-making (Scottish Executive, 2007). Those rights also extend to children being able to give consent to actions being taken that affect their well-being.

The diagram below outlines the connections between key principles of practice and children's rights in helping us keep The Promise. The diagram highlights how the Lundy model of participation can be used to ensure children and young people's voices are at the heart of service planning, development and delivery. A short video explaining this further can be found here.

Further information on Highland's Participation Strategy and Children's Rights is available at: https://www.childrensrightshighland.co.uk/.



Parents and carers are also ‘experts’ on their children in the sense they know more about them than anyone else. Most parents want to do their best for their children and understand how their children will respond to help. Practitioners should treat all parents with dignity and respect and see their role being to support and help families.

Practitioners cannot do this without actively involving children and the people important to them in deciding what to do to help. Without children and families’ perspectives on their personal difficulties, practitioners’ and clinicians’ information is incomplete and they cannot reach a full understanding of children’s circumstances and needs. This part of the guidance provides advice about how to include children, young people and their parents, and value their contributions in making sense of what is happening to them and creating a plan for help and action.

Involving children and their families

The way in which practitioners gather information from children and families is 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 children and families and others has many advantages for practitioners, children and families. It helps because:

- Children and families can come to understand what children need in order to reach their full potential
- Children and families can understand why sharing proportionate and relevant 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.

Helping children join in

All practitioners must pay attention to, and record children’s views and wishes when they are providing services and support. Even very young children can clearly express views about themselves and their world to adults who are willing to take time to listen to them, observe and who do not give up easily.

Achieving real involvement means that practitioners must spend time with, talk with and listen to and get to know children. Children and young people need relationships in order to feel confident about approaching adults and asking for help.

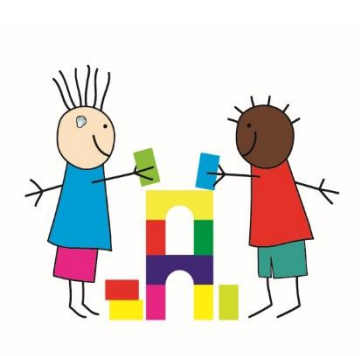
Every detail of communication with children counts and helps to build a positive working relationship with them. Children's views on their situation are integral to assessment, planning and review. All children have a right to have their views taken seriously, regardless of age and stage of development.

There are five essential components in direct work with children: seeing, observing, engaging, talking and doing:

1. *Seeing children*: an assessment cannot be made without seeing the child, however young and whatever the circumstances.

2. *Observing children*: the child's responses and interactions in different situations should be carefully observed wherever possible, alone, with siblings, with parents and/or caregivers or in school or other settings.

3. *Engaging children*: this involves developing a relationship with children so that they can be enabled to express their thoughts, concerns and opinions as part of the process of helping them make real choices, in a way that is age and developmentally appropriate.



4. *Talking with and listening to children*: although this may seem an obvious part of communicating with children, it is clear from research that this is often not done at all or not done well. It requires time, skill, confidence and preparation by practitioners.

5. *Activities with children*: undertaking activities with children can have a number of purposes and beneficial effects. (Department of Health et al. 2000).

Resources

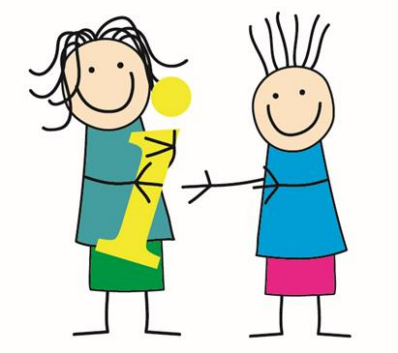
Further information and tools for supporting children and young people to participate are available at: https://www.childrensrightshighland.co.uk/.

There is also support for staff and volunteers working with younger children. This can be found at Consulting Youngest Children Toolkit.

Involving parents and carers

Gaining a family's co-operation and commitment to gathering and analysing information in order to develop a plan together for the child is also crucial. Practitioners must be open and honest and treat family members with respect and dignity, even in the most difficult circumstances. Parents want practitioners to give clear explanations about what is happening, listen to their views and include them in decision making.

Practitioners have a responsibility to develop sensitive communications skills and apply these in a flexible way. One of the key things parents ask for is to be kept informed. Practitioners should always be sensitive to the possibility that some adults may have additional support needs of their own and may need information to be adapted for them to support their participation in the process.



Part 3:

Information Sharing

Information Sharing: An Introduction

This section outlines key principles and responsibilities in regard to effective information sharing to protect children and young people, and to provide support for children, young people and families.

This section is adapted from:

- National Guidance for Child Protection (2021) – Part 1: The Context for Child Protection and
- Getting it right for every child – Practice Guidance 4 – Information sharing

Information Sharing: Inter-Agency Principles

> Scotland must … ensure that the right information is shared at the right time and that those close to children are heard. The starting point for any decision must be how to best protect relationships that are important to children.
>
> The Promise, the report of the Independent Care Review

Sharing relevant information at the right time is an essential part of promoting, supporting and safeguarding the wellbeing of children and young people, including protecting them from neglect or physical, mental or emotional harm.

The Promise Plan 21-24 is the first of three Plans providing Scotland with a clear outline of the priorities and actions required to Keep the Promise by 2030. Within this first set of priorities to be implemented by 2024, Scotland must be committed to ensure that:

"Organisations with responsibilities towards children and families will be confident about when, where, why and how to share information with partners. Information sharing will not be a barrier to supporting children and families."

This guidance is intended for practitioners and managers in services that work with children, young people and families and focuses on information sharing. The Information Commissioner's Office (ICO) provide detailed guidance on all aspects of data protection compliance for all sectors, including *Data sharing: a code of practice* as well as *Data sharing and children*.

Processing of personal data by law enforcement organisations for specific law enforcement purposes (e.g. the Police investigating a crime) is outside the scope of this guidance.

These procedures refer to information or data - this refers to personal information about living, identifiable people. This guidance promotes lawful, fair and proportionate information sharing that complies with all relevant legal requirements, by clarifying:

- The circumstances in which information can be shared with another

organisation;
- The considerations that need to be taken into account to ensure sharing information with another organisation is appropriate; and
- The importance of involving children, young people and families in the decision to share information with another organisation.

Sharing relevant information is an essential part of protecting children from harm. Practitioners and managers in statutory services and the voluntary sector should all understand when and how they may share information. Practitioners must be supported and guided in working within and applying the law through organisational procedures and supervisory processes. Within agencies, data controllers and information governance/ data protection leads should ensure that the systems and procedures for which they share accountability provide an effective framework for lawful, fair and transparent information sharing. Where appropriate, data sharing agreements must be in place.

Where there is a child protection concern, relevant information should be shared with police or social work without delay, provided it is necessary, proportionate and lawful to do so. When sharing information about a child protection concern, the lawful basis for sharing information should be identified and recorded (e.g. vital interest to protect the child from significant harm).

Lawful Basis for Information Sharing

The Information Commissioner's Officer (ICO) sets out the legal basis for sharing information which is included in the National Guidance for Child Protection (2023).

Public interest or public task - Necessary for performance of a specific task carried out in the public interest which is laid down by law, or in the exercise of official authority - for example, a public body's tasks, functions, duties or powers set out in law.

Vital interests - Necessary to protect someone's life or, for example, if a child or young person is deemed to be at risk of significant harm.

Legal obligation - Necessary to comply with a common law or statutory obligation.

Consent - The individual has given clear consent for their information to be shared for a specific purpose.

Legitimate interests - Necessary for your legitimate interests or those of a third party, unless there is a good reason to protect the individual's personal information (cannot apply for a public authority sharing information to perform official tasks).

Contract - When necessary in performance of a contract entered in to by an individual and therefore unlikely to be relevant in this context.

Further information on the lawful basis to share information can be found on the **ICO website**.

Seeking Advice

If in doubt about the boundaries of information sharing, practitioners should seek advice from their line managers. Further consultation may be necessary with agency advisors for GIRFEC and/or child protection. There should also be a governance lead to consult about the sharing of information in principle, without disclosing the identity of the individual. In any circumstances, agreement or disagreement and course of action or intervention should be recorded.

Within health services, Caldicott Guardians are senior persons appointed to ensure that personal information is processed legally, ethically and appropriately. Caldicott Guardians provide leadership and informed guidance on complex matters involving confidentiality and information sharing (A Manual for Caldicott Guardians). If and when there is a decision to share information in relation to a child protection concern, then consideration should be given to the necessity to consult the child or young person's named person (or equivalent, where applicable), and where there is one appointed, the lead professional. They may have information that is relevant to the concern.

Records management

Effective records management policies include a well-structured file plan, standard file-naming conventions for electronic documents, and a clear retention policy about when to keep and delete documents. This will assist organisations with accountability and documentation obligations, including those relating to access to records.

Chronologies are also a form of data processing. They may be shared or jointly compiled between agencies and can have a formative influence on inter-agency child protection assessment and planning. Practitioners should be mindful about how information is recorded within chronologies to ensure information is proportionate and essential to assessment and planning processes. Chronologies should also be regularly reviewed to ensure the information contained is still relevant for the child or young person.

Access to records. The right of access (known as subject access) is a fundamental right under data protection law. It allows individuals to find out what personal data is held about them and to obtain a copy of that data. The Information Commissioner has developed guidance (Right of access | ICO) about the rights that individuals have to access their personal data and the obligations on data controllers.

Guiding principles for information sharing in relation to children in need of protection

Information shared must only be that which is necessary for child protection purposes. Individuals about whom information is being shared should not be put under pressure to consent to the sharing of their information. They should be informed and involved in such a way that they understand what is happening and why.

They should also be told what information about them is being shared, with whom and why this is necessary, unless to do so would be detrimental to:

- the best interests of a child
- the health or safety of a child or another person
- the prevention or detection of crime (e.g. creating a risk of harm to a child)

or

- the apprehension or prosecution of offenders or it is not reasonably practical to contact the person
- it would take too long given the particular circumstances (e.g. where you have to act quickly)
- the cost would be prohibitive
- there is some other compelling reason

Professional judgement

It is the role of designated police, social work and health staff to consider whether there may be a risk of significant harm, and if so, to progress necessary action through child protection procedures. This will include careful consideration and a plan for how to communicate with the child and family, including where there is no further action required.

Practitioners with child protection concerns may share relevant information in order to:

- clarify if there is a risk of harm to a child
- clarify the level of risk of harm to a child
- safeguard a child at risk of harm
- clarify if a child is being harmed
- clarify the level of harm a child is experiencing
- safeguard a child who is being harmed

Professional judgement must always be applied to the available evidence about each specific emerging concern, and about what is relevant, proportionate, and necessary to share. The concern must be placed in the context of available observed and recorded information about the particular child, their needs and circumstances.

Why relying on 'consent' as the basis to share information may not be appropriate

You should only ask for consent when this will genuinely affect whether the information is shared, and you will be relying on consent as the lawful basis for sharing information. It is important that you do not give the impression that you are asking for consent if there is a lawful basis for sharing the information without consent and you have decided to share the information in the best interests of the child or young person (for example where a child may be at risk of significant harm).

You can still seek a child, young person or families' views on sharing their personal information and use that to inform your decision making. Relying on a lawful basis other than consent does not preclude you from seeking their views.

It is appropriate to ask for consent where information sharing would enable a child, young person or family to access support that, while possibly helpful, is entirely optional.

UK General Data Protection Regulation (GDPR) sets a high standard for consent and, in most cases where there are child protection concerns, consent is unlikely to be an appropriate lawful basis to rely upon as it requires that individuals have real choice and control about the processing of their personal data. Relying on 'consent' as the lawful basis is not appropriate if, for example, refusal to give consent would prejudice a criminal investigation or might lead to serious harm to the child. Furthermore, due to the power imbalance between a child or families and the authorities, it would be difficult to demonstrate that consent was freely given. In matters of child protection, it is therefore likely that reliance on consent would be the exception and not the rule.

Sharing without consent

Where there may be a child protection concern, information may be lawfully shared without the need for consent to be obtained from the individual(s) to whom the information relates. The following considerations will be helpful to support relevant, proportionate, timely, safe and effective information sharing.

- If there is evidence that a child is at risk of significant harm, relevant information can be shared with a statutory agency without delay. Consent is not required or appropriate because the information must be shared in order to protect the child.
- Consent should only be sought when the individual has a real choice over the matter. However, where appropriate, agreement and understanding about the sharing of information may be helpful in engaging individuals in the process the needs, feelings, views and wishes of the child should be taken into account and documented. They may also need additional support to understand and communicate information sharing decisions

Decisions in relation to information sharing must be based not only upon considerations about the safety and wellbeing of the individual, but also the safety of others information can be shared. This must be done in a way that complies with the relevant areas of law such as data protection, human rights and confidentiality in all circumstances. It is important to be transparent with children and families so that they know what information is to be shared or has been shared and in what circumstances. In certain exceptional circumstances, it may not be appropriate to advise the individual that information is to be shared.

Children and their families should also be aware that they can challenge whether sharing information is proportionate a record should be made of the reasons and considerations that informed the decision to share the information.

If, where there is a possible child protection concern, a decision is made not to share information, consider:

- what are the reasons for deciding not to share information?
- what harm could result if this information is not shared?
- what are the possible risks for the child or young person or for others if information is not shared and how serious could those risks be?

Reasons for deciding whether or not to share information should be recorded.

Should the child, young person or family be informed?

Individuals have the right to be informed about the collection and use of their personal data. This is a key transparency requirement under the UK GDPR. Therefore, the child, young person or their family should be informed about what information about them is being shared, with whom and for what purpose. There are circumstances where you may not have to inform the child, young person or family that you intend to share information. For example, where it would seriously impair the achievement of the objectives of the processing (e.g. you would not need to inform the child, young person or family that you intend to share information for the purposes of safeguarding a child or young person where the family members are being investigated for neglect of that child or young person).

You should not routinely rely on exemptions; you should consider them on a case-by-case basis. You should justify and document your reasons for relying on an exemption. There is more information on exemptions on the ICO's website Exemptions.

Rights of the child

Article 12 of the UNCRC states every child and young person who is capable of forming his or her own views has the right to express those views freely in all matters affecting him or her, with those views being given due weight in accordance with the age and maturity of the child and young person.

In order to fulfil the rights under Article 12 where children and young people's views are not known on a matter that is likely to have an impact on them, those delivering public services should take steps to obtain their views. Therefore, Article 12 must inform the approach to participation of children and young people within the practice model.

A child or young person's capacity includes, among other things, their ability to understand different choices and make decisions. As children and young people

grow and develop, they tend to develop the ability to make more decisions for themselves. In the UNCRC, this is referred to as a child's "evolving capacities". Children's capacity develops gradually, and it doesn't happen at the same speed for everyone – it depends on things like their experiences, education and maturity, as well as the complexity and magnitude of the decision being made.

There is no lower age limit on the right of the child or young person to express their views. Those seeking to understand the views of children and young people should give due consideration to the evolving capacity of the child or young person. It is not up to the child or young person to prove their capacity. A child is able to form views from pre-verbal stages.

Implementation of Article 12 requires recognition of, and respect for, non-verbal forms of communication including play, body language, facial expressions, drawing and painting, through which very young children demonstrate understanding, choices and preferences.

Under the Education (Additional Support for Learning) (Scotland) Act 2004, children (aged 12-15) and young people (aged 16+) with additional support needs may have specific rights. These rights seek to ensure that children and young people can ask for their additional support needs to be identified and planned for; receive advice and information about their additional support needs; be fully involved in discussions and decisions about the support that they will receive; and access dispute resolution procedures to resolve concerns.

Children and young people have the same rights as adults over their personal information and where they are deemed to be competent to do so, are able to exercise their own data protection rights. More detailed guidance is available in Children and the GDPR. Data protection legislation provides that in Scotland, children aged 12 or over are presumed to be mature enough to provide their own consent or exercise the rights conferred by data protection legislation, unless there is any reason to think that they are not.

In many circumstances, the sharing of information about a child or young person will be permitted without having to obtain the consent of the relevant child or young person.

The child, young person or their family should at least be informed about what information about them is being shared, with whom and why this is necessary, unless you have justifiable and lawful reasons for disclosing a child or young person's information without their knowledge.

Article 12 of the UNCRC must inform the approach to participation of children in child protection processes. This makes no restrictive presumption about age. Article 12 states:
"Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."

There is no age limit on the right of the child to express their views. Practitioners must not begin with the assumption that a child is incapable of expressing her or his own views, but rather presume that a child has the capacity to form their own views and recognise that she or he has the right to express them. Advocacy, translation or communication support may be needed.

Practitioners must consider whether the child has the capacity to make their own decisions. Under the Data Protection Act 2018, a child under the age of 16 must be treated as though they have capacity to exercise their rights under that Act, if there is reason to believe that the child has a general understanding of what it means to exercise those rights.

If a child is too young or immature to understand the full implications of information sharing practitioners should seek the consent of the parent on behalf of their child unless there are good reasons not to do so, in which case these reasons should be recorded.

In general, it should be assumed that a child who is over the age of 12 years has reached the age where they have the necessary level of maturity to have this understanding, unless there is evidence to the contrary.

Implementation of Article 12 requires recognition of, and respect for, non-verbal forms of communication including play, body language, facial expressions, and drawing and painting, through which very young children demonstrate understanding, choices and preferences.

Sharing Concerns where a Child or Young Person is at risk of harm

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 that causes concern?
4. Are there factors that indicate risk of significant harm 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, then 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, the informed agreement of the child or parent may well be available and helpful, but their consent to share information is not a requirement.

The concern and other relevant information should be shared with Police and/or Social Work without delay. Help and Advice numbers are available at: www.hcpc.scot.

Good recording of relevant information about 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.

Sharing Concerns about the wellbeing of Children & Young People

When a practitioner who is not the Named Person or Lead Professional has information about a child's well-being indicating that the child is not in need of protection, but he/she may be in need of additional support, the sharing of relevant information with the child's Named Person or Lead Professional is likely to be in the child's interests.

In these circumstances, the practitioner should:

- Engage with the child and parents to consider the **5 Questions**:

    1. What is getting in the way of this child's well-being?
    2. Do I have all the information I need to help this child?
    3. What can I do now to help this child?
    4. What can my agency do to help this child?
    5. What additional help, if any, may be needed from other agencies?

- Seek consent to share the relevant information with the child's Named Person or Lead professional. This should be clearly recorded.

- Where the informed consent of the young person or parent has been given, the practitioner should share the relevant information with the child's Named Person or Lead Professional so that coordinated help can be offered to the child if needed. (This is likely to be most effective when the child or parent is also directly involved in the sharing of information).

- Information shared and subsequent actions taken must be recorded in accordance with agency guidance. In cases where a child is considered to be at risk of harm, following discussion with the Named Person,Lead Professional and/or Local Social Work Teamsignificant information should be recorded on the **standard Child Concern Form** which is forwarded to the Named Person, Lead Professional and/or Social Work as agreed.

- Health Staff should use the Health **Child Concern Form** record child protection concerns and share with health colleagues as well as the Named Person, Lead Professional or Social Work as agreed.

- In Education, following discussion with the Designated Child Protection Co-ordinator, school staff should use **Form 1** to record their concerns and forward this to the Designated Child Protection Co-ordinator for the school.

- A parent or young person may choose not to agree to information sharing for a range of appropriate reasons. The practitioner may assist the individual/s to

consider the relevance of sharing information to their particular circumstances, while respecting the decisions of the young person or parent.

- In the absence of agreement to share information, the practitioner should monitor the situation if the concern persists. This may include seeking advice about whether the nature of the concern has become such that it falls within a category that may be shared without consent in the interests of child or others.

- The reasons for a decision to share without consent should be recorded, following Child Protection or other relevant procedures. Shared information should be relevant to the concern and proportionate. It is good practice to inform the child and parents of the decision to share and explain the reasons why. There may be exceptional circumstances in which this is not possible or in the child's interests and this should also be recorded.

Concerns directed to the Named Person or Lead Professional

The Named Person, Lead Professional and/or Social Work response to any concern will depend on the nature of the issues, the impact or likely impact on the child and the supports currently in place.

They will:

- Consider the concern and other information shared with them in light of what is already known about the child and their circumstances.

- Using the child's record and discussion with relevant colleagues (including review of any existing plan) apply the structure of the Wellbeing indicators, My World Triangle and Resilience Matrix. This will inform decisions about the need for any subsequent actions to be taken.

- Follow Child Protection procedures when a suspicion of abuse or neglect is identified due to an emerging pattern.

- In this process they will seek the views of the child and parents as appropriate to consider what help might be necessary and involve them in drawing up a plan or reviewing a plan which is already in place.

- Ensure a record of the concern and subsequent actions are placed in the child's record/chronology in accordance with service guidance, and co-ordinate any further action required.

Concerns from Police Scotland

Unless an immediate response to a child's safety is necessary, police will share well-being concerns resulting from contact with families with children as soon as practically possible. This takes the form of electronically generated information using the Child Concern Form.

Information is routed through a single Named Person Service mailbox, into which Police Scotland send relevant well-being concerns about children and young people resident in Highland. This mailbox is **only** used for information generated by Police Scotland about children in Highland.

On each weekday morning Police Scotland send a summary report listing all children for whom a Child Concern form is to follow. The subsequent detailed information is then forwarded to the Named Person or their supervisor by the by Highland Council administration staff. The information will also be recorded directly into the CareFirst record of a child who has a social worker Lead Professional or who has current social work assessment. Authorised staff members in practice leadership roles in each area have an overview of the Named Person Service mailbox in order to support assessment and collaboration and provide relevant cover in the absence of a Named Person.

Concerns from Hospital based staff

Communication of concerns about the wellbeing and safety of children can normally be managed by the relevant professionals in the Family Team in the associated school group. Named Persons are identifiable by the child's age or school attended.

Hospital staff may not be able to easily or immediately identify the appropriate team, school, Named Person or existing Lead Professional. Hospital staff who need to share a concern about a child and are unsure which team to contact should contact the Child Protection Advisor Team (Health) for further advice. Additional help and advice numbers for Social Work teams, including Emergency Social Work are also available at www.hcpc.scot.

In such cases, the person reporting the concern should record their actions and follow up the discussion with a completed Health Child Concern Form which they should send to the identified Named Person/Lead Professional/Team and any other relevant health professionals.

PART 4:

Getting It Right for Every Child (GIRFEC): Assessment, Analysis & Planning – Understanding the Practice Model

Practice Guidance

Getting it Right For Every Child (GIRFEC) is the Scottish Government's commitment to provide all children, young people and families with the right support at the right time – so that every child and young person can reach their full potential.

This guidance is intended for practitioners and service leads who work with children, young people and families and aims to provide practitioners with a deeper understanding of wellbeing. The Practice Model seeks to support practitioners to consider ways to improve wellbeing for a child or young person.

The refreshed National Model contains a number of key changes:

- Greater emphasis on child-centred, rights-respecting, strengths-based practice and the inclusion of children, young people and their families at every stage of the process;
- Simpler language identified which can be used when working together with children, young people and families;
- A deeper understanding of the impact of trauma and Adverse Childhood Experiences (ACEs) in considering the My World Triangle; and
- Further detail provided on the Resilience Matrix.

The refreshed values and principles of GIRFEC we want to fully embed and implement are:

- Placing the child or young person and their family at the heart, and promoting choice, with full participation in decisions that affect them;
- Working together with families to enable a rights respecting, strengths-based, inclusive approach;
- Understanding wellbeing as being about all areas of life including family, community and society;
- Valuing difference and ensuring everyone is treated fairly;
- Considering and addressing inequalities;
- Providing support for children, young people and families when they need it, until things get better, to help them to reach their full potential; and
- Everyone working together in local areas and across Scotland to improve outcomes for children, young people and their families.

Further information on using the Practice Model can be found here.

Roles and Responsibilities

Named Person Service

The Getting it right for every child (GIRFEC)/Practice Model approach underpins both preventative and child protection processes. This includes an identified point of contact to provide early support, advice and access to services, a shared approach

to assessment and consideration of wellbeing, and a shared response to identified needs, included planning for children across services where needed.

Parents need to know who they can contact when they need access to relevant support for their child's wellbeing. Within this approach, these foundations are carried out through the role of a named person who is able to provide a clear point of contact within universal services, if a child, young person or their parents want information, advice or help.

The Named Person service is provided by a person known to the child and family from universal services. This is usually a health professional (midwife/health visitor) from birth to school age, a head teacher or depute during primary school years and a head teacher, depute, pastoral care teacher or guidance teacher during secondary school years. For children who are home educated the initial contact should be with the appropriate Area Education Manager, who will consider the most appropriate member of education staff to act as Named Person for the child.

The family may be offered direct support from their named person, or access to relevant services offered by the NHS, local authorities and Third Sector or community groups. If a child or young person needs support from a single service, the Named Person will be responsible for recording and coordinating the plan. If it is a multi-agency plan, a Lead Professional will be responsible for integrating the contributions from each partner agency into one plan, the Child's Plan.

At times during childhood and adolescence, some children and young people will need some extra help. A named person service can provide or access information, advice and support to children and young people from within their own service, and when necessary, request support from other services or agencies. Further details on the role of the named person can be found here.

Lead Professional

During childhood there may be circumstances where children, young people and families require the support of a child's plan.

A personalised child's plan is developed when those working with the child or young person and family identify that a child or young person needs a range of extra support planned, delivered and co-ordinated.

When a child's plan is required and involves more than one agency/service, this is where a lead professional will be needed. The lead professional is an agreed, identified person within the network of practitioners who are working alongside the child or young person and their family.

In most cases, the professional who has the greatest responsibility in coordinating and reviewing the child's plan will undertake this role.

Throughout a child or young person's journey, this person may change depending on the child or young person's needs, but there should always be a lead professional identified when there is a multi-agency child's plan.

All decision-making about support and the child's plan should seek and act on the views of the child or young person and their family, where appropriate, in accordance with their best interests and in consideration with their full spectrum of rights.

Any practitioner or professional providing support to the child or young person could be identified as the lead professional. This includes any person working across the universal services of health, social work and education (including early years), as well as a person from a third sector organisation or specialist service.

In child protection cases, the role of a lead professional will be taken by the local authority Social Work Services. Where a child is believed to be at risk of significant harm, a Child Protection Plan should be incorporated into the child's plan for as long as the risk of significant harm is deemed to last. The multi-agency group working with the child and their family will be known as the Core Group. For further information, see Part 5 of these procedures.

A lead professional will:

- ensure the child's voice and experience is heard and their views recorded
- work with the child and family, ensuring shared understanding about the plan and about how it is working from the perspective of child and family
- track and respond to changes in circumstances that may affect the plan
- be a point of contact for all practitioners who are delivering services to the child
- make sure that the help provided is consistent with the child's plan
- be a bridge to engagement with and support from other agencies
- offer to link the child and family with specialist advocacy when appropriate
- monitor how well the child's plan is working
- co-ordinate the provision of other help or specialist assessments as needed

A lead professional will make sure the child is supported through significant points of transition. They will ensure a planned transfer of responsibility when another practitioner becomes the lead professional, for example if the child's needs change or the family moves away. Further detail on the role of the lead professional can be found here.

When the complexity or urgency of need requires co-ordinated intervention from more than one service or agency, it is crucial that a lead professional is identified to take on that coordinating role. A 'child's plan' should be developed.

Children and families may be involved in several formal processes. For example, they may be looked after and have a Child Protection Plan, and/or have significant educational needs and have a Co-ordinated Support Plan. They should experience a co-ordinated process, managed as far as possible by a single meeting structure, with due respect for principles of lawful information sharing. Family understanding and positive engagement is likely to depend on the extent to which they can hear and be heard and become partners in 'joined up' planning.

Where a child is thought to be at risk of harm, their safety is the priority concern and assessment and planning processes will reflect this.

A Child Protection Planning Meeting (CPPM) is an inter-agency meeting which is convened when there are concerns that a child is or may be at risk of significant harm. Part 5 of these procedures describes activities that precede a CPPM. The Chair ensures the CPPM supports engagement of parents and all relevant agencies in assessment of risks and strengths, and in planning next steps. This includes potential referral to the Principal Reporter.

A lead professional will be responsible for ensuring the production and review of an agreed multi-agency child's plan as detailed in these procedures. This should integrate information from previous plans by individual agencies as appropriate. Reports for a child's planning meeting or for a CPPM should be circulated to everyone involved, especially the child and family. Reports should be available and presented so that they are accessible to all. This includes, for example, children or parents or carers with learning disabilities.

Identifying and responding to children's additional needs

Some children may require additional support to have their needs met. Concerns may be identified by the child or their family, by someone in the community, by a Named Person, or by a practitioner or clinician in any organisation, including adult focussed services and the police.

In addition to the family's expertise, the routine records maintained by health and education staff for all children contain essential information about a child's history, circumstances and development.

Professionals who provide services to adults are also able to consider the implications for children who are affected by adults' needs. Information that is routinely and properly recorded will form the basis of understanding what help children might need, at whatever time difficulties emerge.

By recording systematically, using the wellbeing indicators to underpin assessment and action planning, information can be quickly shared in response to a child's emerging or increasing needs.

The potential implications for other children in the family or network must also be considered and communicated to the relevant Named Person and other professionals as appropriate.

Concerns about a child may relate to a single issue or a series of events that may adversely affect the well-being or safety of a child. Concerns may arise from observation of the child (for example - not doing as well as expected) or from someone associated with the child that might make them vulnerable (for example – a parent who has difficulties in relation to substance misuse, domestic abuse or mental ill health). Concerns can point to patterns of behaviour or needs and risks.

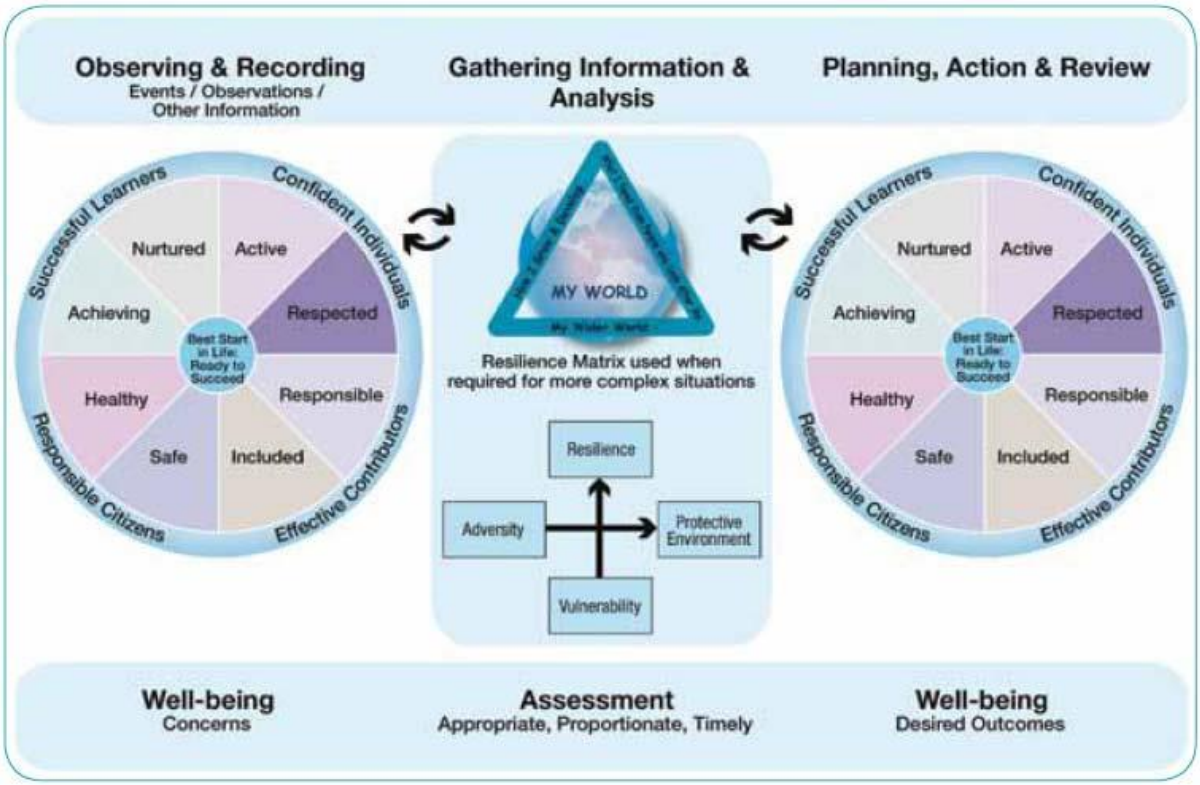
Difficulties or concerns are identified at an early stage whenever possible, and steps taken to ensure that additional help is available when needed. Help is given as quickly as possible and in consultation with children and their families.

Help should be appropriate, timely and proportionate to the individual circumstances of the child. The practitioner or clinician will often be able to act quickly to provide what is needed. In other instances, the Named Person or other professionals will act to ensure that children and families are linked to other services that can best address their needs.

The Practice Model

The Practice Model diagram summary below brings together the My World Triangle, Resilience Matrix, wellbeing indicators (SHANARRI) and the four contexts for learning within Curriculum for Excellence, to support overall assessment. It is intended to provide a structure to support practitioners, working together with children, young people and families, to make effective use of assessment information. This information will likely have been gathered from multiple sources, including regular information gathering processes on the progress of a child or young person with full participation from the child or young person.

The Practice Model:



Making sense of this information is a crucial next step before making a plan which supports a child or young person. A resilience-based approach fits closely with the aims of GIRFEC to build on the strengths in the child's whole world, always drawing on what the family, community and universal services can offer.

When assessment, planning and action are needed, the Practice Model can be used in a single or multi-agency context:

- It provides a framework to structure and analyse information consistently to take account of the strengths, challenges faced by a child or young person, alongside their needs, and to consider the scaffolding of support that may be required;

  and

- It enables full participation of children, young people and their families in gathering information to assess what support they may need, and to make joint decisions to plan and deliver that support.

The Practice Model is based on an understanding of a child or young person's world based on an ecological model that considers the child or young person to be at the heart of their family and community. It is a dynamic and evolving process of assessment, analysis, action and review, and a way to identify outcomes and solutions together with children or young people.

Using the Practice Model in this consistent way allows practitioners, together with children, young people and families, to undertake an assessment, construct a plan and provide appropriate support. It also allows for regular and consistent review of the plan.

It is important to note that there will be occasions when, through the professional judgement of practitioners, Child Protection procedures must be instigated to address an immediate need for the child or young person to be 'safe'. Child Protection procedures are available in Part 5.

The wellbeing indicators can be used to structure the recording of routine information about a child or young person. This will allow proportionate and relevant information to be shared lawfully (Part 2: Information sharing).

The Practice Model has four steps outlined below. The voice of the child or young person should be evident at all stages; their opinions and perspectives need to be taken into account in accordance with age (see glossary) and maturity of the child (UNCRC, Article 12) in a developmentally appropriate way:

1. The **Wellbeing Indicators**: Using the wellbeing indicators in the 'Wellbeing Wheel' to observe, discuss and record information which may indicate the scaffolding of support needed for a child or young person.

2. The **'My World' Triangle**: Helps to understand a child or young person's whole world. It can be used to explore their experience at every stage, recognising there are connections between the different parts of their world. In the assessment process, it can be used to explore strengths, needs and risks.

3. The **Resilience Matrix**: Used in more complex situations, the Resilience Matrix helps organise and analyse information when there is a perceived risk to a child or young person.

4. **Planning, action and review** using the 'Wellbeing Wheel': When the child or young person's needs are clear, they can be summarised using the Wellbeing Wheel to develop an individual plan to provide support.

The Wellbeing Indicators

Wellbeing is considered and assessed across the aspects of children and young people being Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. These are the wellbeing indicators as referred to within section 96(2) in Part 18 of the Children and Young People (Scotland) Act 2014.

Under the Children (Scotland) Act 1995, parents have the responsibility to safeguard and promote the health, development and welfare of their children (see section 1(1)(a) on the parental responsibility to safeguard and promote a child's health, development and welfare. This is subject to section 3(1)(b), (d) and (3) of the Act). Where parents and families require support to do this, the GIRFEC approach aims to ensure that early offers of support are made available.

The wellbeing indicators identify the areas in which an Assessment of Wellbeing is demonstrated, in order to enable all children and young people to reach their full potential. They allow practitioners, together with children and young people, to discuss, consider and record observations, events, strengths and needs, and to plan support. The 'My World Triangle' and the 'Resilience Matrix' are used in conjunction to gather, structure and assist in the analysis of information. In some cases, recording progress using the wellbeing indicators will allow the identification of needs that only become apparent from cumulative information or collated single-agency or multi-agency records.

There are five key questions that practitioners should ask themselves when considering a child or young person's wellbeing needs, whilst maintaining a focus on the rights of the child. The child or young person should fully participate in discussions when considering these questions:

1. What is getting in the way of this child or young person's wellbeing?
2. Do I have all the information I need to help this child or young person?
3. What can I do now that is needed and appropriate to help this child or young person?
4. What can my agency or organisation do now to help this child or young person?
5. What additional help, if any, may be needed from others?

Wellbeing Indicators:

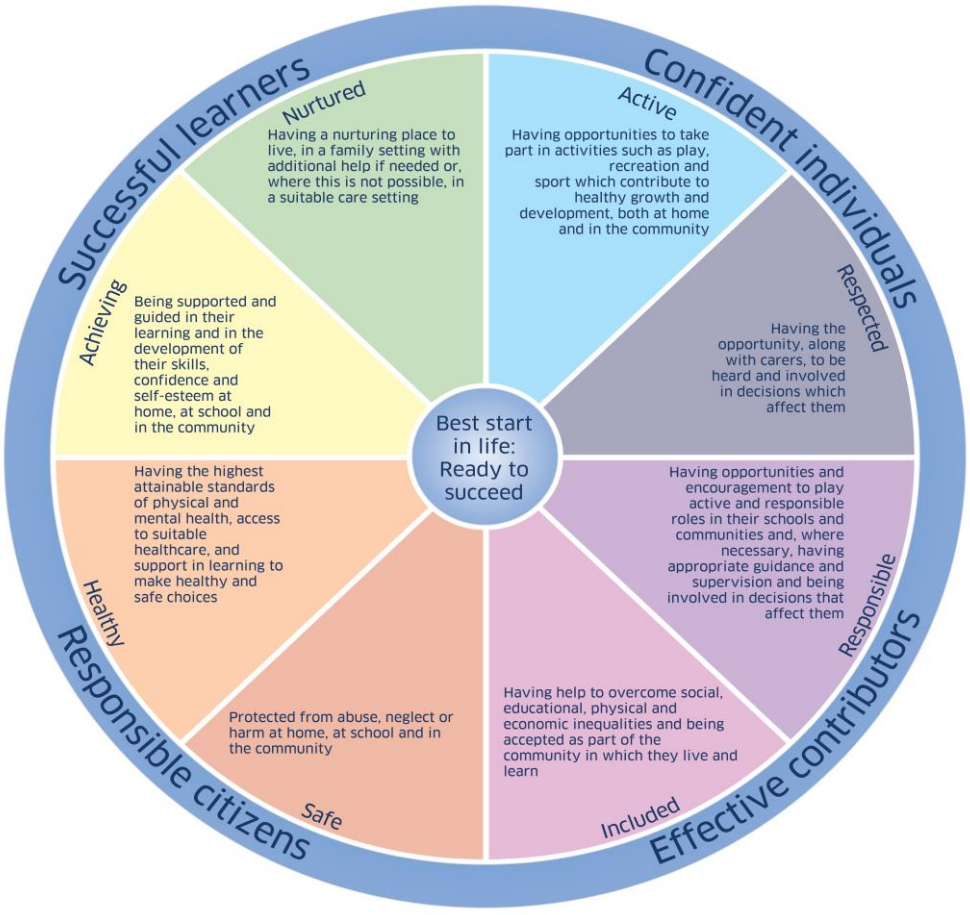
The well-being indicators are an essential feature of the practice model and are used at three points during the assessment and planning process.

1. To provide a context for identifying and recording concerns.

2. As a framework for
   - analysis of further information gathered around the My World Triangle
   - setting goals
   - the actions to be taken to bring about the desired outcomes

3. To provide clear objectives against which the plan can be reviewed

The Wellbeing Wheel



Safe – growing up in an environment where a child or young person feels secure, nurtured, listened to and enabled to develop to their full potential. This includes freedom from abuse or neglect.

Healthy – having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.
Achieving – being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.

Nurtured – growing, developing and being cared for in an environment which

provides the physical and emotional security, compassion and warmth necessary for healthy growth and to develop resilience and a positive identity.

Active – having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.

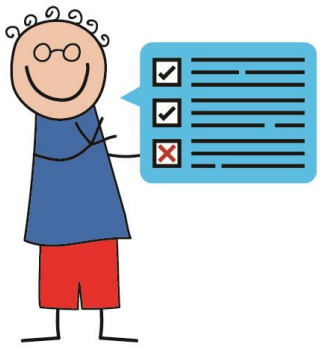
Respected – being involved in and having their voices heard in decisions that affect their life, with support where appropriate.

Responsible – having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision.

Included – having help to overcome inequalities and being accepted as part of their family, school and community

Assessment and Analysis

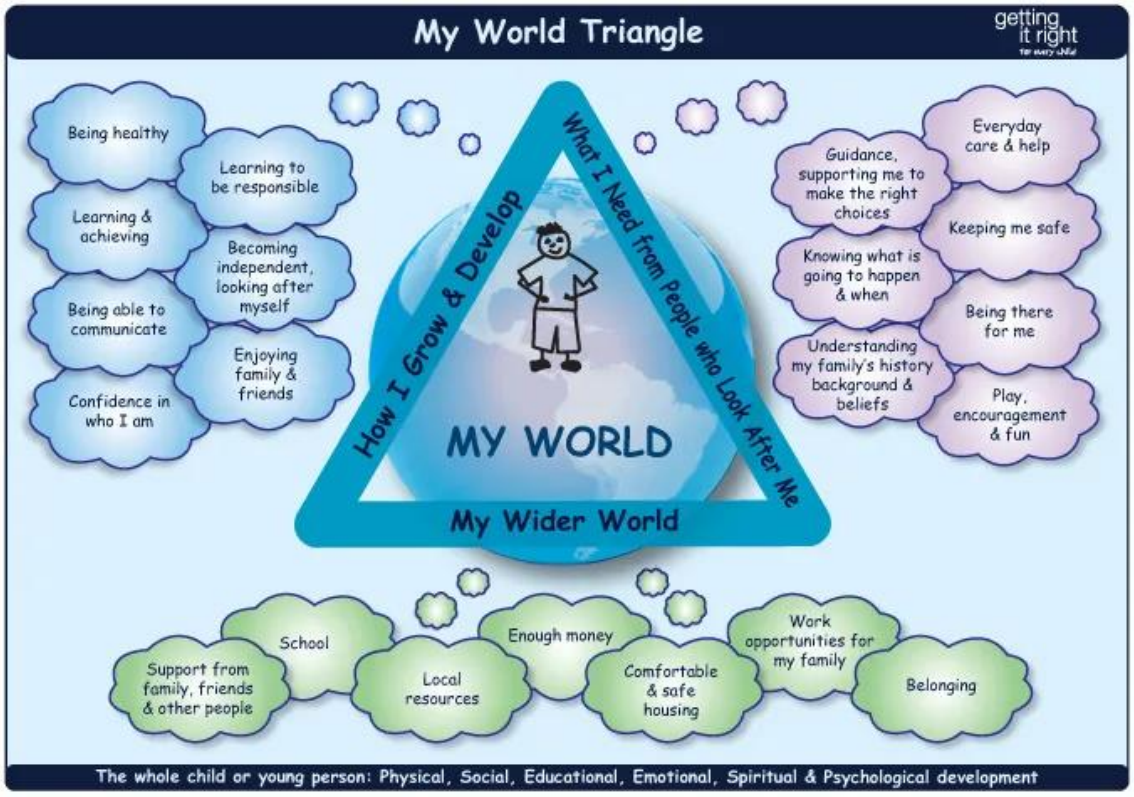
The main tool for assessing the current circumstances in a child or young person's whole world is the My World Triangle. The fundamental importance of supportive and trusted relationships can be explored using the Triangle, which is especially relevant considering our ambition of all children and young people growing up loved, safe and respected. The Triangle has been developed from a knowledge and research base in relation to children's development and its use helps to support the realisation of children's rights.



My World Triangle

Practitioners should support children, young people and families to fully participate in discussions about what is happening in a child or young person's world. Using the 'My World Triangle' allows practitioners, together with children, young people and families, to consider:

- How the child or young person is growing and developing;
- What the child or young person needs and has a right to from the people who look after them; and
- The impact of the child or young person's wider world of family, friends, community and society.



The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

How I grow and develop is where consideration should be given to factors in the child or young person's life relating to various aspects of physical, cognitive, social and psychological development. In order to understand and reach sound judgments about how well a child or young person is growing and developing, practitioners must think about many different aspects of their lives including: learning and achieving, positive relationships with family and friends, self-confidence, independence and communication.

What I need from the people who look after me accounts for the critical influences of other people in the child or young person's life. Parents/Carers normally have the most significant role, but the role of siblings, wider family, teachers, friends and community is also important. Considering the inputs from people surrounding the child or young person can indicate where there are strong supports and where other supports are required. Practitioners must think about a range of factors including: every day care and support, positive adult role models, knowing what is going to happen and when, and an understanding of family background, beliefs and culture.

My wider world reflects how the communities where children and young people grow up can have a significant impact on their wellbeing and the wellbeing of their families. The level of support available from a child or young person's wider family, social networks and within their neighbourhood can have differing effects. Practitioners must think about the local context including: employment, education, healthcare, housing and sense of belonging and safety.

In all cases, information should be divided into strengths and challenges faced by a

child or young person and family. Practitioners should consider all sides of the Triangle in relation to a child or young person, but it may not be necessary to gather detailed information on all sides of the Triangle if this is not proportionate to the issues identified.

Many factors shape children and young people's development from before birth, throughout childhood, adolescence and beyond. These include a mixture of genetic and individual factors (nature) and the child or young person's experiences (nurture) in their family environment, learning settings and communities. This includes impacts of poverty, inequality and discrimination. Secure attachments to adult caregivers are crucial for healthy childhood development, future relationships and emotional wellbeing into adulthood. Adverse or traumatic experiences can impact on children's healthy development and wellbeing. Children and young people can be more vulnerable to the impacts of adversity and trauma (compared to adults) because their brains are still developing and they are often dependent on adults around them to provide support and safety.

Studies of adverse childhood experiences (ACEs) show that early, effective support is important to support resilience and mitigate the impact of adversity and trauma. Brain adaptability in childhood means children and young people are particularly responsive to healing interventions at this life-stage.

The My World Triangle examines key aspects of the child or young person's wellbeing across the three sides of the Triangle. These enable practitioners, together with children and young people, to think about what is happening in a child or young person's whole world.

Using the information to assess a child or young person's needs: Practitioners routinely gather some of the information across the sides of the My World Triangle through their work with children, young people and families. The information gathered, alongside any assessments undertaken, should determine the need for (and right to) additional support. It is important to consider that what is happening on one side of the Triangle may have a significant impact on another side. There may be overlap between the different sides of the Triangle. Use of The My World Triangle should be proportionate to the need identified.

Some critical questions for practitioners to consider during the assessment:

- What are the views of the child, young person and their family?
- What are the strengths, talents and needs of this child or young person?
- Which aspects of family relationships promote the child or young person's development and wellbeing?
- How can the parent-child relationship be strengthened?
- What other factors are influencing the child or young person's wellbeing and development?
- What would help the parents to support the child or young person to reach their full potential?

A child or young person's age and stage of development should have a bearing on the assessment of their needs and the planning and actions taken to support them.

Children, young people and families should be supported to fully participate in discussions as the assessment of need is made, and be involved in decision-making, including receiving accessible information on the decisions reached and why.

All children and young people are likely to have strengths and also to face challenges in their lives. The balance between these is important, as is considering the strengths to be built upon and what can be changed to reduce challenges.

Practitioners should take account of factors that may enhance a family's support, such as the availability of good relationships with extended family, friends or community, and factors promoting personal resilience. When adult services are working with an individual, they should consider how their help can positively impact upon children and young people.

To supplement an assessment of the child or young person's needs or to explore specific areas of the 'My World Triangle' in more depth, practitioners may wish to make use of specialist reports from other professionals, including the third sector. These specialist reports may be made available through the family, or the practitioner may need to discuss with the child, young person and their family the benefits of securing these from specialists.

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 and alternative interpretations of information. 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 wellbeing need to be achieved. An analysis must reach an understanding of what promotes or compromises healthy development for this particular child.

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
- achieve an understanding or explanation about why these things have happened
- understand the impact of strengths and pressures on this individual child (see resilience matrix diagram below)
- reach an understanding with the partners to the plan about what needs to be improved
- consider what has been tried so far and what that has achieved

- identify the short and longer range aims in terms of improving the child's 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 Plan

Evaluation of risk in the analysis

If a child or young person is considered to be at risk of significant harm, the concern and other relevant information must be shared using child protection procedures outlined in Part 5 of this guidance.

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 longer-term risks if early concerns are not addressed. For example, a child may have hearing difficulties or a history of non-attendance at school. Failure to address either of these issues is likely to result in significant impact on the child's development.

Analysing information using the Resilience Matrix

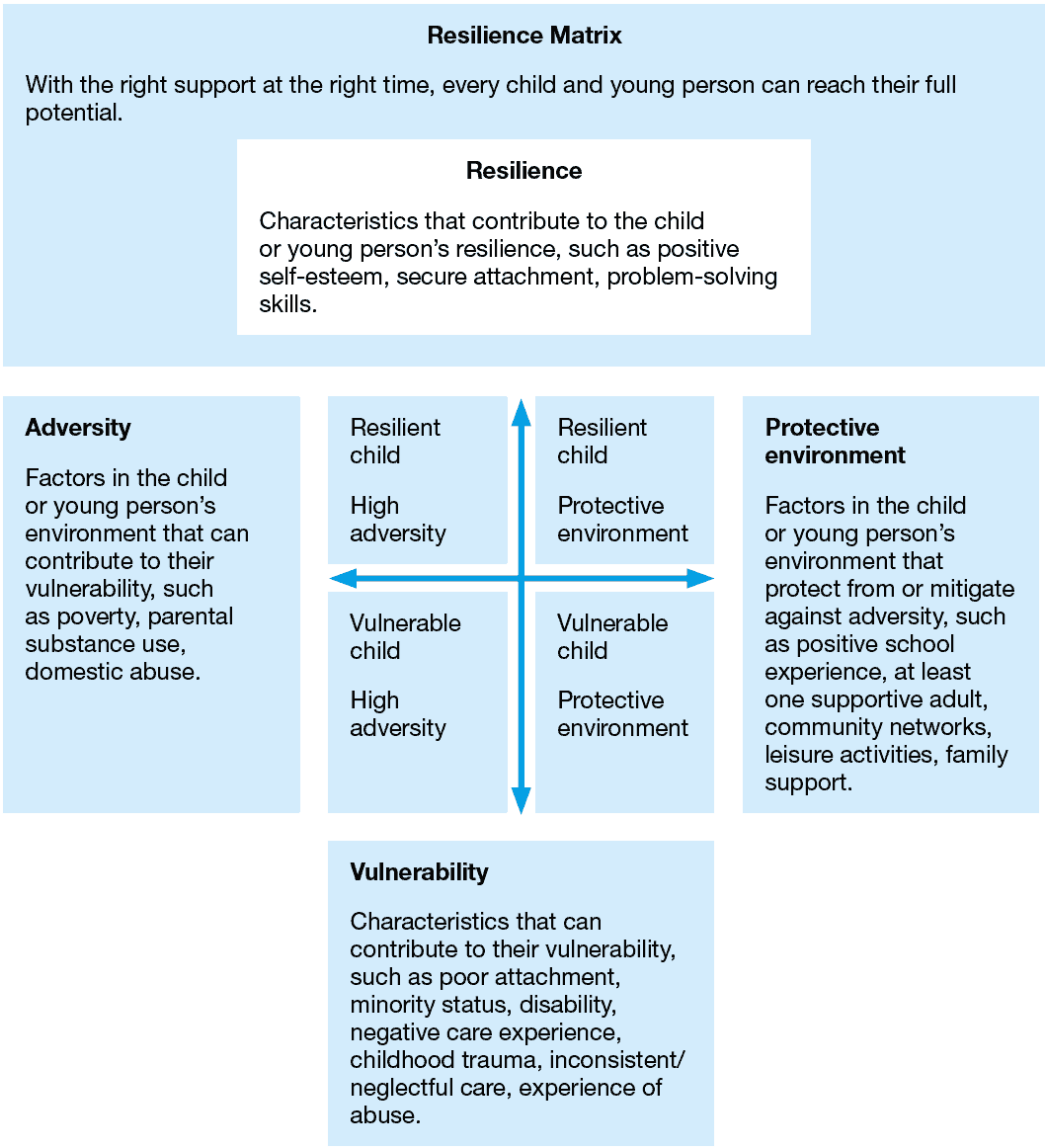
The Resilience Matrix enables practitioners, together with children, young people and families, to consider characteristics that may cause vulnerability and factors that can contribute to adversity, alongside factors that create a protective environment and resilience within the child or young person.

The aim of this process is to consider the actions needed to support the child or young person by strengthening protective factors and resilience and reducing adversity and vulnerability.

The Resilience Matrix allows the practitioner, child, young person and their family to take the strengths and challenges identified from gathering information using the My World Triangle, along with any specialist assessments, and to group that information within the four headings of resilience, vulnerability, adversity and the protective environment.

The concept of resilience is fundamental to children and young people's wellbeing and is used in assessments by practitioners from many agencies. Resilience in this context is understood as the process of children and young people adapting well in the face of adversity, stress and trauma. A focus on resilience is not to suggest that adversity can be overcome by individual effort or that children and young people should be able to be resilient in the face of severe abuse and neglect, or multiple adversities; it is rather to recognise children and young people's achievements despite such experiences.

Evidence shows that a resilience approach should look beyond individual coping characteristics and should focus on changing environmental hazards and stressors, as well as enhancing individual, family and services' responses and support. Research has identified a range of protective factors which support resilience, which include: support from a trusted adult, education, safe schools and neighbourhoods, financial security, participation in sports and community activities, and supportive social networks and communities.



'Resilience' as described above, is the process of children and young people adapting well in the face of adversity, stress and trauma.

The terms 'adversity' and 'Adverse Childhood Experiences (ACEs)' encompass various types of challenging and sometimes harmful experiences that can threaten healthy physical and psychological development for a child or young person. However, each child and young person's response can vary. Trauma is one potential response; it is when a child experiences this adversity as extremely harmful or

threatening. Multiple factors influence how children and young people respond, including the type and severity of the event, their existing attachment to trusted adults, available support, and wider systems.

Some children and young people require additional support to reach their full potential. This may be due to challenges they face as a result of poverty, health or other inequalities. Support may be needed to access resources (financial security, participation in community activities, and social networks of support): these are called protective factors.

Making sense of information: In beginning to use the Resilience Matrix, practitioners should understand that any assessment is likely to require information from several sources and a lot of information may be gathered for this purpose. Making sense of that information is a crucial next step before making a plan for action. Analysis can often be missed out in assessments, but it is a critical part of understanding what all the information means.

Careful analysis and interpretation of information is essential to support and enable practitioners:

- To identify challenges or difficulties;
- To explain why these have arisen;
- To understand the impact of strengths and pressures on an individual child or young person;
- To consider the needs of the child and young person;
- To consider how these needs relate to the child or young person's rights;
- To help children, young people and families to discuss and agree with them what support they can access;
- To describe desired outcomes and the impact of proposed support, with measurements in place to review over time; and
- To construct the child's plan

Many children and young people who need additional help are experiencing difficult conditions. This may relate to their health, their progress at school or what is happening in their family or community. A resilience-based approach fits closely with the aim of GIRFEC to build on the strengths in the child or young person's whole world, always drawing on what the family, community and universal services can offer.

Using the Resilience Matrix

In some cases, it can be helpful to use the Resilience Matrix as a mind map to help practitioners, together with children, young people and their families, make sense of the information they have gathered and to plan what needs to happen next to improve a child or young person's wellbeing. It is important to see every child or young person in a family as an individual because they may experience the same conditions in a very different way. For other children or young people who are experiencing more complex difficulties, practitioners have often found it helpful to make sense of information to identify characteristics associated with both resilience

and vulnerability, as well as adverse and protective factors by placing particular details of the information gathered in each heading of the matrix.

The National GIRFEC Guidance (Part 1) 2022 outlines key factors for consideration in using the resilience matrix:

Assessing resilience and vulnerability: Practitioners generally find that the individual characteristics that enable a child or young person to grow up to be resilient (e.g. self-worth, problem-solving skills, self-esteem), are so intertwined with their experiences of parents, families (e.g. attachments, harmony, consistency) and wider environments (e.g. schools, neighbourhoods and friendships) that it is difficult to disentangle these.

Assessing adversity and protective factors/environment: It is emphasised that a resilience approach should look beyond individual coping characteristics and should focus on changing environmental hazards and stressors, as well as enhancing individual and family responses to adversities (Dodds, S., (2016)

Therefore, practitioners should explore the extent to which the environment is adverse or protective for the child or young person; assessing the factors that can be located from the My World Triangle that are concerned with wider family, school and community.

Children and family centred strengths-based approach: Focusing on the positives and the strengths in a child or young person's life is likely to help to improve outcomes by building a protective network (Daniel, B and Wassell, S., (2002),*Assessing and Promoting Resilience in Vulnerable Children Vols. 1, 2 & 3,* London & Philadelphia, Jessica Kingsley Publishers Ltd.). The information gathered and categorised under the four matrix headings by the practitioner can be dynamic and will change over time. For example, children and young people's resilience will be affected by the situations faced by the adults with whom they live. It will, therefore, be important to try to predict how changes affecting caregiving adults may affect a child or young person. Predicting possible trajectories for a child or young person will help to make sure contingencies are built in to preserve their protective environment. If these contingencies are not considered, a child or young person's resilience could be weakened by subsequent adverse events.

A child or young person who appears to be coping well outwardly may be suffering internal distress and developing unhelpful coping strategies and defences. This has been termed 'apparent resilience'. Lifespan research has emphasised that there is always the potential for developmental change and, therefore, an 'outcome' is an ongoing process rather than an end point.

This is why it is essential to get to know a child or young person during the process of assessment. There are many factors associated with resilience, but Gilligan (1997) suggests that there are three fundamental building blocks of resilience (Gilligan, R., (1997), Beyond Permanence? The importance of resilience in child placement practice and planning, *Adoption and Fostering, 2(1),12-20*):

- 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.

Using professional judgement and curiosity

There are some factors which may be both protective and also contribute to vulnerability or adversity. Practitioners need to exercise their professional judgement about how to make sense of these different aspects of information and weigh the competing influences. It will also be helpful to look at the interactions between factors because this may also influence whether the impact is negative or positive.

Attention to and curiosity about the experience of the child or young person and family from their perspective is also essential to this consideration. Practitioners will be supported by professional standards and line management structures in reaching decisions which rely on the combination of curiosity and judgement. Once an assessment has been made, it will be possible to consider what scaffolding of support should be put in place for the child or young person and family in order to strengthen protective factors and resilience, and reduce adversity and vulnerabilities.

Together with the child or young person, information should be positioned under the four headings of the matrix and thought given to the child or young person's needs and the desired outcomes. These details should then be considered against the eight wellbeing indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included. Action may be needed against only some or against every indicator and it is crucial to ensure these actions are proportionate to the issues identified.

This analysis then forms the basis for decision-making with the child or young person and family and other practitioners on whether a child's plan is needed. If it is agreed that compiling a plan is appropriate, there should be a discussion about what should go in it, including consideration of what actions need to take place to improve protective factors and resilience, what needs to happen to reduce adversity and vulnerability and who is going to carry out those actions.

Chronologies

Article 19.2 of the United Nations Convention on the Rights of the Child (UNCRC) requires Parties' protection of children to include measures for identification of all forms of 'maltreatment'. 'The Promise' acknowledges that, underlying situations *"where the worst has happened to children is the acknowledgement that key information about a child was not shared timeously or not listened to. In many cases the information shared was not taken account of by the people who needed that information. There are processes and procedures that can assist with the swift, smooth sharing of information"* (Independent Care Review, p36).

A chronology is a timeline of child, young person and family circumstances. It provides a record of **key events** in the order that they happened. Chronologies may be put together by one or more agency to help them understand how to support a

child, young person or family. Chronologies can help prevent people having to keep repeating what has happened in their lives.

Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm. Setting out key events in sequential date order, they give a summary timeline of child and family circumstances [or those of an individual using adult services], patterns of behaviour and trends in lifestyle that may greatly assist any assessment and analysis. They are a logical, methodical and systematic means of organising, merging and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration, investigation and assessment (National Risk Framework, (2012)).

A triennial report on learning from significant case reviews (Care Inspectorate, (2018), p26-7) strongly evidenced the need to improve information sharing, recognition of patterns and analysis of concerns, by means of multi-agency chronologies. The Care Inspectorate (2017) Practice Guide to Chronologies remains a central point of reference.

The Practice Guide to Chronologies, Care Inspectorate, (2017) sets out nine key characteristics of a chronology that should mean it is:

- a useful tool in assessment and practice
- not an assessment, but part of assessment
- not an end in itself, rather a working tool which promotes engagement with people who use services
- accurate and relies on good, up-to-date case recording
- detailed enough but does not substitute for recording in the file
- flexible so that detail collected may be increased if risk increases
- reviewed and analysed–a chronology which is not reviewed regularly is of limited relevance
- constructed differently according to different applications, for example current work and examining historical events
- recognising that single-agency and multi-agency chronologies set different demands and expectations

A chronology should be clearly laid out with the following (minimum) information:

- ✓ Date(s) of significant event
- ✓ Details of significant event
- ✓ Source of the information
- ✓ Action(s) taken to support and/or to ensure safety of child/family member(s)
- ✓ Name of person entering the information

The Practice Guide to Chronologies (2017) states that, as part of a skilled and focused approach, chronologies can be an essential tool in caring for and protecting children and adults by:

- bringing together issues identified by different agencies and presenting them coherently
- contributing precise data which can help practitioners to identify patterns of behaviour which will contribute to an assessment
- recognising that a chronology is relevant in criminal justice work for assessing

and managing people who constitute a high risk to themselves and/or others
- using their findings as an integral part of supervision and peer review
- strengthening the partnership between practitioners and people who use services.

Chronologies – Information Sharing

You should give the same consideration to the information shared within chronologies as you give to other information sharing.

When contributing to, developing, sharing or storing a chronology you should consider the following principles:

- ✓ Only the minimum amount of information should be shared that is necessary for the identified purpose;
- ✓ Information should not be further shared or processed in any manner incompatible with the purpose(s) specified;
- ✓ Information should not be kept longer than is necessary for the purpose identified to the individual to whom it relates; and
- ✓ If sharing or use of information may negatively interfere with an individual's private and/or family life then this interference must be legitimate, appropriate and proportionate to the concerns.

The **lead professional** has the role of coordinating the information into one multi-agency chronology. In advance of the CPPM or Adult Protection Case Conference, the lead professional will request single agency chronologies from all key partner agencies.

The shared template ensures that this can be easily transposed and sorted into date order. The lead professional will summarise and edit information where appropriate, such as where there are duplicate entries or a large amount of historical information. The chronology is then used to support analysis at the meeting and as needed in future.

Developing a Child's Plan

The Child's Assessment and Plan

When a child's needs cannot be met within standard or core provision in education or health services, the assessment and all of the actions to meet additional needs will be recorded in one integrated Child's Plan. The content of the written Child's Plan should be proportionate to the child's circumstances but follows a standard structure.

The Child's Plan is achieved through collaboration with the family and child. The family and services around the child are called the partners to the plan. A core group of significant family members and professionals is identified, including the child if appropriate.

In every case where additional support is required to promote the child's well-being, the reasons, the assessment, the analysis and the plan for action must be recorded using the agreed Child's Plan format.

The plan may be short and simple or complex and detailed – but it must always be proportionate to the child's needs and circumstances. It is also possible (and often necessary) to request access to services before the Child's Plan is fully crafted by the partners.

When the Child's Plan can be fulfilled by some additional resources within a universal service, this is **a single service** Child's Plan. This will be led by the named person.

When the Child's Plan requires the input of more than one service, this is a **multi-agency** Child's Plan and requires the identification of a lead professional to co-ordinate the plan.

When interventions are required to protect a child from significant harm, this is a **Child's Protection Plan** (see Part 5).

If it is a single service plan, the Named Person will be responsible for recording and coordinating the plan. If it is a multi-agency plan, the Lead Professional will be responsible for integrating the contributions from each partner agency into one plan, the Child's Plan.

Summarising needs against the wellbeing indicators: When the child or young person's needs are clear they can be summarised using the wellbeing indicators to develop a plan for action. Wellbeing indicators can be used to identify priorities, describe what needs to change to improve the child or young person's wellbeing and identify the expected outcomes.

Planning, taking action and reviewing: Any child or young person who requires additional support should have a plan to address their needs and improve their wellbeing. This could be a single-agency plan coo-ordinated by the Named Person or a multi-agency plan co-ordinated by a lead professional.

The Practice Model promotes an integrated and co-ordinated approach to multi-agency planning. It looks to practitioners to work in accordance with legislation and guidance but also expects agencies to think beyond their immediate remit, drawing on the skills and knowledge of others as necessary and thinking in a broad, holistic way. For example, a care plan for a child or young person looked after by the local authority, a health care plan, or an individualised education plan should be incorporated within the child's plan where the child or young person's circumstances require this.

Every plan, whether it is single- or multi-agency, should include and record:

- the views of the child or young person and their family;

- reasons for the plan;
- partners to the plan;
- a summary of the child or young person's needs;
- what is to be done to improve a child or young person's wellbeing;
- details of action to be taken;
- resources to be provided;
- timescales for action and for change;
- contingency plans;
- arrangements for reviewing the plan;
- lead professional arrangements where they are appropriate; and
- details of any compulsory measures if required.

Reviewing a child or young person's progress should be an essential part of a child's plan. It will be useful to revisit the Resilience Matrix as part of the review, while also revisiting the five key questions in considering a child or young person's wellbeing needs. Ensuring the full use of the Practice Model leads to the action required to improve wellbeing for the child or young person and their family:

5 key questions:

1. What is getting in the way of this child or young person's wellbeing?
2. Do I have all the information I need to help this child or young person?
3. What can I do now that is needed and appropriate to help this child or young person?
4. What can my agency or organisation do now to help this child or young person?
5. What additional help, if any, may be needed from others?

What makes a good child's plan?

This checklist can help practitioners developing a child's plan to ensure the assessment and plan is robust and effective in improving outcomes for children and young people.

The Child's Plan

The criteria for a good plan – please tick/cross as appropriate

☐ **No prior knowledge assumed –** Does this Plan paint a full enough picture to meet the needs of readers who may never have considered the child before?

☐ **Accurate and understandable –** Are the 'Details' sections of the Plan accurate and up-to-date? Is the Plan written in clear, understandable, factual language, avoiding repetition?

☐ **Reasons for the Plan –** Does this section provide an overview of why this child needs a multi-agency Plan?

☐ **Basis to Assessment –** Are the sources of information for this Plan clear? Is it based on the best available information? If not, why not, and what's needed to strengthen the assessment of what this child needs?

☐ **Assessment –** Does the Assessment paint a rich enough picture of how this child is growing and developing, what s/he needs and what s/he gets from the people who look after him/her, and from his/her wider world? Does the Analysis capture the impact or likely impact of strengths and pressures?

☐ **Current needs/risks –** Does this section pull together the assessment, and what's now needed?

☐ **Action Plan –** Does the Plan provide a clear sense of direction for this child? Does it capture the goals, the stepping stones to them, the action required and the who/when of how it's to be delivered

☐ **Outcomes** - Is there evidence of improved outcomes through the evaluation within the plan. Please note these below.

☐ **Compulsory measures –** Does the Plan provide a clear assessment of the role for compulsory measures, and any conditions, in supporting the Action Plan?

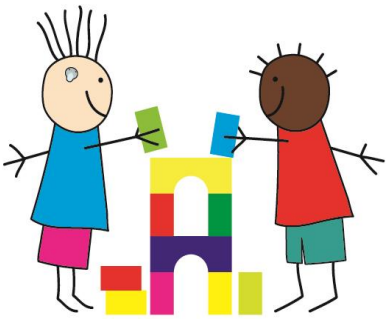
☐ **Child's/Carers' views and action –** Does the Plan capture the role and views of the child and his/her carers in the Assessment and the Action Plan?

☐ **Score out of 10**

The Scottish Government have produced additional guidance to support practitioners developing and contributing to child's plans and this can be accessed here.

Solution Focussed Approaches

Solution focused approaches can be very effective in bringing about change in complex situations. Even a short conversation can have solution focused elements to build collaboration and break the cycle that maintains problems. Practitioners have used this way of working to engage effectively with other professionals, families and with children and young people. This approach can also be helpful in preventive work at the systemic level in for example, helping staff groups and teams find effective ways of working or resolving barriers.



Training and facilitation in all these approaches can be accessed from the Highland Council Psychological Service: (HighlandCouncilPsychologicalService@highland.gov.uk).

This approach follows a carefully designed solution focused process involving young people, families and practitioners and is proven to bring about change in situations. Within the Practice model, Solution Focused Meetings can be used as efficient ways to review and deepen Child Plans. It is good practice for ASGs to have regular timetabled Solution Focused Meetings, involving a regular group of professionals so that a positive cycle of assessment, intervention and review can be embedded.

Where outcomes in the Child's Plan have been achieved

When it has been agreed that the outcomes of a multi-agency plan have been achieved and that a child no longer needs that level of intervention, it is important that this decision is made with the agreement and knowledge of everyone involved, including the child and family.

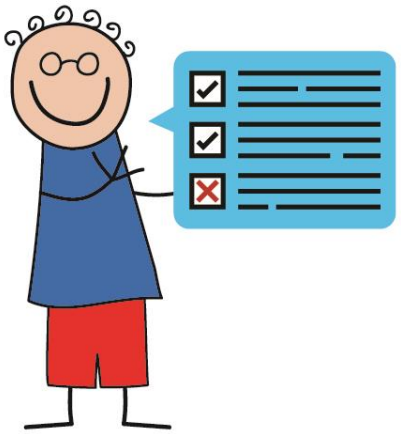
For some children who have had a plan with a Lead Professional from a targeted service, a Child's Plan meeting may conclude that Lead Professional responsibilities should change to a practitioner from Universal Services. In such circumstances, it is the responsibility of the Lead Professional who is handing over responsibility to ensure that all parties involved are informed and prepared for the changes.

The conclusion should be recorded in the Chronology and the time of changeover or ending of the Plan carefully chosen in the interests of the child and family. In this situation it is once again the Named Person who is the contact point for issues about the child, and to whom new concerns should be reported, (unless that concern is about a child who may be at risk of significant harm, in which case Child Protection Procedures will apply).

Part 5:

Child Protection Procedures

Effective Assessment & Planning



Child Protection

Introduction

This section relates to Part 3 of the National Guidance for Child Protection. All practitioners should follow these procedures to ensure the protection of children and young people in Highland. For any additional guidance, please refer to the National Guidance for Child Protection and seek advice from your line manager/child protection lead.

Child Protection is part of a continuum of need within the GIRFEC framework. Children and young people may be in need of protection from harm arising cumulatively or from a single incident. They may require immediate intervention using child protection procedures or may already have a plan in place which is no longer sufficient to safeguard their wellbeing.

This section of the procedures should be used in conjunction with Part 5: The Practice Model to ensure consistent approaches to assessment and planning using the tools outlined:

- Wellbeing wheel
- My World Triangle
- Resilience Matrix

However, additional tools may be required to fully assess the needs of children and provide support for families. Examples of these may include:

- National Risk Assessment Framework
- Graded Care Profile (Version 2)
- Family Group Decision Making

What is child abuse and child neglect?

Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home; within a family or peer network; in care placements; institutions or community settings; and in the online and digital environment. Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use.

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.

There may be some variation in family, community or cultural attitudes to parenting, for example, in relation to reasonable discipline. Cultural sensitivity must not deflect practitioners from a focus on a child's essential needs for care and protection from harm, or a focus on the need of a family for support to reduce stress and associated risk.

Emotional abuse

Emotional abuse is persistent emotional ill treatment that has severe and persistent adverse effects on a child's emotional development. 'Persistent' means there is a continuous or intermittent pattern which has caused, or is likely to cause, significant harm. Emotional abuse is present to some extent in all types of ill treatment of a child, but it can also occur independently of other forms of abuse. It may involve:

- conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person
- exploitation or corruption of a child, or imposition of demands inappropriate for their age or stage of development
- repeated silencing, ridiculing or intimidation
- demands that so exceed a child's capability that they may be harmful
- Extreme overprotection, such that a child is harmed by prevention of learning,
- exploration and social development
- seeing or hearing the abuse of another (in accordance with the Domestic Abuse (Scotland) Act 2018)

Child sexual abuse (CSA)

CSA is an act that involves a child under 16 years of age in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening.

For those who may be victims of sexual offences aged 16-17, child protection procedures should be considered. These procedures must be applied when there is concern about the sexual exploitation or trafficking of a child.

The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of indecent images, in watching sexual activities, using sexual language towards a child, or encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation (CSE)

CSE is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person under 18 into sexual activity in exchange for something the victim needs or wants,

and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact. It can also occur through the use of technology. Children who are trafficked across borders or within the UK may be at particular risk of sexual abuse.

Criminal exploitation

Criminal exploitation refers to the action of an individual or group using an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity in exchange for something the victim needs or wants, or for the financial or other advantage of the perpetrator or facilitator. Violence or the threat of violence may feature. The victim may have been criminally exploited, even if the activity appears consensual. Child criminal exploitation may involve physical contact and may also occur through the use of technology. It may involve gangs and organised criminal networks. Sale of illegal drugs may be a feature. Children and vulnerable adults may be exploited to move and store drugs and money. Coercion, intimidation, violence (including sexual violence) and weapons may be involved.

Child trafficking

Child trafficking involves the recruitment, transportation, transfer, harbouring or receipt, exchange or transfer of control of a child under the age of 18 years for the purposes of exploitation. Transfer or movement can be within an area and does not have to be across borders. Examples of and reasons for trafficking can include sexual, criminal and financial exploitation, forced labour, removal of organs, illegal adoption, and forced or illegal marriage.

Neglect

Neglect consists in persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty and is an indicator of both support and protection needs.

'Persistent' means there is a pattern which may be continuous or intermittent which has caused or is likely to cause significant harm. However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect indicate the need for support to prevent harm.

The wellbeing indicators set out the essential wellbeing needs. Neglect of any or all of these can impact on healthy development. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); to protect a child from physical and emotional harm or danger; to ensure adequate supervision (including the use of inadequate caregivers); to seek consistent access to appropriate medical care or treatment; to ensure the child receives education; or to respond to a child's essential emotional needs.

Faltering growth refers to an inability to reach normal weight and growth or development milestones in the absence of medically discernible physical and genetic reasons. This condition requires further assessment and may be associated with chronic neglect.

Malnutrition, lack of nurturing and lack of stimulation can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. For very young children the impact could quickly become life-threatening. Chronic physical and emotional neglect may also have a significant impact on teenagers.

Female genital mutilation

This extreme form of physical, sexual and emotional assault upon girls and women involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Such procedures are usually conducted on children and are a criminal offence in Scotland. FGM can be fatal and is associated with long-term physical and emotional harm.

Forced marriage

A forced marriage is a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual, and emotional abuse. Forced marriage is both a child protection and adult protection matter. Child protection processes will be considered up to the age of 18. Forced marriage may be a risk alongside other forms of so called 'honour-based' abuse (HBA). HBA includes practices used to control behaviour within families, communities, or other social groups, to protect perceived cultural and religious beliefs and/or 'honour'.

Contextual Safeguarding

'Contextual safeguarding' is an ecological approach which complements the use of the My World Triangle and the concept of resilience. There are principles and tools within this evolving approach which may add depth to understanding and response, particularly in relation to risks and harm young people face beyond the family home. This does not deflect from core child protection steps but emphasises:

- exploration of the dynamic between a young person, their family, peers, school context, and areas in their neighbourhood where they spend time, when assessing their needs and developing plans to meet them
- recognition of the increasing 'weight of influence' that peer relationships, and other extra-familial factors, may have during adolescence, and the relevance of this for young people's experiences of harm and safety
- a shift in focus towards the contexts in which young people make 'choices' or 'behave' – so that plans seek to create the conditions in which young people can make safer choices rather than simply focusing on changing young people's behaviour in persistently harmful contexts

- the development of interventions that address the social conditions/ environmental drivers of extra-familial risk and harm. This can be combined with support to individual young people and families. Such an approach can create safety for those identified as being at risk of significant harm in extra-familial contexts alongside broader populations of young people who spend time in those contexts

Partnerships and appropriate, necessary and lawful sharing of information across sectors are important in the interruption of patterns of harm, such as sexual exploitation for example, in relation to known places of concern.

Contributing factors such as poverty and structural discrimination, including racism, should be considered as part of the context of risk.

Care and Risk Management (CARM)

Many young people involved with offending of a serious nature will have complex needs and may have experienced multiple adverse life experiences in their lives and may be a victim of coercive, grooming and exploitative peers or adults. A trauma informed and trauma responsive service response seeks to ensure that services work with the child/young person in a way which seeks to avoids re-traumatising through use of choice, collaboration, trust, empowerment and safety.

Highland has a protocol for Care Assessment and Risk Management (CARM) which outlines inter-agency procedures for the very small number of children and young people who present a risk of serious harm. This can include situations where children and young people are involved in sexually harmful behaviour and/or the commission of sexual offences and/or violence. This policy is informed by the UNCRC which accords rights and protection to children and young people taking account of age and vulnerability and has expectations of the role of systems and services to respond to individual needs.

What is child protection?

Child protection refers to the processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm. Child protection guidance provides overall direction for agencies and professional disciplines where there are concerns that a child may be at risk of harm. Child protection procedures are initiated when police, social work or health professionals determine that a child may have been abused or may be at risk of significant harm. Child protection involves:

- immediate action, if necessary, to prevent significant harm to a child
- inter-agency investigation about the occurrence or probability of abuse or neglect, or of a criminal offence against a child. Investigation extends to other children affected by the same apparent risks as the child who is the subject of a referral
- assessment and action to address the interaction of behaviour, relationships and conditions that may, in combination, cause or accelerate risks

- focus within assessment, planning and action upon listening to each child's voice and recognising their experience, needs and feelings
- collaboration between agencies and persistent efforts to work in partnership with parents in planning and action to prevent harm or reduce risk of harm
- recognition and support for the strengths, relationships and skills within the child and their world in order to form a plan that reduces risk and builds resilience

Child protection is part of a continuum of collaborative duties upon agencies working with children. The Getting it right for every child (GIRFEC) approach promotes and supports planning for such services to be provided in the way which best safeguards, supports and promotes the wellbeing of children, and ensures that any action to meet needs is taken at the earliest appropriate time to prevent acute needs arising. The planning of systems should ensure that action is integrated from the point of view of recipients.

Child protection processes fall at the urgent end of a continuum of services which include prevention and early intervention. The GIRFEC principles and approach are consistently applicable. Children who are subject to child protection processes may already be known to services. They may already have a child's plan in place. Child protection processes should build on existing knowledge, strengths in planning and partnerships to reduce the risk of harm, and to meet the child's needs.

Preventative and protective work may be needed at the same time. Preventative, restorative, supportive, collaborative and therapeutic approaches do not stop because compulsory measures or urgent protective legal steps are taken. A tailored blend of care and professional authority may be needed whether a child at risk is at home with family or accommodated, or when the child is to transition between placements or to be reunified with birth family after a placement away from home.

The level of risk a child is exposed to can shift, often rapidly, as circumstances change or information emerges. Services may be organised in response to 'thresholds' of risk. However, the way children and families act and think is not bound within such categories. Safe systems allow for a degree of flexibility as professional understanding of need and risk evolves. Safe systems ensure sufficient continuity of support when the immediate urgency to protect is alleviated. Safety may depend upon accessible support when need arises over the longer term. Appendix E signposts UNCRC articles. Protection of children from all forms of abuse, neglect, exploitation and violence is inextricable from protection of the full range of each child's UNCRC and human rights.

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

Protecting children involves preventing harm and/or the risk of harm from abuse or neglect. Child protection investigation is triggered when the impact of harm is deemed to be **significant**.

'Harm' in this context refers to 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. ‘Development’ can mean physical, intellectual, emotional, social or behavioural development. ‘Health’ can mean physical or mental health. Forming a view on the significance of harm involves information gathering, putting a concern in context, and analysis of the facts and circumstances.

For some actions and legal measures the test is ‘significant harm’ or risk of significant harm. There is no legal definition of significant harm or the distinction between harm and significant harm. The extent to which harm is significant will relate to the severity or anticipated severity of impact upon a child’s health and development.

It is a matter for professional judgement as to whether the degree of harm to which the child is believed to have been subjected, is suspected of having been subjected, or is likely to be subjected is ‘significant’. Judgement is based on as much information as can be lawfully and proportionately obtained about the child, his or her family and relevant context, including observation. Assessment frameworks and tools, some of which may be specialised, can assist professional judgement. The way in which information about children’s developmental needs, parenting capacity, and family and community context is recorded will help professionals analyse the child’s needs, and the capacity of the parents or carers. Purposeful and accurate chronologies assist in analysis and decision-making.

Professional judgement entails forming a view on the impact of an accumulation of acts, events and gaps or omissions, and sometimes on the impact of a single event. Judgement means making a decision about a child’s needs, the capacity of parents or carers to meet those needs, and the likelihood of harm, significant or otherwise, arising.

The National Risk Assessment Toolkit is a resource which integrates the GIRFEC National Practice Model in a generic approach to assessment of risk, strength and resilience in the child’s world.

When there are concerns that a child may have experienced or may experience significant harm, and these concerns relate to the possibility of abuse or neglect, then police or social work must be notified. Along with other relevant services they will form a view as to whether the harm is or is likely to be significant (Information sharing: inter-agency principles). Professionals must also consider what harm might come to a child from failing to share relevant information, within the terms of their respective duties. Police and health also have single-agency duties in relation to protection from harm.

In assessing whether harm is or may become ‘significant’, it will be relevant to consider:

- the child’s experience, needs and feelings as far as they are known
- the nature, degree and extent of physical or emotional harm apparent
- the duration and frequency of abuse and neglect
- overall parenting capacity

- the apparent or anticipated impact given the child's age and stage of development.
- extent of any premeditation
- the presence or degree of threat, coercion, sadism and any other factors that may accentuate risk to do with child, family or wider context

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.

The reactions, perceptions, wishes and feelings of the child must also be considered, with account taken of their age, language development 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 or 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 as accurate and complete as possible, and that they are recorded fully.

Where there is evidence of harm relating to parental behaviour, assessing risk of future significant harm is enhanced by assessment of parental capacity to change. This consists in analysis of what helps and hinders the parents to change their behaviour. It also involves assessment of progress within supported opportunities for parents to resolve key difficulties, within an agreed timescale that relates to the child's needs.

Significant harm is not the threshold for referral to the Principal Reporter. The test for referral to the Principal Reporter, in the case of those with a statutory duty (such as, local authority and police) to refer is, namely, that i) the child is in need of protection, guidance, treatment or control, and ii) it might be necessary for a Compulsory Supervision Order to be made. The grounds upon which a child can be referred to a children's hearing are set out in s67 of the Children's Hearings (Scotland) Act 2011. They define a broad range of harms or potential harms that might individually or in combination have significant effect, including, for example, exposure to a person who may cause harm, or lack of parental care which may cause unnecessary suffering or serious impairment to health and development.

A Compulsory Supervision Order may include a secure accommodation authorisation. Although risk of significant harm is not the test for such an order, the threshold for such an order is similarly high. The test is that the child has previously absconded and is likely to abscond again and, if the child were to abscond, it is likely that the child's physical, mental or moral welfare would be at risk, or that the child is likely to engage in self-harming conduct or likely to cause injury to another person. Significant harm is the test for the making of a child protection order in terms of the Children's Hearings (Scotland) Act (2011).

Likely significant harm is the test set out in the Children's Hearings (Scotland) Act 2011 for decisions which can be made in some circumstances, by children's hearings, Sheriffs and Reporters, not to provide information to a person who would otherwise be entitled to that information.

Harm is included in relation to conditions for medical examination orders in terms of risk of self-harm (s87 of the 2011 Act).

The 2011 Act recognises that 'serious harm' (whether physical or not) may occur as a result of a child's actions towards others. The need to safeguard and promote the welfare of the child throughout childhood is the paramount consideration for a children's hearing, pre-hearing panel or Sheriff, unless the hearing, pre-hearing panel or Sheriff considers that a decision is necessary for the purpose of protecting members of the public from serious harm (whether physical or not). In such situations, the child's welfare is 'a primary' but not 'the paramount' consideration.

Reflection and supervision play a role in supporting careful, balanced and legitimate steps. This is essential given the contested, complex and partial information that may be available, and as a result of the pressure of time when a situation is urgent. Variability in judgement can unfold from differences in presentation and source of concerns. Judgement may also be affected by differences in agency policy, leadership style, professional skills, experience, values, intuition and assumptions. There may be differences in personal or collective emotional response affecting judgement. The availability of experienced peer support is a quietly influential factor, the presence or absence of which can affect the perceptions and professional resilience of everyone involved in child protection. For these reasons, the likelihood and significance of harm will be aided by standard operating procedures, guidance and frameworks. Safe judgement also requires the development and preservation of reflective practice, supervision and teamwork under stressful conditions.

In summary, child protection involves activity to assess and prevent harm from abuse, neglect, maltreatment and exploitation. Inter-agency judgement about whether harm is significant will evolve from assessment activity in which the child is central. Significant harm remains the test for some legal steps and actions. However, the threshold is not precisely defined in law or in guidance. Professionals need to be open minded and clear about the evidence and analysis that informs professional judgement regarding potential harm to a child at a certain stage in time, recognising that risk factors interact and assessments must be reviewed to reflect change.

What is the child protection register?

All local authorities are responsible for maintaining a central child protection register for all children who are the subject of an inter-agency Child Protection Plan. This includes unborn babies. The register has no legal status. This is an administrative system for alerting practitioners that there is sufficient professional concern about a child to warrant an inter-agency Child Protection Plan. Local authority social work services are responsible for maintaining a register of all children in their area who are subject to a Child Protection Plan. Some authorities may choose to maintain a joint register with other authorities.

The decision to place a child's name on the register should be taken following multi-agency assessment and a Child Protection Planning Meeting, as detailed in these procedures.

A child may be placed on the register if there are reasonable grounds to believe or suspect that a child has suffered or will suffer significant harm from abuse or neglect, and that a Child Protection Plan is needed to protect and support the child. When placing a child on the register, it is not necessary to identify a category of registration relating to the primary type of abuse and neglect. The local authority should ensure the child's name and details are entered on the register, as well as record the areas of concern identified. The local authority should inform the child's parents or carers verbally and in writing about the information held on the register and who has access to it.

If a Compulsory Supervision Order is likely to be required to meet the child's needs for protection, guidance, treatment or control, or to ensure compliance, then a referral must be made to the Principal Reporter to allow consideration as to whether a children's hearing should be arranged.

Police Scotland has developed a child protection flag for its interim Vulnerable Persons Database (iVPD). This alerts police call-handling staff and police officers attending incidents (whether physical or not) that there has been sufficient previous professional concern about a child to warrant placing them on the child protection register. It also provides details of the lead local authority contact. Local authorities continue to be responsible for maintaining a child protection register for children in their areas.

Removing a child from the child protection register

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

Removal of a child's name from the register should not necessarily lead to a reduction or withdrawal of services or support to the child and family by any of the agencies. The risk of significant harm to the child may have receded, but the child may continue to require a range of support. This will form part of the single planning process for the child. At the point of de-registration, consideration should be given to whether a different lead professional should be appointed. If so, arrangements made for the transfer will be agreed. Following de-registration, the child's plan will be amended to reflect the revised assessment of risk and need.

Where a child on the child protection register is deceased, the Keeper of the Register should be contacted to ensure the child's name is removed from the register immediately.

The Keeper of the Register in Highland is the Principal Officer (Social Care) and can be contacted at: cpadmin.cpadmin@highland.gov.uk

Making use of the register

The register should be maintained by social work services. It is a distinct record. It must be securely kept, accurate at all times, and comply with the law. Social work services should ensure that local roles and systems provide for maintenance, management and appropriate 24-hour access for the purposes of child protection. Local areas should have in place mechanisms and arrangements for practitioners making an enquiry to the register, including criteria for when this should be done and by whom. Local protocols should be in place to make sure information is shared and every relevant system and organisation is alerted when there is a child protection concern.

The Scottish Government maintains a list of contact points for child protection registers in other parts of the UK. Local authorities should notify the Scottish Government of any changes so that the list can be kept up to date. All practitioners should notify the keepers of local registers of any changes to details relating to children named on the register.

The person(s) accountable for the register will be responsible for attempting to trace a registered child whose whereabouts become unknown, including notifications and alerts to other areas and services.

Movement of children who are on the child protection register

When families move between local authority areas the original local authority will notify the receiving authority immediately. A written notification must follow. The receiving local authority should immediately place the child's name on their local register. Where possible, the original local authority should advise how long the child is expected to stay in the area.

The authorities should make each other aware when and why temporary registration is no longer required. Information pertinent to keeping a child safe must be shared. Where a Child Protection Plan is in place, the responsible authority for the child is, with few exceptions, the health board or local authority where the child resides.

If the child is temporarily residing in another local authority, preparatory communication between authorities is necessary. Arrangements must be agreed for the monitoring, supervision and implementation of the Child Protection Plan. If agreement cannot be reached about arrangements, senior managers should be involved to negotiate a resolution that prioritises the child's safety.

Child's experience

The child's experience, views and needs are central within child protection processes. Talking with and listening to children means attention not only to their

words, but also to their experience, needs, wishes and feelings. Listening includes attention to non-verbal communication, and to physical and behavioural responses to their care and environment. Understanding communication involves consideration of the timing and context of expressed words and feelings.

Children should be involved in decision-making in ways that are attuned to the needs and understanding of each child.

Culture, community and family context

It is essential to consider the child's experience and consider the risks, stresses and protective factors in the child's world. Cultural sensitivity and competence is necessary in considering the family perspective. Religion, faith and places of community and worship may be a key reference point and a source of resilience, identity and social connection. At the same time, risks and stresses are accentuated for some families by isolation, racism, food insecurity, poor housing, barriers to employment and especially poverty. These issues are considered further in Part 4 of the National Child Protection Guidance.

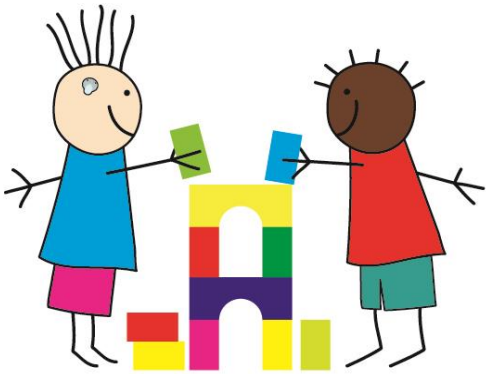
Children dislocated from family and community may be additionally vulnerable to abuse and exploitation. Children living in close knit or insular communities, whether urban or rural, may find it more difficult to go outside for help. Family honour and reputation may in some instances provide a barrier to sharing knowledge of maltreatment and abuse. Practitioners sometimes fear asking questions and making judgements about harsh or abusive parenting that might be deemed cultural practices. However, in all circumstances, a child's right to be protected from harm is paramount. Practitioners need sensitivity and persistence in developing an understanding of what life is like, and has been like, for each child.

Awareness of contextual risks and strengths entails consideration of relationships within and beyond the family. This includes safety and risks within specific community settings and in peer relationships (both physical and online).

Engagement and working together

The introduction to these procedures contains a summary of what parents might expect of services during child protection processes. These expectations form a basis for positive engagement. The aim is to develop goals in collaboration on the basis of shared understanding.

In some situations partnership may seem unrealistic due to resistance, avoidance, or aggression. Some parents struggle to follow through on verbal agreements.



Building Effective Relationships

Engagement therefore requires exploration of the barriers to collaboration and of the factors that encourage motivation to change. Persistent outreach or advocacy for parents may be needed for those with whom services find it hard to engage. Frontline staff who experience aggressive and threatening behaviour from service users should be provided with supervisory support.

Child protection procedures should promote consistency and co-ordinated action. However, families may still find it hard to understand what is happening. Partnership can only evolve if processes and choices are understood. Trust cannot develop unless professionals are reliable.

Investigations and formal meetings require careful preparation for child and family. This entails attention to the pace, place, planning and support for anxiety-provoking processes and transitions.

Preventative, protective and reparative assessment and action should all be co-ordinated and streamlined, as appropriate in each situation. The flexibility, specialist expertise and community understanding of Third Sector organisations is often a leading ingredient in provision of advocacy and in preventative, protective and reparative support for children and families. Wherever possible, family support should be provided early.

Inequalities

Child protection assessment, planning and intervention involves exploration of the interaction of variables that impact on risk of harm for the child.
This may include:

- dynamic factors that may be amenable to shift and change, such as poverty (or affluence), housing, employment, ill health, available support, personal attitudes and behaviours

- static factors such as early adverse experiences or intellectual disabilities, the impact of which may be affected by the understanding and pragmatic support offered
- assessment of risk entails consideration of the interaction of relationships and factors in the child's family and wider world, including impact of past experiences. In every situation the interaction of risks and strengths may be assisted by consideration of components of the Practice Model, such as the concept of resilience

Responding to Concerns about Children and Young People: Interagency Procedures 2023

How to respond to and report a child protection concern

Everyone who works with children or young people has an important role in keeping them safe. Any individual could identify a concern that a child or young person may be at risk from abuse, neglect, exploitation or violence. The concern may arise from a disclosure by a child or young person or from other available information.

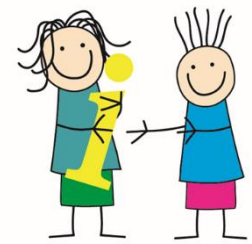
When receiving a disclosure from a child or young person it is important to:
- support them to tell their story and listen to what they say
- avoid asking probing or speculative questions or interpreting what they say - just write down what is said as far as possible in the language that they use
- tell them that you can't keep the information they have shared 'secret', but the only people you will inform are people that will help them

Concerns about risk to a child or young person should be reported without delay to social work or, in situations where risk is immediate, to Police Scotland.

It is important to record the information that prompted the concern accurately along with any additional relevant information that has been gathered.

Identifying a concern about a child can be distressing and individuals may worry about following the correct procedures. Every organisation and agency should have a designated child protection lead who can be consulted and should have procedures for reporting concerns. In addition, obtaining and recording key information such as shown in the prompts below can assist with the initial risk assessment, safeguarding and reporting of a concern.

Suggested information to record in relation to a child protection concern



Whilst it is not always possible to provide detailed information, information such as that suggested below can make it easier to identify and respond to the child's needs at the earliest possible stage.

Key contacts

- Name, role, contact details of the person reporting the concern.
- Name, date of birth and home address of the child if possible.
- Name, address, phone number of parents/carers or guardians.
- Name of child's school, nursery, early learning centre or childcare.

Immediate considerations around the child

- Where is the child now and are they safe? If not, in your view, is there action that might be taken to make them safe?
- How is the child physically? Do they have any known injuries or immediate health needs, and do they require medical treatment?
- How is the child emotionally? What do they need immediately for their reassurance/ understanding?
- Are there any aspects of the child's culture, language or understanding that might require additional consideration or support?
- Is it known if the child is on the child protection register?

Record of concerns

- What is the nature of the child protection concerns?
- How did the concerns first come to light: for example because of an injury, through what this or another child has said, because of how a child appears or due to e.g. parental behaviour?
- What happened?
- Is a person/are people believed to be responsible for harm to a child? If so, is/are their name, address, occupation and relationship to the child known?
- Are you aware if this person/those people has/have access to other children? If so, do you know the name, age and address of such children?
- If the concern was raised by this child, who has spoken to them and when? What has the child been asked and what have they said?
- If the child or young person spoke with someone else, is that person available to be spoken with? If concerns were not reported when they first arose, was there a reason for this and what has prompted reporting now?

Initiating child protection procedures

Concerns about possible harm to a child from abuse, neglect or exploitation should always be shared with police or social work, without delay.

All staff who identify potential child protection concerns must act promptly and record the details. Concerns about possible harm to a child from abuse, neglect or exploitation should be discussed with the Child Protection lead within your agency and always be shared with police or social work, without delay.

Formal child protection procedures are initiated when police, social work, health and/or education (as appropriate) determine that a child may have been significantly harmed or may be at risk of significant harm.

Concerns about a risk of harm from abuse, neglect or exploitation may arise in a number of ways including:

- because of what a child has said over a period of time
- in response to a particular incident
- as a result of direct observations
- through reports from family, from a third party, or from an anonymous source
- if children are known to social work or have an existing child's plan
- through notification that a child may become a member of the same household
- as a child in respect of whom any of the offences mentioned in Schedule 1 of the Criminal Procedure (Scotland) Act 1995 has been committed, or as a person who has committed any of the offences mentioned in Schedule 1

All concerns which may indicate risk of significant harm must lead to an inter-agency referral discussion (IRD) as described below.

Where there is a named person or person in an equivalent role, they should be notified. A named person is a professional point of contact in universal services, both to support children and their parents/carers when there is a need, and to act as a point of contact for other practitioners who may have a concern about the child's safety and wellbeing. In areas where there is no named person it may be necessary to identify someone known or trusted to the child or family, or someone who can be a point of contact for other practitioners. Agency records will be checked for relevant information that may assist in placing a concern in context, and that may inform next steps.

Professional judgement about risk of significant harm

Professional judgement is needed about the severity and immediacy of the risk of harm. This will be reviewed as relevant information is shared. There is no statutory definition or uniform defining criteria for significant harm. Significant harm refers to serious interruption, change or damage to a child's physical, emotional, intellection or behavioural health and development.

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

- the child's experience, needs and feelings as far as they are known. When a child talks about maltreatment, this may prompt a request for Interagency Referral Discussion (IRD). The child's disclosure is not a pre-requisite
- the child's development in context, including additional needs such as a medical condition, communication impairment or disability, that may affect the child's health, wellbeing, vulnerability and care needs
- what has happened, meaning the nature and degree of the actual or likely harm, in terms of abuse or failures to provide care and protection
- parental or carer responses to concern as far as they are known
- past occurrence, frequency or patterns in the occurrence of harm
- immediate risk of harm and cause of this risk
- impact/potential impact on the child's health and development
- degree of professional confidence in the information that either the abuse has occurred and is likely to be repeated, or that the child is at risk of harm
- capacity of the parents or carers to protect and care for the child

- the context of risk within the child's culture, family network and wider world
- interaction between known risks and known strengths, complicating or protective factors in the child's world
- the presence of premeditation, threat, coercion or sadism
- the probability of recurrence or persistence of harm or risk of harm

Concerns relating to a person in a position of trust

Referrals relating to a person who has a position of trust over a child or young person under the age of 18 years and who may have caused harm to a child or young person through abuse, neglect or exploitation, should always be considered for IRD. The IRD process outlined below should be followed, with the additional considerations of whether to inform the relevant employer or organisation and whether this person continues to be a risk to the child or young person and/or any other child or young person.

If the threshold of significant harm has not been met and an IRD is deemed not suitable, consideration should be given to the referral details by the receiving agency. It may be necessary to notify the employer or relevant organisation of a person's actions, as whilst not significant harm, the employer/relevant organisation may wish to investigate further.

It is essential that consideration is given to how information can best be exchanged and shared with the individual in a position of trust and whether information should not be shared if this may jeopardise a police investigation or place the child or young person, or any other child or young person, at risk of significant harm. Further guidance on information sharing can be found at Getting it right for every child (GIRFEC) Practice Guidance 4 - Information sharing - gov.scot (www.gov.scot).

Whistleblowing

Organisations that work with children and young people should have policies in place that allow individuals to escalate a child protection concern outside of their management structure. This may be where an individual believes that their manager, senior managers or appointed child protection officer are not dealing with a child protection concern appropriately (including when allegations of harm are dismissed or minimised). It could also be where the individual suspects that a colleague who forms part of the management structure may be harming a child or young person. While these policies should be in place, any individual who has concerns about a child's wellbeing should contact their local authority social work department or Police Scotland without delay if they believe a child or young person is at risk of harm.

Practice points relevant at any time

Where a child is felt to be in immediate danger, any practitioner should report, without delay, directly to the police. Similarly, where a child is thought to require immediate medical assistance, this should be sought as a matter of urgency from the relevant health services.

Where the risk is of harm is significant and immediate, the focus of risk assessment is about what needs to happen to keep the child safe right now. Inter-agency discussion out of hours may be essential. The need to gather information must always be balanced against the need to take any immediate protective action. Social work services and police must decide whether any immediate action should be taken to protect the child and any others in the family or the wider community.

Other children affected. Where a child is at risk of harm from neglect, abuse or exploitation, consideration should always be given to the needs and potential risks to other children in the same household or family network, and to children who are likely to become members of the same household or family network.

Risk assessment is not static. The interaction of factors can shift, and risk of harm can become more or less severe. The risk of harm from on-going concerns may become increasingly apparent. Similarly, protective factors in the family and the child's wider world may change or could be brought to bear on the situation in a way that reduces risk of harm. The process of identifying and managing risk must therefore also be dynamic and responsive, taking account of both current circumstances and previous experiences. Immediate and long-term needs and risks should both be considered.

Referral to the Principal Reporter is an option at any stage if it is likely that the child is in need of protection, guidance, treatment or control, and that a Compulsory Supervision Order might be necessary. The grounds for a hearing are that the Principal Reporter, following investigation, is satisfied that one of the conditions in s67(2) of the 2011 Act exists and that it is necessary for a Compulsory Supervision Order be made for the child (or an existing order be reviewed) (Guidance on referral to Reporter).Contact can be made with local SCRA Reporter Offices at any stage for advice relating to referrals. Guidance for Children's Panel Members is also available from Children's Hearings Scotland.

Proportionate response. Many concerns raised over a child's wellbeing will not need a child protection investigation. A co-ordinated response may still be necessary. The GIRFEC principles and practice model apply.

When urgent, short-term decisions are needed, practitioners should always keep in mind the long-term emotional security of each child in support and planning with children and their families.

Inter-agency Referral Discussions (IRD)

Guidance on the decision to hold an IRD; and on IRD purposes, components and process.

Consideration of the need for an inter-agency referral discussion

This next critical phase in risk assessment and response follows notification of a

child protection concern. Where information is received by police, health or social work that a child may have been abused or neglected and/or is suffering or is likely to suffer significant harm, an IRD must be convened as soon as reasonably practicable. An IRD will co-ordinate decision-making about such investigation and action as may be needed to ensure the safety of children involved as outlined below.

Consideration of the need for an inter-agency referral discussion.

When information is received by Police, Health or Social Work that a child may have been abused or neglected and/or is likely to be suffering significant harm, an IRD must be convened as soon as is reasonably practicable. An IRD will co-ordinate decision making about any investigation(s) or actions that may be required to ensure the safety of children involved. An IRD should also be considered for any siblings where a child has died suddenly and not as the result of illness. These incidents will be considered on a case-by-case basis as to whether an IRD is appropriate.

Definition

An IRD is the **start of the formal process** of information sharing, assessment, analysis and decision making following a reported concern about abuse or neglect of a child or young person up to the age of 18yrs. This can be in relation to familial or non-familial concerns and must consider siblings or other children within the same context. This includes unborn babies who may be exposed to specific areas of risk. *

*IRD's for unborn babies in Highland will happen in the following circumstances:

- Where a pregnant woman has been the victim of domestic abuse
- Where a pregnant woman, the father of the baby or the pregnant woman's partner are known to be schedule 1 offender(s)
- Where either the pregnant woman, her partner or the father of the baby have a significant criminal history including for domestic abuse.

In all cases, if there is an IRD for an unborn baby, the pregnancy should be managed under the Vulnerable Pregnancy Pathway. https://hcpc.scot/wp-content/uploads/2022/06/Vulnerable-Pregnancy-Pathway-Updated-Version.pdf

Purpose

IRD's are required to ensure a co-ordinated inter-agency child protection process up to the point that a Child Protection Planning Meeting (CPPM) is held or a decision is taken that a CPPM is not required, or some alternative process is more appropriate.

Instigation

The decision to hold an IRD can be made by either of the agency decision makers of Health, Police or Social Work, however a request to consider an IRD can be made by any agency.

Recording

All aspects of the IRD must be recorded in a consistent way. This will include the date and time of the IRD, those in attendance and which agency they represent. It should also consider the information shared at IRD, the options which were considered, and the decisions reached. Any lack of consensus must be recorded and how this was escalated and/or resolved. This will form a single core IRD record which agency decision makers will hold a copy of in their respective systems.

Considerations at IRD

Capacity of the child or young person

As far as can be determined, consideration should be given to

- Child's age
- Linguistic abilities
- Suggestibility
- Effects of stress and trauma

The additional support needs of each child must be taken into account, including:

- Health concerns
- Emotional distress
- Speech and language
- Translation requirements
- Risk of self-harm
- Additional supports relating to disabilities and protected characteristics.

Core Professionals

Practitioners in police, social work and health must participate in the IRD and Education/Early Learning and Childcare may have an essential contribution. Third sector agencies may also be approached for information where relevant. IRD participants must be sufficiently senior to assess and discuss available information and make decisions on behalf of their agencies. This requires access to supervision and training relevant to their role.

Social Work services: have the lead responsibility for enquiries relating to children who are experiencing or likely to experience significant harm and assessments of children in need. Where a child protection planning meeting (CPPM) is required, it will be a social worker who becomes the Lead professional.

The Police: have lead responsibility for criminal investigations relating to child abuse and neglect, sharing responsibilities to keep children safe. In Highland where the decision at IRD is for a child protection medical, the police will liaise with the paediatrician on call for child protection.

The Designated Health Professional: will lead on the need for and nature of recommended health assessments as part of the process. They will share relevant health information about the child at the IRD with consideration of any health needs. On some occasions it will be appropriate to share the health information of parents/carers of the child(ren) if it is believed this may have contributed to the concern. Decisions made at IRD should ensure the health needs of the child are considered.

Core agencies must plan together to ensure co-ordinated action. Education and ELC are critical sources of contextual information about children of nursery or school age and there will be occasions where it is appropriate to invite a sufficiently senior education rep to the IRD. Each agency must research the information systems available to them in order to share proportionate and relevant information for the purpose of effective decision making.

Timing

The IRD must be convened as soon as is reasonably practicable. Where there is a risk to the life of a child or the likelihood of immediate risk or significant harm, intervention must not be delayed pending receipt of information gathering/sharing.

The IRD process may have to begin out with core hours with a focus on immediate protective actions and interim safety planning, including where appropriate a child protection medical. A comprehensive IRD must be completed as soon as practicable. This should normally be on the next working day.

Process

An IRD must be co-ordinated. It may be a process rather than a single event. Information must be gathered, shared and recorded at each meeting in order to support co-ordinated decision making and response. All core agencies must participate. There may be a requirement for a follow-up professionals meeting as new information comes to light. This should be recorded on the original IRD record for completeness.

An IRD is closed when a reasoned and evidenced inter-agency decision has been made and recorded about joint or single agency assessment and action up until the point of either:

- A Child Protection Planning Meeting (CPPM)
- A decision that a CPPM is not required.
- A decision that although CPPM is not proportionate, the family may still require support from social work or other agencies
- Closure may also follow a reasoned inter-agency decision to take no further action

Priorities

The IRD process provides a strategic basis for authorisation to the next stage in joint or single agency assessment. The priorities within the context of the IRD are:

- The safety and needs of the child(ren) involved.
- The level of risk faced by the child(ren) and by others in this context.
- Evidence that a crime has been committed or may be committed against a child or any other child within the same context.
- Legal measures which may be necessary

Decisions and Planning

Participants must consider how the aforementioned priorities will lead to decisions about:

- The immediate safety and wellbeing of this child or other children involved.
- Is a single agency or joint agency investigation required and why?
- If no further investigation is required, what are the reasons for this?
- Is a joint investigative interview (JII) required? and if so, what are the arrangements for this?
- Will this JII be carried out using the Scottish Child Interview Model (SCIM) or the “5-day model”?
- Is a medical examination required? If a medical is required, this will be arranged between the Designated Person within police (DP) and the paediatrician on-call for child protection.
- Is early referral to the Children’s Reporter required? (**NB this would only be considered in extraordinary circumstances,** and it is always considered at each CPPM)
- If a child protection investigation occurs, and a CPPM is required, the CPPM will follow within 14 days (10 working days) from when a decision is made that a CPPM is required.
- If a CPPM is not necessary, proportionate & co-ordinated support may still be required.

Essential considerations

- How information about the investigation can best be shared with the child(ren) taking account of their maturity and capacity, feelings and views
- How will information be shared with the family and whether this should not be shared if this may jeopardise a police investigation or place the child or any other child at risk of significant harm?
- IRD decisions should be kept under review if significant new information becomes apparent.
- Keeping a named person informed and involved.

Lead Professional

A Lead Professional (who will be a qualified Social Worker) is required within the child protection investigation to ensure co-ordination of assessment(s) and next steps within the development of a multi-agency child's plan. They are the point of contact between the family/carers/guardians/advocates and professionals who will need supported to understand what is happening at each stage. They may also provide additional signposting for advice and support. This person will be identified at the point of decision to convene a CPPM.

Lack of Consensus

If any agency involved in the IRD disagrees with the decision of any party and where a compromise cannot be reached, consultation with senior managers from core agencies should take place in order to reach a decision. The points of disagreement and resolution must be recorded on the IRD record. There should be no delays in protective action as a result of the disagreement and the majority decision will apply to avoid delay beyond 24 hours.

Where there is a lack of consensus to hold an IRD in the first instance, the general guide should be that if one of the IRD reps from any of the 3 core agencies (police, health or social work) believes that an IRD should be held then it should go ahead. The formal information sharing will assist in making a decision about what further action (if any) is required.

Concerns about multiple children

Concerns that relate to multiple families or a group of children may necessitate a level of additional co-ordinated professionals' meetings to that of the individual IRD for each child. In such cases, senior managers of each of the agencies involved should be informed and kept updated. This should allow consideration of context and patterns of concern, leading to a strategic and co-ordinated response.

Additional Information

An IRD can be reconvened if new information arises which could lead to a reconsideration of the required inter-agency response. This should be entered onto the original IRD documents to ensure completeness of the IRD record.

Quality Assurance and review of IRDs

Quality control should be in place to support consistent standards of practice and identification of patterns and trends within particular contexts and relating to particular areas of concern. Quality assurance will be achieved through regular reviews of IRD's by senior representatives of core agencies. This happens on a quarterly basis with managers from Police, Health and Social Work who will meet to review 10 cases randomly selected. Any identified patterns of concern in relation to practice will be disseminated to the relevant agency by those managers undertaking

the audit. Similarly, consistent areas of good practice should also be highlighted in the same manner.

Interface with other processes

Children and young people whose behaviour presents a risk to others also require co-ordinated information sharing and decision making. They may also have experienced abuse and trauma. Investigative processes must safeguard and protect their wellbeing as a primary consideration. IRD's are the lynchpin of effective processes when concerns arise about children who have caused serious harm to others. Highland Care And Risk Management Processes provide further information and guidance to this area of practice. Consideration of referral for a care and risk management meeting (CARM) can be an agreed outcome at IRD, in addition, any discussion in respect of referral to CARM processes must begin with an IRD. This is likely to affect a small number of Children & Young people due to the criteria for CARM procedures as set out in the protocol which can be found at: Policies & Guidance - Highland Child Protection Committee

Joint Investigative Interviews (JII)

Outline guidance on JII purposes, components and processes.

An IRD may decide on the need for a JII, the purposes of which are to:

- learn the child's account of the circumstances that prompted the enquiry
- gather information to permit decision-making on whether the child in question, or any other child, is in need of protection
- gather sufficient evidence to suggest whether a crime may have been committed against the child or anyone else
- secure best evidence as may be needed for court proceedings, such as a criminal trial, or for a children's hearing proof

Approach

Taking a child-centred approach to planning interviews is vital in securing best evidence and providing the necessary support for the child before, during and after the interview. The analysis of interviews will help lead professionals in co-ordinating with others in planning for the support, protection and recovery of the child. The analysis of interviews will also aid decision-making in respect of any crime committed.

Strategy

The IRD determines the overall strategy for the child protection investigation; the need for a JII; and the purpose of the JII. IRD participants oversee the overall child protection investigation. The strategy must continue to be developed in light of new information as it emerges. A pre-interview briefing identifying the aims and objectives of the interview is necessary before any JII. Interviewers must suggest

changes to the strategy if information about the child's needs, which indicates this is required, comes to light.

A JII is planned in detail and undertaken by a police officer and a social worker, with one taking the lead role in the interview. Roles will be agreed in pre-interview planning,after due consideration of all relevant factors. Teamwork and flexibility are essential. In some situations, the needs and responses of the child require the second interviewer to take on the lead role.

Planning

Supporting the child's needs before, during and after the interview requires consideration of their strengths and resources; any complex needs; cognitive factors;experiences of trauma and adversity; context and motivation; and relationships. To address this complexity, effective interview planning is essential, and must consider practicalities such as location, transport, timing, breaks and communication between interviewers during interview.

The blend of social workers and police officers in the development of the Topic Identification Plan where all relevant topics to be covered during the interview areidentified for the interview is crucial.

Action

The interview is undertaken using an agreed protocol and incorporating robust planning. The lead interviewer has primary responsibility for leading the interview, asking questions and gathering information.
A child has a right to specify gender of the interviewer if the child is believed to have been the victim of particular offences as defined by the terms of section 8 of the Victims and Witnesses (Scotland) Act 2014; and this should be granted wherever possible. For detailed roles and responsibilities see guidance on Joint Investigative Interviewing of Children in Scotland.

Consent

The child must be helped to understand the purpose and process of the interview as part of preparation and support for willing engagement. The child's consent is not explicitly required.

The consent of a parent or guardian is not required prior to undertaking a Joint Investigative Interview. Through discussion they would be made aware that the interview is taking place unless there is a good reason not to, for example, where there are strong grounds to suspect that they are involved in the abuse. Where appropriate a parent or guardian can help to plan for the support the needs of the child during the interview.

Recording

Joint Investigative Interviewers must be trained and competent in the use of recording equipment. Joint Investigative Interviews must be visually recorded

unless there are specific reasons why this may be inappropriate for the individual child. These reasons should be noted.

Authority and expertise

Joint Investigative Interviewers in Scotland will be trained to develop the specific understanding, knowledge and specialised skills required for the effective forensic interviewing of children and vulnerable witnesses.

Core Professionals

Joint Investigative Interviews are planned for and undertaken by two interviewers – one police officer and one social worker.During the Joint Investigative Interview, one interviewer will take on the role of Lead Interviewer and one will take on the role of Second Interviewer. The lead interviewer may be from either police or social work and roles will be agreed at the planning stage after due consideration of all relevant factors.

Support and Evaluation

To undertake their role, Joint Investigative Interviewers require:

- support
- quality assurance
- evaluation

Multi-agency evaluation of joint investigative interviewing practice should form an integral part of these arrangements. The relationship between support and evaluation is one which must be carefully managed.

National Guidance on Joint Investigative Interviewing: current guidance on Joint Investigative Interviewing of Child Witnesses in Scotland (2011) is under revision in line with the Scottish Child Interview Model, as described below.

Scottish Child Interview Model

The Scottish Child Interview Model (SCIM) is a new approach to JII which is being piloted in Scotland and will begin to roll out in Highland from August 2023. It is designed to minimise re-traumatisation and keep the needs and rights of child victims and witnesses at the centre of the process and in so doing, achieve pre-recorded evidence from the child that is of high quality. This can be used as Evidence in Chief in court for criminal and children's hearings processes.

The SCIM has five connected components: strategy, planning, action, outcomes and support and evaluation. Interviewers are trained in forensic interviews of children. Local areas will require quality assurance arrangements to govern the application of the Scottish Child Interview Model. For enquiries about the SCIM and training programme, contact: JointInterviewProject@scotland.pnn.police.uk.

A practice insight on this topic has been drafted to illustrate and explain key practice considerations, offer a resource, prompt reflection and signpost selected sources. It can be found in the Practice Insights supporting document alongside these procedures.

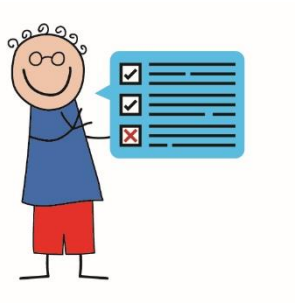
The IRD process in Highland will determine whether joint interviews will be carried out using the original 5 day JII model, or SCIM.

Health assessment and medical examination

Outline guidance on purposes, components and processes.

Purpose

The health assessment of a child for whom there are child protection concerns aims:



- to establish what immediate treatment the child may need
- to provide a specialist medical opinion on whether or not child abuse or neglect may be a likely or unlikely cause of the child's presentation
- to support multi-agency planning and decision-making
- to establish if there are unmet health needs, and to secure any on-going health care (including mental health), investigations, monitoring and treatment that the child may require
- to listen to and to reassure the child
- to listen to and reassure the family as far as possible in relation to longer-term health needs

The decision to carry out a medical assessment and the decision about the type of medical examination is made by a paediatrician informed by multi-agency discussion with police, social work and other relevant health staff. Through careful planning, the number of examinations will be kept to a minimum. The decision to conduct a medical examination may:

- follow from an IRD and inter-agency agreement about the timing, type and purpose of assessment
- follow when a person presents to health services. This includes the possibility of self- referral for victims of rape and sexual assault who are over 16 years old as described below

The main types of medical examination that may be undertaken within the Child Protection process in Highland are:

a. **Joint Paediatric Forensic Examination (JPFE)**. Examination by a paediatrician and a forensic physician. This is the usual type of examination for acute sexual assault and is sometimes used for severe injuries in physical abuse.

b. **Single doctor examinations with corroboration by a forensically trained nurse**. These are acute sexual assault examinations undertaken for children and young people aged 13-16, typically out of hours or in exceptional circumstances when a paediatrician is not available. In most cases a JPFE would be the preferred examination for any acute assault of a person under 16 years.
c. **Specialist Child Protection Paediatric/Single Doctor/Comprehensive Medical Assessment**. This type of examination is often undertaken when there is concern about neglect and unmet health needs but may also be used for physical abuse (one paediatrician is usually present) and historical sexual abuse (two paediatricians are usually present). Comprehensive medical assessment for chronic neglect can be arranged and planned within localities when all relevant information has been collated. However, there may be extreme cases of neglect that require urgent discussion with the Child Protection Paediatrician.

All medical examinations/assessments are holistic, comprehensive assessments of the child/young person's health and developmental needs. There may be variations in who undertakes medical examination, and the purpose of the examination must be clear prior to the examination (usually discussed at IRD or at time of referral for the examination) to allow for a clinician with the appropriate skill set to undertake the assessment.

In some parts of Scotland, where victims of rape or sexual assault are aged 16 and over, they are able to self-refer for a forensic medical examination without first making a reportto police. Once commenced the Scottish Government Forensic Medical Services(Victims of Sexual Offences) (Scotland) Act 2021 will extend consistent access to self- referral services across Scotland for those aged 16 and over. Professional judgement is required as to whether following self referral, a forensic medical examination is in the person's best interests. This includes clinical and non-clinical considerations. Even when an FME is not provided, the need for healthcare support and treatment must be considered. A Clinical Pathway for Children and Young People and a forthcoming Self-Referral Protocol will provide further guidance.

Specialist paediatric or Joint Paediatric Forensic Examination (JPFE) is appropriate when:

- the child requires a specialist assessment or treatment from another department (for example, multiple fractures, signs of abusive head trauma)
- the account of the injuries provided by the carer does not provide an acceptable explanation of the child's presentation
- the result of the initial assessment is inconclusive, and a specialist's opinion is needed to establish the diagnosis
- lack of corroboration, for example by way of a clear statement from another child or adult witness, indicates that forensic examination, including the taking of photographs, may be necessary to support criminal proceedings against a perpetrator, and legal processes to

protect the child
- the child's condition (for example, repeated episodes of unexplained bruising) requires further investigation
- child sexual abuse is suspected

A comprehensive medical examination for neglect can be arranged and planned for within localities when all relevant information has been collated. However, there may be extreme cases of neglect that require urgent discussion with the Child Protection Paediatrician.

Significant new information may arise from a medical examination that requires the reconvening of an IRD.

Preparation

Wherever possible, the wishes of children who may have experienced sexual abuse, should be considered and supported in respect of choice of sex of examiner (Clinical Pathways NHS Scotland 2020).

As far as can be achieved in the circumstances, the examining doctor should have:
- all relevant information about the cause for concern
- information on previous concerns about abuse or neglect
- the inter-agency plan to meet the child's needs at this stage
- relevant known background of the family or other relevant adults
- information from joint investigative interview if available
- preparatory discussion with the relevant social work and police officer
- preparatory meeting with parent or carer and child

It should be recorded what information is handed over/conveyed verbally to the examining doctor and by whom.

Social work services, the police and the examining doctor should ensure that the child and parent(s) (and/or any other trusted adult accompanying the child) have the opportunity to hear about what is happening, why and where so that they have an opportunity to ask questions and gain reassurance.

Consideration will be given to how the child may be examined in child-friendly surroundings, with the right support for their age, stage and understanding.

Consent must be obtained in one of the following ways:
- from a parent or carer with parental rights
- from a young person assessed to have capacity
- through a court order

The Age of Legal Capacity (Scotland) Act 1991 allows a child under the age of 16 to consent to any medical procedure or practice if in the opinion of the qualified medical practitioner the child is capable of understanding the nature and possible consequences of the proposed examination or procedure. Children who are

assessed as having capacity to consent can withhold their consent to any part of the medical examination, for example, the taking of blood, or a video recording. Consent must be documented within medical notes and must reflect which parts of the process have been consented to and by whom. This includes consent to forensic medical examination.

In order to ensure that children and their families give properly informed consent to medical examinations, it is the role of the examining doctor, assisted if necessary by the social worker or police officer, to provide information about all aspects of the procedure andprocedureand how the results may be used; and to ensure informed consent has been obtained. Where a medical examination is thought necessary for the purposes of obtaining evidence in criminal proceedings, but the parents/carers refuse their consent, the Procurator Fiscal may, in exceptional circumstances, consider obtaining a warrant for this purpose. However, where a child who has legal capacity to consent declines to do so, the Procurator Fiscal will not seek a warrant.

If the local authority believes that a medical examination is required to find out whether concerns about a child's safety or welfare are justified, and parents refuse consent, the Local Authority may apply to a Sheriff for a child assessment order, or a child protection order with a condition of medical examination. This is still subject to child's consent (under section 186 of the 2011 Act).

Timing of medical examinations

Timing of the medical examination is agreed jointly by the medical examiners and the other agencies involved.

Child protection assessments should be carried out, in the child's interests, during the day, unless there is a forensic need or other clinical indication of urgency.

In some cases, when there is not a forensic urgency, it may be a priority that the child has had time to rest and prepare. This may also allow for more information to become available. The majority of cases arise in working hours, and a comprehensive medical assessment will be carried out locally and timeously.

In cases of suspected or reported non-recent sexual abuse, examinations should be planned during normal working hours. Local arrangements must be in place for medical examinations out of hours, where these differ from daytime/weekday arrangements to ensure the opportunity to collect forensic trace evidence is not lost.

The Clinical Pathway for Children and Young People who have disclosed sexual abuse is relevant for children under 16 years of age (or up to 18 years of age for young people with vulnerabilities and additional support needs) (Scottish Government 2020). The Pathway will be reviewed following the publication of the revised Child Protection Guidance. Guidance on the Adult Clinical Pathway

(2020) has overlapping relevance forthose over 16 years of age (Scottish Government 2020).

More detailed information about the roles and responsibilities of all doctors can be found in General Medical Council Guidance on Protecting Children and Young People (2018).

Emergency legal measures to protect children at risk of significant harm

Summary of legal options

Urgent action may be required before or after a CPPM to protect a child from actual or likely significant harm, or until compulsory measures of supervision can be put in place by the Children's Hearing System. There are a variety of options to fit circumstances.

All references to 'the 2011 Act' are to the Children's Hearings (Scotland) Act 2011. Where legal measures are being considered, early consultation with local authority legal services may be appropriate.

Voluntary accommodation. When a child's parents or carers do not object, the Local Authority may accommodate the child to keep the child safe whilst concerns about the child's safety, or reports or suspicions of abuse or neglect, can be assessed. Parents must have an explanation of voluntary accommodation that they understand. They should know that they can seek legal advice. Others in the child's extended family or social network may offer to look after the child in the interim. This is provided for under s25 of the Children (Scotland) Act 1995. A local authority may provide accommodation for any child within their area if they consider that to do so would safeguard or promote the child's welfare. A local authority must provide accommodation for any child who, residing or having been found within their area, appears to them to require such provision because no-one has parental responsibility for the child, or the child is lost or abandoned, or the person who has been caring for the child is prevented, whether or not permanently and for whatever reason, from providing him with suitable accommodation or care.

Before providing this accommodation, the local authority must have regard so far as practicable to a child's views (if the child wishes to express them), taking account of the child's age and maturity. The local authority must not provide such accommodation for a child if a person who has parental responsibilities and the parental right to regulate the child's residence or the right to control, direct or guide the child's upbringing, and who is willing to provide or arrange accommodation for the child, objects. Despite this objection, the local authority may continue to provide accommodation for a child over 16 who agrees to be accommodated or where a person or persons who have been granted a residence order all agree to the accommodation. A person with parental responsibilities and rights (as referred to above) may remove the child from such accommodation at any time, but where the child has been accommodated for a continuous period of 6 months, 14 days written notice will be required before the child can be removed.

A child may request refuge and if the child appears at risk of harm, may be provided with short term refuge (up to 7 days in defined circumstances, exceptionally up to 14 days) by the local authority or a person who is approved by the local authority for this purpose (s38 Children (Scotland) Act 1995).

Child Protection Orders (CPO). In practice, child protection orders are usually applied for by a local authority. However, anyone, including the local authority, can apply for a child protection order under the following criteria when there are reasonable grounds to believe 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; or 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 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 hild is staying (whether or not the child is resident there) and the order is necessary to protect the child from that harm or from further harm (s39 of the 2011 Act).

The local authority (but only the local authority) can also apply for a child protection order using the following criteria:

a. that the local authority has reasonable grounds to suspect that:
    i. the child has been, or is being, treated in such a way that the child is suffering or is likely to suffer significant harm
    ii. 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
    iii. the child will be treated or neglected in such a way that is likely to cause significant harm
b. the local authority is making enquires to allow it to decide whether to take action to safeguard the welfare of the child, or is causing those enquiries to be made, and
c. those enquiries are being frustrated by access to the child being unreasonably denied, and
d. the local authority has reasonable cause to believe that access is required as a matter of urgency (s38 of the 2011 Act)

When a Sheriff has made a child protection order and the Principal Reporter is satisfied that the criteria for the making of the child protection order are met a children's hearing must take place on the second working day after the child is removed to a place of safety, where the order authorises removal of the child to a place of safety. Where the order prevents the removal of a child from a place, the hearing must take place on the second working day after the order is made.

The purpose of this hearing is to consider:

- the circumstances which led to the making of the child protection order
- whether the conditions for the making of the child protection order continue to be met
- whether it is necessary that the order remain in place
- whether any variations are required to any directions attached to the order (a CPO contains 'directions' which function in the same way as a measure

attached to a Compulsory Supervision Order)

A child protection order can have one or more of the following directions attached:

- **a non-disclosure direction.** This is a direction specifying that information in relationto the child, for example the place of safety where the child is being kept, must not be disclosed to a named person or class of persons
- **a contact direction.** This is a direction regulating contact between the child and anamed person or class of persons
- **a parental responsibilities and rights direction.** This is a direction regulating parental responsibilities or rights in relation to the child, for example, to provide for medical examination and/or treatment where a parent refuses to consent

Legal Assistance

The child is automatically entitled to legal aid to be assisted by a solicitor at a second working day hearing. This is subject to the child having the capacity to give instructions to a solicitor.

Additional Legal Measures

A **police constable** may immediately remove a child to a place of safety where he or she is satisfied that the conditions for making a child protection order under s.39 of the 2011 Act (above) are met; that it is not practicable to apply to a Sheriff for such an order; and that the child requires to be removed to a place of safety to protect them from significant harm or from further harm. The child can only be kept in a place of safety for a period of 24 hours and further protective measures may therefore have to be sought within that period. The constable must inform the Principal Reporter as soon as practicable after removing the child. The Principal Reporter has the power to require the constable to release the child, if satisfied that the criteria for keeping the child in a place of safety are no longer met, or it is not in the child's best interests to remain in a place of safety (s56 of the 2011 Act).

Application can be made to a **Justice of the Peace** for an order requiring a child to be produced to a specified person or placing or keeping a child in a place of safety. Such an order may be granted if the Justice of the Peace is satisfied of similar criteria to that for a CPO and that it is not practicable to apply to the Sheriff for a CPO. These orders last for a maximum of 24 hours or until a Sheriff's determination of a CPO application if earlier. The applicant must inform the Principal Reporter as soon as practicable after the order is made. The Principal Reporter has the power to terminate the order, if satisfied that the criteria for making the order are no longer met, or the order is no longer in the child's best interests (s55 of the 2011 Act).

Child assessment order: The 2011 Act (sections 35 and 36) makes provision for the local authority to apply for a child assessment order if it has reasonable cause to suspect that a child has been, or is being treated or neglected in such a way that the child is suffering or is likely to suffer

significant harm; that an assessment is needed to establish whether there is reasonable cause to believe that the child is being so treated or neglected; and that it is unlikely that an assessment to establish this could be carried out (or carried out satisfactorily) without obtaining the order (for example, where those with parental responsibility are preventing an assessment of the child being undertaken to confirm or refute the concern). The child assessment order can require the parents or carers to produce the child and allow any necessary assessment (subject to the consent of the child) to take place so that practitioners can decide whether they should act to safeguard the child's welfare. On application to the Sheriff for a child assessment order, if the Sheriff believes that the conditions for making a child protection order exist,he/she may issue a child protection order instead.

The authority may ask, or the Sherriff may direct, someone such as a GP, paediatrician or psychiatrist to carry out all or any part of the assessment. The order may also authorise the taking of the child to a specified place, and keeping them there, for the purpose of carrying out the assessment and may make directions as to contact if it does so. Practitioners must assist in carrying out these assessments when asked to do so. Where the child is of sufficient age and understanding, they may refuse consent to a medical examination or treatment whether or not a child assessment order is made. For further information, see the section above on health assessments.

An Exclusion Order may be granted when on application of a local authority when a sheriff is satisfied, that excluding a named person from the family home is necessary for the protection of the child, irrespective of whether the child is for the time being residing in the family home. The order will only be granted if it better safeguards the child's welfare than the removal of the child from the family home, and if there will be a person specified in the application who is capable of taking responsibility for providing appropriate care for the child and any other member of the family who requires care, and who is, or will be, residing in the family home. The test for granting is that the child has suffered, is suffering, or is likely to suffer, significant harm as a result of any conduct, or any threatened or reasonably apprehended conduct, of the named person(s76 Children (Scotland) Act 1995). A power of arrest may be attached to an interdict associated with such an order. The maximum duration of such an order is six months.

Above the specific considerations relating to each emergency situation there are three overarching principles contained in the 2011 Act which must be applied when children's hearings and courts are making all (with limited exceptions) decisions about a child. The 2011 Act has been amended by the Children (Scotland) Act 2020, but this is not fully in force as yet. The three principles are:

- the need to safeguard and promote the welfare of the child throughout the child's childhood is the paramount consideration (sections 25 and 26 of the 2011 Act)
- the child must be given an opportunity to express views in a manner suitable to the child, and decision-makers must have regard to any views expressed by the child, *taking into account the child's age and maturity* (section 27 of the 2011 Act). Section 3 of the 2020 Act requires decision-

makers to give the child an opportunity to indicate whether the child wishes to express a view, in the manner the child prefers or in a manner that is suitable to the child (in the absence of any expressed preference or where it would not be reasonable to accommodate the child's preference). There is an exception if, (a) the child is not capable of forming a view, or (b) the location of the child is not known. The 2020 Act provides that a child is to be presumed to be capable of forming a view, unless the contrary is shown

- a children's hearing or a sheriff is only to make, vary, continue or extend orders, or grant warrants if it is better for the child that the order, interim variation of the order,or warrant were in force than not (sections 28 and 29, 2011 Act)

Preparation and reporting

A fully updated child's plan may not be available to panel members at a second working day hearing. Therefore, practitioners attending need to prepare thoroughly for the hearing. The evidence, patterns, perspectives and analysis inform a recommendation in a child's best interests must be presented in an accessible way in order to enable a safe, competent, child-focused process and outcome.

Interim Safety Plan

Guidance on immediate safety planning before a CPPM is held:

- from the point of identification of risk of immediate harm, the child must be seen by the lead professional regularly (and weekly as a minimum requirement)
- the purpose of an interim safety plan is to ensure a child's safety as immediately as necessary until such time as a CPPM is held
- an interim safety plan is about safety right now. It is operational immediately and those who are participants in the plan must understand and agree what they must do to ensure a child's safety. Those party to the plan should be known sources of security for the child
- the way that the child will be seen and heard during the period in which the plan is in place must be part of the plan. The child will be supported in understanding who they can speak with or contact at any time. A child's version of the plan is recommended, developed with the child's help and understanding as appropriate in each situation
- the safety plan must be recorded and shared. It should be in plain language and practical detail, with no acronyms and no professional jargon
- the needs and the harm that the plan must address must be defined if risk of harm is high in a specific context, this will be specified.

Agreement must be defined about how to avoid or minimise this risk. This should include:

- the actions that persons or services will take will be described

- the ways in which the plan is monitored and the way in which any person or service
- party to the plan can immediately signal concern must be defined
- contact details for those with defined responsibilities within the interim safety plan will be included

Domestic abuse considerations in safety planning

Effective safety planning will depend on practitioner-applied awareness of:

- the child's trauma from abuse, and from seeing and hearing abuse
- physical, emotional, educational, developmental, social, behavioural impact on child
- the non-abusing parent's need for a safe space to talk and a safe way of receiving information (away from perpetrator)
- the perpetrator's pattern of coercive control
- multiple impact on income, housing, relationships, health
- how support for non-abusing parents will also support children
- when a non-abusing parent's ability to parent has been compromised
- protective factors in the child's world relevant to safety plans
- the children's needs for advocates that they trust
- potentially heightened risk following separation
- multi-agency approaches that keep victim's and children's needs at the centre

Police must always be notified of a threat to life or injury of a person. When a child is affected or is likely to be affected by such a risk, police will immediately consider the need for an IRD; and an IRD would normally be expected unless there is clear and sufficient evidence to discount the risk of significant harm deriving from such a threat.

Additional guidance on domestic abuse is provided in Part 4 of the National Child Protection Guidance.

Involving children and families in child protection processes

Children must be helped to understand how child protection procedures work, how they can be involved, and how they can contribute to decisions about their future. Children's views must be sought and listened to at every stage of the child protection process and given information about the decisions being made as appropriate to their age, stage and understanding. Preparation is needed for key meetings.

Advocacy services may assist in this process. Consistency of advocacy worker should be sought when they are involved. Within the context of Children's Hearings, Section 122 of the Children's Hearings (Scotland) Act 2011 has been implemented from 2020, opening up the offer of advocacy nationally. (Advocacy in the Children's Hearings System – National Practice Model – Guidance).

When a child has additional support needs, is deaf or has a hearing impairment, has a disability, or when English is not their first language, advice and support is required to ensure that they are fully involved in what is happening.

Some children may have experienced grooming, or coercion including threats, and they may fear reprisals if they disclose. In some instances, a child or young person may be too distressed to speak to investigating agencies, or they may believe that they are complicit in the abuse. Materials developed as part of the National Trauma Framework are relevant.

A thorough assessment should be made of the child or young person's needs, and services provided to meet those needs. Therapeutic, practical and emotional support may be required. Consideration should be given to confidential and independent counselling services for victims and families.

Agencies who know the child or adult, including Third Sector organisations, may be involved in planning the investigation to ensure that it is managed in a child-centred way, taking care not to prejudice efforts to collect evidence for any criminal prosecution.Guidelines should be agreed with local Procurators Fiscal and counselling and welfare services on disclosure of information to avoid the contamination of evidence.

Parents and carers should be treated with respect. Where possible and appropriate they should be leading contributors to safety planning. They should be given as much information as possible about the processes and outcomes of any investigation. Parents and carers should feel confident about their part in safety plans. They need to be confident that practitioners are being open and honest with them so that they, in turn, feel confident about providing vital information about the child, themselves and their circumstances. Working in partnership with one or more family members is likely to have long-term beneficial outcomes for the child, and staff must take account of a family's strengths as well as its weaknesses. Practitioners must seek to achieve a shared understanding with parents about concerns and about steps needed to ensure safety.

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

Parents and carers, and children of sufficient age and understanding, should be given a written record of decisions taken about the outcome of an investigation, unless this is likely to impede any criminal investigation. In addition to receiving a copy of the decisions (which may include interim safety planning), they should be given the opportunity to discuss the decisions and their implications with a social worker or another relevant professional to ensure shared understanding. This does not mean, however, that parents or

carers should attend all meetings which are held in connection with their family. Sometimes, it will be appropriate and necessary for practitioners to meet without parents or carers in order to reflect on their own practice in a particular case, consider matters of a particularly sensitive or confidential nature, or deal with a matter which is likely to lead to criminal inquiries. Consistent and reliable relationships between professionals, parents and carers are an essential part in development of trust.

When there are child protection concerns and one of the parents or carers has learning difficulties, the use of an independent advocacy service, where available, will be considered by the lead professional. Professionals should be skilled, or seek appropriate support, in communicating with parents with learning disabilities.

Practitioners need to take time when communicating. Verbal and written information should be accessible for the person. Extra time will be needed to talk through what is happening.

In cases of familial abuse, practitioners should ensure the non-abusing parent or care is involved as much as possible. Practitioners need to be wary of making judgements on parents and carers who are likely to be in a state of shock and experiencing great anxiety. While the priority should always be the protection and welfare of the child, practitioners should attempt to engage with the non-abusing parent/carer and determine what supports are necessary to help them care for the child.

Equally, practitioners should be sensitive to the impact of abuse and the subsequent investigation on siblings and extended family members. Consideration should be given to their needs in such circumstances, and to the likely impact on their ability to deal with the situation.

Child protection assessment and planning

The CPPM is a formal multi-disciplinary meeting, which must include representation from the core agencies (social work, health and police) as well as any other agencies currently working with the child and their family, including education. The child and relevant family members should be invited and supported to participate, as appropriate in each situation. Where they are unable to participate in person their views must be sought and represented at the meeting. Where possible, participants should be given a **minimum of five days' notice** of the decision to convene a CPPM.

The purpose of the meeting is to ensure relevant information is shared (where it is proportionate to do so), to carry out a collective assessment of risk, and to agree a plan to minimise risk of harm to the child. The CPPM must decide whether the child is at risk of significant harm and requires a co-ordinated, multi-disciplinary Child Protection Plan.

Where a Child Protection Plan is required, the child's name must be added to the child protection register. In addition, CPPMs must consider whether a referral to

the Principal Reporter is/is not required if this has not already been done. Where the CPPM has identified immediate risk of significant harm to the child, action should be taken without delay, using emergency measures. Any decision to refer to the Principal Reporter should be actioned straight away. A referral to the Principal Reporter should include relevant and proportionate information, including the reasons for the referral, and where possible including the child's plan and a full assessment of risk and need.

Prior to the CPPM, agencies will have been working to an Interim Safety Plan since the point of IRD. The CPPM should review this plan and develop a Child Protection Plan.

Consideration should be given to immediate and short-term risks as well as longer term risks to the child. For the avoidance of drift and uncertainty of purpose, it is recommended that the Plan's objectives be Specific, Measurable, Attainable, Relevant, Timebound, Evaluated and Re-evaluated (SMARTER). Interventions should be proportionate and linked to intended outcomes in ways understood by all involved, especially children and parents.

The Child Protection Plan must:

- be developed in collaboration and consultation with the child and their family
- link actions to intended reduction or elimination of risk
- be current and consider the child's short-, medium- and long-term outcomes
- clearly state who is responsible for each action
- include a named lead professional
- include named key contributors (the Core Group)
- include detailed contingencies
- consider the sensitive direct involvement of children and/or their views

The **Core Group** are those who have direct and on-going involvement with the child and/or family. They are responsible for implementing, monitoring and reviewing the Child Protection Plan, in partnership with children and parents. The Core Group should:

- be co-ordinated by the lead professional
- meet in person on a regular basis to carry out their functions, the first time being within **14 calendar days** of the CPPM
- keep effective communication between all services and agencies involved with the child and parents/carers
- activate contingency plans promptly when progress is not made, or circumstances deteriorate
- refer the need for any significant changes in the Child Protection Plan to the Practice Lead/Children's Service Manager **within 3 calendar days**, or as urgently as necessary to safeguard the child
- be alert, individually and collectively, to escalating concerns, triggering immediate response, additional support and/or a review CPPM as appropriate

Assessment and planning: prompts to reflection

- are needs, strengths and risks for the child central within this assessment?
- have the child's feelings, thoughts and experience been taken into account, as far as can be ascertained at their age and stage?
- has there been a full assessment of the impact of structural factors, including poverty,as guided by 'My Wider World' and has consideration been given to referral for specialist income maximisation support?
- can children and adults involved understand assessment and reporting processes? How do we support understanding and participation, taking account of the emotional stage, language and culture of children and adults involved?
- are motivations, views and understanding of parents/carers represented?
- are expected steps to change represented?
- are barriers to change explored and addressed?
- has consideration been given to safe and effective involvement of the wider family?
- has consideration been given to the child's present and future needs for relationship with those who are important to the child, including siblings?
- are resilience factors identified and promoted within recommended plans? have specialist aspects of assessment and support been considered and integrated when necessary?
- have the comparative advantages of legal options been considered?
- for what reasons may formal/compulsory measures be needed?
- is the assessment and planning co-ordinated as far as is appropriate, by a lead professional?
- does the assessment and plan reflect co-operation around child and family within all relevant child and adult services?
- are contingency plans as clear as possible at this stage?

Child Protection Plan and fit with child's plan

Where a child is believed to be at actual or potential risk of significant harm, they will require a multi-agency Child Protection Plan with specified actions to reduce risk. The child's name must be placed on the child protection register.
If there is already a multi-agency child's plan in place, this will need to be considered in light of the concerns about the child. There will be a multi-agency child's plan when co-ordinated actions between services are required to meet the child's wellbeing needs.

There should be a single plan of action, managed and reviewed through a single meeting structure even if the child is involved in several processes. The child's plan will incorporate and prioritise the Child Protection Plan where the criteria for placing a child's name on the child protection register are met.

The Initial **Review CPPM** should be held **within three months of the CPPM** with the exception of reviews that follow a pre-birth CPPM, which are recommended at an earlier juncture, at a time to be set by the CPPM (see below). A Core Group can also trigger the request for a review. Thereafter, reviews should take place six-monthly, or earlier if circumstances change. Where a child is no longer considered to be at risk of significant harm and the Child Protection Plan no longer forms part of a child's plan, their name should be removed from the child protection register by the review CPPM (referred to as de- registration). The child and their family/carers may still require on-going support, and this should be managed through the child's plan.

Pre-birth Child Protection Planning Meetings

Pre-birth CPPMs will consider whether serious professional concerns exist about the likelihood of significant harm to an unborn or newly born baby in advance of the child's birth, participants need to prepare an inter-agency plan which will meet the needs of the baby and mother prior to and following birth, minimising risk of harm plans for discharge from hospital and handover to community-based supports must be clearly set out in the inter-agency plan

- early engagement and planned support are essential. CPPM's are recommended within 28 calendar days of the concern being raised and always within 28 weeks of gestation, taking in to account the mother's needs and all the circumstances in each case. 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
- the CPPM may place the unborn baby's name on the child protection register before birth. If the child is registered the Child Protection Plan must stipulate who is responsible for notifying the birth of the child and what steps need to be taken at that point (e.g. referral to the Principal Reporter). Legal measures such as referral to the Reporter and application for a CPO can only be made at birth. The Pre-Birth CPPM should note who will notify the Principal Reporter at birth.

Reviews of pre-birth CPPMs

A review may be held within three months of the previous CPPM. There should be latitude for professional judgement about the most appropriate timing post-birth. This does not preclude an earlier review where changes to the child's living situation are enough to remove or significantly reduce risks. Careful consideration is required about early decisions to remove a baby's name from the register, for example by ensuring that necessary supports are in place.

Where a Child Protection Plan is in place prior to a child's birth, the child must not be discharged from hospital following birth until a pre-discharge meeting has been held. This meeting should include the Core Group members and the child's relevant family members, as well as hospital-based maternity ward staff.

The purpose of this meeting is to agree arrangements for the care of the child following discharge from hospital. This should include consideration of the role and level of involvement of community-based supports. Where the decision of this meeting is that the child would be at risk of significant harm by being discharged to the care of their parent/s, the Child Protection Plan should be amended to reflect this, and proportionate action should be taken to keep the child safe.

Further consideration of pre-birth support and safety planning may be found in Part 4 of the National Child Protection Guidance.

Child Protection Planning for children being discharged from hospital

Where a child is subject to a child protection investigation or already on the child protection register (including pre-birth) and there is concern whether the child can be discharged home safely, it is imperative that a further child protection planning meeting is convened to determine if the partners agree that it is safe for the child to go home. This meeting must be chaired by a QARO, Principal Officer or in some exceptional circumstances a Service Manager/Strategic Lead for CP.

If it is not deemed safe, the chair must be explicit as to the legal measures that would be taken to ensure the safety of the child.

The meeting should also give consideration to any other children living in that household.

NB: Where an Initial CPPM has been held and agreement regarding the suitability of discharge has been reached, a pre-discharge meeting to consider the plan and agree actions are still relevant and suitable to meet the child's needs should be convened.

Where multi-agency partners are unable to agree on the discharge process or decisions, this should be escalated using established procedures.

Transfer of cases

Geographical moves are a time of accentuated stress and risk for children and families. CPPMs must be held to ensure proper transfer of information and responsibilities when a Child Protection Plan is currently in place. Only a review CPPM can de-register a child from the child protection register. Where it is known that a child and/or their family are moving permanently to another local authority area, the original local authority will notify the receiving local authority immediately, then follow up the notification in writing. At the transfer CPPM, the minimum requirement for participation will be the originating local authority's social worker and manager and the receiving local authority social worker and their manager, as well as representatives from appropriate services including health and education.

Where the child moves to another authority the originating authority must assess the change in circumstances. If there is felt to be a reduction in risk, the originating authority should arrange a review CPPM to consider the need for on-going registration or, if appropriate, de-registration. In such circumstances it would be best practice for an appropriate member of staff from the receiving authority to attend the review. Where the original authority considers that the risk is on-going or even increased by the move, the receiving local authority is responsible for convening the transfer CPPM. This should be held within the timescales of the receiving local authority but a **maximum of 21 working days** is recommended. Until the transfer meeting, where necessary, an interim safety plan must be agreed between the relevant authorities.

Where a child and their family move from one Scottish authority to another and the child has a Child Protection Plan, the originating authority must ensure that the relevant child's records are made available to the receiving authority for the purposes of the assessment of current and future risk and need. 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).

A practice insight on this topic has been drafted to illustrate and explain key practice considerations, offer a resource, prompt reflection and signpost selected sources. It can be found in the Practice Insights supporting document which accompany the National Child Protection Guidance.

Child Protection Planning Meetings (CPPM)

Guidance on chairing, participation, recording and decision-making. Co-produced with children and young people in Highland and Moray, the Better Meetings guide can help practitioners ensure child protection meetings are child and young person friendly.

Chairing

CPPM chairs will:

- have significant experience in child protection practice
- have sufficient authority, skill and experience to carry out the functions of the Chair
- be able to challenge all contributing services on progress
- be from social work services
- be able to access suitable training and peer support

In the majority of cases in Highland, a Quality Assurance and Reviewing Officer will Chair CPPMs. As far as possible, the same person should chair initial and review CPPMs.

The Chair's role

This includes:

- agreeing who to invite and ensuring that all persons invited to the CPPM understand it's purpose, functions and the relevance of their particular contribution
- meeting with parents/carers to explain the nature of the meeting, and possible outcomes
- ensuring that the parents/carers and child's views are taken into account
- confirming the identity and role of the lead professional at the meeting
- facilitating information-sharing, analysis and consensus about the risks and protective factors
- facilitating decisions and determining the way forward as necessary
- ensuring consideration of referral to Principal Reporter
- where a child's name is placed on the Register, outlining decisions that will help discuss and agree the initial Child Protection Plan (to be further developed at the first Core Group meeting), identifying the lead professional (if not already appointed), and advising parents/carers about local dispute resolution processes
- facilitating the identification of a Core Group of staff responsible for implementing and monitoring the Child Protection Plan
- agreeing review dates which keep to national timescales
- following up on actions and responsibilities when these have not been met
- ensuring that arrangements are made for any practitioner forming part of the Core Group who was not present at the CPPM to be informed about the outcome of the CPPM and the decisions made. A copy of the Child Protection Plan must be sent to them.
- decision letter to be sent to all participants within 5 working days

Participation

The people involved in a CPPM should be limited to those with a need to know, or those who are essential to an effective plan. Participants attending are there to take active part, represent their agency, and share information to ensure that

risks can be identified and addressed. They have a responsibility to share relevant information, if proportionate to do so.

Participants need to understand the purpose and functions of the CPPM, and the relevance of their particular contribution. The Chair, in conjunction with the lead professional, will decide who to invite. Consideration should be given to inviting the following:

- the child
- parents, carers and family members, including all those with parental responsibility, and if required, a support person or advocate for the child and/or family
- social worker and other social work practitioners essential to the formation of this plan
- the police – who should continue to be involved if there is continuing police involvement in the case
- (supported) foster carers
- early learning and child care staff, or most appropriate education professional
- primary and acute health professionals, and/or child and adolescent mental health services if appropriate
- adult mental health/justice//drug and alcohol services if appropriate
- Third Sector organisations supporting children and families
- housing/support workers
- representative of the Armed Forces, in cases where there is a service connection
- on occasion a Children's Reporter may be invited to attend, although their legal position means they can only act as an observer and cannot be involved in the decision-making

Consideration should be given to how to respond to a situation when a parent or carer refuses to allow a child or young person access to information and advocacy services in relation to child protection processes.

Quorate

There must be a sufficient number of multi-agency professionals contributing to the information sharing and analysis to enable safe decisions and effective planning. Minimum participation would be expected from children's social work, police (as relevant), health, education and early learning and childcare, with prepared parental involvement.

Where a CPPM is inquorate it should not ordinarily proceed, and in such circumstances the Chair must ensure that either:

- an existing interim safety plan is produced, or
- the existing plan is reviewed with the professionals and the family members that do attend, so as to safeguard the welfare of the child or children
- another early CPPM date must be set immediately to be held within 10 working days

In exceptional circumstances, the Chair may decide to proceed despite lack of agency representation. This would be relevant where a child has not had relevant contact with all key agencies (e.g. pre-birth CPPM), or sufficient information is available, and a delay is likely to be harmful to the child. Where an inquorate CPPM is held the child protection Chair must ensure that the reasons for proceeding with the CPPM, and any arrangements to safeguard the child in the meantime, are noted in the CPPM record. An early review CPPM should be arranged immediately. Two consecutive inquorate CPPMs must not be held. Inquorate CPPMs cannot remove a Child Protection Plan.

Parents'/carers' participation in CPPMs

Involvement of children and families in child protection processes is considered in general terms above. Parents, carers or others with parental responsibilities should be invited to the CPPM. They need sufficient time and support before, during and after the meeting to understand shared information, including concerns and decisions.

In exceptional circumstances, the Chair may determine that a parent or carer should not be invited to, or should be excluded from attending, the CPPM (for example, where bail conditions preclude contact or there are concerns that they present a significant risk to others attending, including the child or young person). The reasons for such a decision need to be clearly documented. Their views should still be obtained and shared at the meeting and the Chair should identify who will notify them of the outcome and the timescale for carrying this out. This should be noted in the record of the meeting.

The Chair should encourage the parent or carer to express their views, while bearing in mind that they may have negative feelings regarding practitioners' intervention in their family. The Chair should make certain that parents/carers are informed in advance about how information and discussion will be presented and managed. Parents/carers may need to bring someone to support them when they attend a CPPM. This may be a friend or another family member, at the discretion of the Chair, or an advocacy worker. This person is there solely to support the parent/carer and has no other role within the CPPM.

Information about CPPMs should be made available to children and parents/carers. This may be in the form of local leaflets or national public information.

Children's participation in CPPMs

- consideration should be given to inviting children and young people to CPPMs. They should be given the information they need in a way that helps them understand and take part. The emotional impact of attending a

meeting must be considered. CPPMs can be disturbing or confusing for children who attend, but the development of a child protection/child safety plan must take into account the child's perspective

- a decision not to invite the child or young person should be verbally communicated to them, unless there are reasons not to do so. Children and young people attending should be prepared beforehand so that they can participate in a meaningful way, and thought should be given to making the meeting as child- and family-friendly as possible
- even if a child does not attend the meeting, their views are still necessary before and after the meeting, ensuring that for babies and infants their presentation and pattern of behaviours need to be considered
- the child's views are obtained, presented, considered and recorded during the meeting, regardless of whether or not they are present. Consideration should be given to whether a child should attend the Core Group
- reasons for agreeing that older children and young people should or should not attend a CPPM or Core Group meeting should be noted, along with details of the factors that lead to the decision. This should be recorded in the Child's Plan and Minutes of Core Groups/CPPMs.

Two practice insights on this topic have been drafted to illustrate and explain key practice considerations, offer a resource, prompt reflection and signpost selected sources. They can be found in the Practice Insights supporting document alongside the National Child Protection Guidance.

CPPM Records

- the person taking responsibility for the record (minute) of the meeting must be sufficiently trained and should not be the meeting Chair. The aim of the record is to provide essential information from the meeting in a form that all involved in the Child Protection Plan can understand
- essential information includes those invited; attendees and absentees; reasons for child's/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
- participants, invitees who were unable to attend and Core Group members should receive the decision letter when approved by the Chair within five working days of the CPPM

Provision of reports

- Minutes and the Child's Plan should be produced to ensure that relevant, accurate and sufficient information is effectively shared with CPPM participants, where it is proportionate to do so, in order to support good

decision-making

- it is recommended that from single-agency reports, an integrated Plan should be produced by the lead professional, in advance of CPPMs. Sometimes this is not possible, for example due to last minute provision of single-agency information to the lead professional. The aim is always to achieve a shared understanding between families and professionals about inter-agency plans arising from CPPMs.
- The Plan should include all relevant information and a chronology should be developed by the lead professional. They should also include information pertaining to significant adults in the child's life, and provide a clear overview of the risks, vulnerabilities and protective factors, as well as the child's views. Other children in the household or extended family should also be considered
- Invitees have a responsibility to share the content of any documents with the child and family in an accessible, comprehensible way. Prior to a CPPM, consideration needs to be given as to the most appropriate means of sharing information with the child and family, and to when it should be done
- it is recognised that a full comprehensive risk assessment may not be achievable within the timescales of the first CPPM, or the first Core Group. Therefore, it should be recognised that the early Child Protection Plan may need to be provisional until a fuller assessment can be undertaken

Restricted access information (Protected Period)

- Restricted access information is information that cannot be shared freely with the child or parent/carer, or anyone supporting them. The information will be shared with the other participants at the CPPM, where it is proportionate to do so. Such information may not be shared with any other person without the explicit permission of the provider. If it is necessary to have a segment of the CPPM without parents present for this reason, the Chair will prepare them for this and explain the reasons why this has to occur
- Restricted information includes sub judice information which could compromise legal proceedings; information from a third party that could identify them if shared; information about an individual that may not be known to others, even close family members, such as medical history and intelligence reports; and information that, if shared, could place any individual(s) at risk, such as a home address or school which is unknown to an ex-partner

Reaching decisions in the CPPM

- all participants at a CPPM with significant involvement with the child and family have a responsibility to contribute to a view of the level of risk, the need for a Child Protection Plan, and the decision as to whether or not to place the child's name on the child protection register
- where there is no consensus, the Chair will use their professional judgement to make the final decision, based on an analysis of the issues raised

- **a summary of key decisions and agreed tasks**, as approved by the Chair, should be circulated within one day of the CPPM. Participants should receive a copy of the Decision Letter within five working days of the CPPM. The draft minute will be circulated to participants within 14 calendar days and participants have 5 working days to respond with any amendments/comments.

Dissent, dispute and complaint

This could include challenges about the inter-agency process, decision-making and outcomes, challenges by children/ young people or their parents/carers about the CPPM decisions, or complaints about practitioner behaviour.

Pending dispute resolution process:

- if actions are required to ensure the child's immediate safety, they should be prioritised and progressed without delay
- the child's name will be added to child protection register
- the Child Protection Plan should be developed as required
- the agencies and services involved in child protection work have complaints procedures, which should be followed where there is a complaint about an individual practitioner

Dispute Resolution

When a practitioner wishes to raise an issue about the process, or disagrees with CPPM decisions, communication and concerns should be channelled through their agency line management. If a parent or carer wishes to challenge the decisions of the CPPM, there are clear processes set out in the decision letter. If the complaint is about a specific practitioner, they should follow the relevant agency's complaints procedures. Children and young people should have access to guidance that they can understand about how to challenge a decision or make a complaint from any of the practitioners with whom they have contact.

Chronologies

Definition and outline guidance on use of chronologies in child protection assessment and planning.

A chronology is:

- a summary of events key to the understanding of need and risk, extracted from comprehensive case records and organised in date order
- a summary which reflects both strengths and concerns evidenced over time
- a summary which highlights patterns and incidents critical to understanding of need, risk and harm
- a tool which should be used to inform understanding of need and risk. In this context, this means risk of significant harm to a child

A chronology may be:

- single agency
- multi-agency

A multi-agency chronology must comply with information sharing guidance and protocols in the way that it is developed, held, shared and reviewed. It must be accurate, relevant and proportionate to it's purpose.

A multi-agency chronology:

- is a synthesis which draws on single-agency chronologies
- reflects relevant experiences and impact of events for child and family
- will include turning points, indications of progress and/or relapse
- will inform analysis, but is not in itself an assessment
- may evolve in a flexible way to integrate further necessary detail
- may highlight further assessment, exploration or support that may be needed
- is a tool which should be used in supervision

A chronology, whether single- or multi-agency:

- is not a comprehensive case record and cannot substitute for such records
- is not a list of exclusively adverse circumstances

The lead professional will consolidate a multi-agency chronology for each Child Protection Planning Meeting. Contribution to the chronology is a collective responsibility. Forming a chronology should assist a shared understanding with and between those involved in developing a Child Protection Plan about strengths, needs and concerns over time, for the purpose of reducing risk of significant harm to a child.

The lead professional must therefore be clear about the purpose of the multi-agency chronology; the nature and sequence of the facts that should be captured at this juncture. The perspective of child and family at the centre of the child protection process should be explored to gain understanding of impact of events and to check their perception of accuracy.

The format of a chronology should record purpose, authorship and date of completion. It should include the nature and sequence of events; outcomes or impact on child and family; sources of information; and responses to events as necessary for the purpose of this product (Practice Guide to Chronologies, Care Inspectorate, 2017).

Timescales for stages in child protection processes

Variations in timescales in specific situations may be approved if the alternative ensures the safety and best interests of the child/children involved. In these cases, advice and agreement should be sought from line managers and reasons for alternative timescales recorded.

When to share a child protection concern with police or social work?

Without delay, following consultation with line manager/child protection lead where this applies.

When to hold an inter-agency referral discussion?

As soon as reasonably practical. Outwith core hours, the IRD may focus on immediate protective actions. A more comprehensive IRD will continue as soon as practical. This should normally be on the next working day.

How much notice should participants be given of a CPPM?

5 calendar days (wherever possible). In every situation families should be given support to understand processes and to participate.

When to hold a CPPM?

If a child protection investigation has been progressed a CPPM will follow within 28 calendar days unless there is an IRD decision that this is not required.

Prior to the CPPM

- The Lead Professional must make contact with the Quality Assurance & Review Team to request a date/time for an Initial CPPM.
- A date/time will be agreed between the QARO, Lead Professional and Administrator/Senior Clerical, within 14 calendar days of the decision to convene the meeting.
- The Lead Professional must then complete the CPPM Assessment on CareFirst and reassign it to REV1 no later than 7 calendar days before the agreed CPPM date.
- The Administrator/Senior Clerical from the Quality Assurance and Reviewing Team will book a room for the meeting to take place (where required).
- The Administrator/Senior Clerical from the Quality Assurance and Reviewing Team will send written notification of the meeting to all participants. This includes the family and where appropriate young person.
- In the event the meeting is being held virtually the Administrator/Senior Clerical from the Quality Assurance and Reviewing Team will set up the meeting through MS Teams and invite those who need to participate. This will be done **at least 2 days** before the meeting is due to be held.
- In every situation the Lead Professional should ensure the family are given support to understand the processes and enable them to effectively participate.
- The Lead Professional must ensure that the chairperson and family have access to the Child Protection Plan **no later than 2 calendar days** before an Initial Child Protection Plan Meeting.
- The Lead Professional must ensure that the chairperson and family have access to the Child Protection Plan **no later than 7 calendar days** prior to a review Child Protection Plan Meeting.
- A transfer-in CPPM should be held within a maximum of 21 calendar days.
- If a CPPM cannot be held within the required timeframe, the Family Team must seek approval from their CSM.

The partners to a Child's Plan have a professional/agency responsibility to share all necessary information with the Lead Professional for the preparation of an inter-agency plan. This includes Unborn children so there is proportionate planning in advance of the child's birth.

When to hold an unborn child CPPM?

Every 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. This must always be within 21 calendar days of the concern being raised.

When a CPPM is inquorate, how soon must it be reconvened?

Within 10 working days.

How soon should participants receive the Decision Letter from the CPPM?

Within 5 working days.

How soon should a Core Group meet after a CPPM?

Within 14 calendar days.

How soon should Core Group refer significant changes or concerns within the plan to CPPM Chair/lead professional?

As urgently as necessary and always within 3 calendar days of the change/concern being identified.

When should a CP Plan be reviewed?

Within 3 months of an Initial CPPM but there should be latitude for professional judgement about the most appropriate timing post-birth. Within 6 months of the initial CPPM and thereafter 6 monthly or earlier if circumstances change significantly.

When to refer to the Reporter?

At any stage when a compulsory supervision order appears necessary. Single agencies and individuals can also refer.

Following a CPPM

- The QARO and Administrator/Senior Clerical will ensure that the young person, family and relevant professionals receive the decision letter informing of the outcome of the meeting and the agreed Child Protection Plan **within 5 working days**.
- The QARO and Administrator/Senior Clerical will ensure that a copy of the DRAFT written minute is issued to all participants at the CPPM **within 10 working days or 14 calendar days**.

- Should a participant at the CPPM dispute information recorded in the DRAFT minute they have **5 working days or 7 calendar days** from when the DRAFT minute was issued to request a change.
- The FINAL minute will be issued **10 working days, or 14 calendar days** after the DRAFT minute was first issued with any agreed changes.
- The FINAL minute will not be changed. Any later disputes will be addressed through the Core Group and recorded on CareFirst. If registration was continued any disputes can be discussed/ commented about at the next review and included within that CPPM written minute.

Social Work Contact

To ensure children and families with child protection plans are supported effectively, Social Work must see the child weekly (minimum).

Child giving evidence in criminal and civil proceedings

Children might be required to give evidence in court in criminal prosecution of suspected or reported perpetrators of abuse or neglect and also in civil proceedings, which would usually be in relation to children's hearing proofs. A child might be required to give evidence about the same matters both in a criminal trial and in a children's hearing proof application. If the child has been referred to a children's hearing for the same matter, then proof proceedings are likely to take place before any criminal trial.

Decisions regarding any criminal prosecution will be taken by the Procurator Fiscal. When a decision is taken to raise criminal proceedings in which the child or children will be cited as witnesses and asked to give evidence, the relevant social worker should discuss the case with the police.

The police will advise the Procurator Fiscal of any concerns about the risk of further abuse of, or interference with, witnesses in the case, and with any other children to whom the suspected or reported perpetrator has access. This information is vital to assist Procurators Fiscal and the court to make informed decisions about bail, and any additional special measures which may be required.

If a suspected or reported perpetrator of abuse is to be prosecuted, or where there are children's hearings proofs proceedings at which the child will give evidence, child witnesses should always be given information and support to prepare them for the experience of being a witness in court.

The CPPM may provide recommendations about bail and any necessary conditions for social work services, the Principal Reporter and Procurator Fiscal to discuss. The Sheriff will decide whether to grant bail or not. Agencies should consider the

potential impact of an unsuccessful prosecution or hostile cross-examination of a child, and the implications for the future protection of that child and others.

Police and social work services should agree arrangements for convening planning meetings, setting up systems for sharing and updating information about the investigations progress, and co-ordinating support. All relevant agencies and services should be involved in these discussions. Such cases require early involvement of the Procurator Fiscal and the Principal Reporter. Police and social work services should agree a strategy for communicating and liaising with the media and the public. If many families, parents and carers are involved, the local authority should make special arrangements to keep them informed of events and plans to avoid the spread of unnecessary rumour and alarm.

Local authorities and other agencies must consider a range of issues, including whether the child needs counselling or therapy before criminal proceedings are concluded. The needs of the child take priority, and counselling should not be withheld solely on the basis of a forthcoming prosecution or proof. There is a Code of Practice aimed at facilitating the provision of therapeutic support to child witnesses in court proceedings.

Where counselling does take place, the person(s) offering counselling may be called as witnesses to explain the nature, extent and reasons for the counselling. Welfare agencies should discuss therapeutic intervention with the Procurator Fiscal so that they are aware of the potential impact of such counselling on any court proceedings.

Special measures available for all child witnesses cited to give evidence include the following options:

- evidence being taken by a commissioner (which means that the child's evidence is taken at a special hearing, which can take place out with the court, in advance of the proof or trial, and is recorded)
- a ban on questioning by the person who is alleged to have perpetrated certain actions
- having a support person present
- screens so that the child cannot see the accused (in a criminal case) or other people who are entitled to be present (in other cases)
- giving evidence via a CCTV link from another room within the court building or from a remote site, as appropriate (most often used in criminal prosecutions, or where the proof relates to offence grounds referred to a children's hearing and prior statements treated as evidence in chief)
- prior statements, which can include JII/SCIM recording treated as evidence in chief in criminal proceedings
- in children's hearings proofs relating to non-offence grounds, the Reporter will seek to use the police and social work interview (the JII) in place of the child having to give evidence in person. This is a judgement call in each case and the use of a CCTV link cannot be ruled out as a possibility. Even if the Reporter does not cite the child as a witness, other parties may do so

As well as these special measures, the Sheriff or Judge can take a range of other steps to help the child give evidence and protect his or her welfare whilst giving evidence, for example by deciding in advance what questions can and cannot be asked, by agreeing the child should have regular breaks, and by limiting the duration of questioning.

The Children (Scotland) Act 2020 creates a new special measure which prevents parties to civil cases and children's hearings proofs, in certain circumstances, from personally conducting their own case. This would apply, subject to some exceptions, where a witness is a victim of certain conduct, including domestic abuse, or certain other offences. These provisions are not yet in force, but similar provisions do currently apply in criminal trials.

Consideration should be given as to who may act as a support person for the child. In all cases, the person citing the witness (e.g. the Procurator Fiscal or defence lawyer) will make an application to the court on which option is the most appropriate. The child's own views and those of the child's parent or carer should also feed into the decision-making process. The final decision on which option is the most appropriate rests with the Sheriff or Judge.

Professionals involved in supporting the child may be asked to provide information to the party citing the child to ensure that the court is provided with enough information about the child's needs to inform the decision about what special measures and other supports are required.

Section 271 BZA of the Criminal Procedure (Scotland) Act 1995 (inserted by the Vulnerable Witnesses (Criminal Evidence) (Scotland) Act 2019) provides that in respect of both solemn proceeding and in respect of certain listed offences, the court must enable all of the child witness's evidence to be given by means of a prior statement and/or a pre-recorded Commission hearing in advance, unless the court is satisfied that an exception is justified. These exceptions are if either the fairness of the trial or the child's best interests would be prejudiced by such a course of action, or, if the child is 12 or over, has expressed a wish to give live evidence, and it would be in their best interests to do so. The most efficient means of complying with the requirements of the Act will be that the child's evidence in chief will be given by means of his or her recorded JII; and that cross-examination and re-examination will occur by means of evidence taken by commissioner. If the JII is not suitable for use in criminal proceedings, all of the child's evidence will require to be taken by a Commissioner. This rule came into force in January 2020 in respect of many, but not all, High Court cases in 2020.

The Act requires there to be a ground rules hearing prior to evidence being taken by commissioner and specifies some issues which must be considered. The Act makes provision to allow for evidence to be taken by Commissioner to take place even before the indictment has been served. However, there remain significant legal

barriers to holding Commissioner hearings in advance of service of an indictment. Therefore, many Commissioner hearings will continue to take place after an indictment has been served. Work is on-going to reduce the time between the offence being reported and the date on which an indictment is served. Improvements in facilities for witnesses to give their evidence in Commissioner hearings or by live TV link to court are in progress. (Vulnerable Witness (Criminal Evidence) (Scotland) Act 2019).

General principles

General principles that underpin the consideration and conduct of investigative activities in relation to children who may be harmed and those who may cause harm to others may be summarised as below.

- Rights. The child's present feelings, views and future rights are respected and protected at every stage.

- Safety. Processes are both careful and robust, promoting the safety of those involved by discovering the truth within the most harmful circumstances.

- Wellbeing. The wellbeing of the child is the lens through which all decisions and actions are taken.

- Preparation. Processes include early discussion between the lead agencies, co-ordination and partnership with those responsible for the child's care.

- Understanding. Each stage and any change or decision is explained in a way that makes sense to each child and those responsible for their safe care, taking into account culture, capacity, age and stage.

- Support. Support is provided for children and families involved in these processes.

- Skill. Professionals involved are afforded the training and supervision that ensures a co-ordinated, and child-centred process.

- Pace. Preparation and pace of exploration is patient and attuned to the impact of trauma upon the needs and feelings of each child.

- Place. Investigative processes are conducted in an environment which is child-friendly and amenable to those attending for the child's support.

- Improvement. Processes are evaluated and improved to ensure adherence to standards.

Future developments

The Scottish Government is developing a framework for a child-centred Barnhaus approach which delivers trauma-informed support, justice and recovery for children who have experienced trauma. Scotland-specific standards for Barnhaus, based on the European PROMISE Quality Standards, are being developed and adapted for Scottish legal, healthcare, child protection and criminal justice systems. Highland is committed to implementing the Barnhaus standards to ensure services and systems are child-centred and trauma informed for all children and young people at risk of harm.

Criminal injuries compensation

Ensuring consideration during child protection planning.

Children who have suffered harm either within or out with the family as a result of abuse may be eligible for criminal injuries compensation. Criminal Injuries Compensation Scheme 2012 (publishing.service.gov.uk). Other children or non-abusing adults who have a loving relationship with the abused child may also be eligible for compensation if they suffer a mental injury as a result of witnessing the abuse or its immediate aftermath. Professionals should be aware of this scheme and should consider whether any child for whom they are responsible is eligible to apply. They should also ensure that applications are progressed timeously.

Where the victim was under the age of 18 at the time of the incident, and it is reported to the police before their 18th birthday, an application for compensation can be made until the victim turns 20. Where the victim was under the age of 18 at the time of the incident but it was not reported to the police before their 18th birthday, an application for compensation can be made up to two years from the first report to the police.

Applications from adults should be made within two years from the date of the crime. These time limits can only be extended in exceptional circumstances. The Criminal Injuries Compensation Authority (CICA) does not need to wait for the outcome of a criminal trial if there is already enough information to make a decision on a case, so application can be made without delay for this reason. Decisions are made on 'balance of probabilities.' (Criminal Injuries Compensation Act 1995).

Consideration as to whether or not the Criminal Injuries Compensation Scheme may apply should be a standing item at all initial and review CPPMs (or 'Looked After' Reviews if appropriate). It is the responsibility of the Chair of the review to ensure that reasons are recorded within the record of the meeting as to why the decision was reached whether to proceed or not to proceed with an application.

It is crucial that scrutiny is given to the above as the local authority can be held liable if it fails to make a claim. Action may also be taken against the local authority if it accepts an inadequate offer of compensation on behalf of a child. Children and young people who have been abused in residential care are also entitled to claim compensation.

Specific Circumstances

Part 4 of the National Child Protection Guidance outlines specific support needs and concerns as outlined below. Services should refer to, and follow guidance outlined in this section for further information in relation to these issues.

Part 4, National Child Protection Guidance (2021) – updated 2023

Practice Insights

In addition to the National Guidance for Child Protection, a number of Practice Insights have been developed nationally and can be found here. These insights may help practice thinking, service planning, and learning and development opportunities. They are not procedural and should not be considered in this way.

These practice insights are not part of the National Guidance for Child Protection in Scotland 2021 and have not been subject to public consultation. They will be adapted and improved in response to evolving practice.

The practice insights have been drafted by practitioners, service managers and academics. The experience of children and families is integrated directly in some and indirectly in all. The topics chosen reflect interest and demand voiced in both construction of and public consultation about the National Guidance.

The notes are termed ‘insights’ because they are intended to:

- illustrate and explain key practice considerations
- offer a resource, in the form of windows on positive practice
- prompt reflection, by providing perspectives from specific services
- signpost selected sources that support practice development

It is essential that readers do not expect these insights to offer:

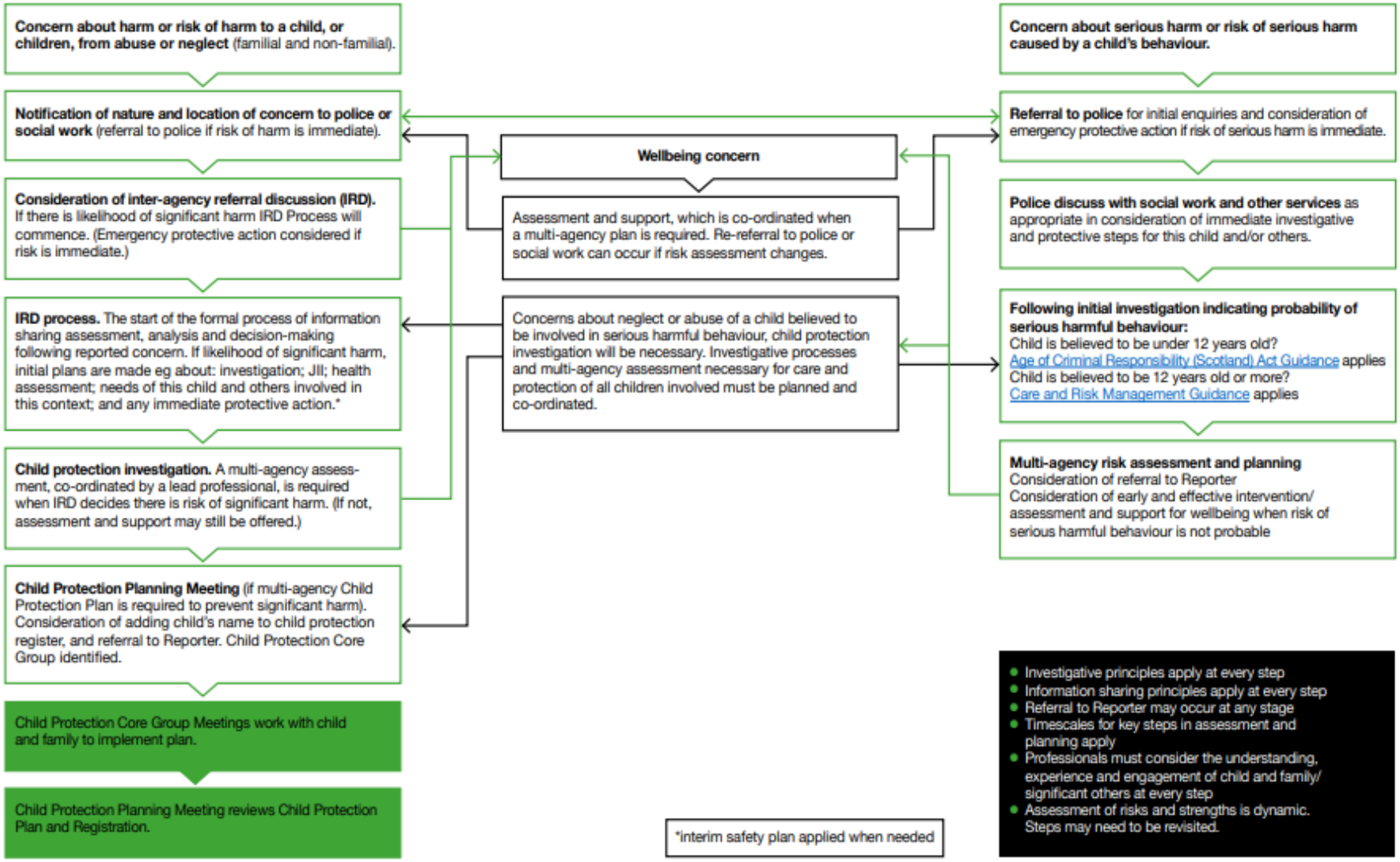
- a multi-agency, national practice manual
- a shortcut to application of the National Guidance
- a protocol, which reduces the need for professional judgement in each situation
- a replacement for any aspect of local multi-agency procedures
- an academic review

The choice of topics is selective, reflecting requests arising during development of and consultation upon the revised National Guidance.

The topics include explanations of concepts, such as capacity to change; approaches, such as contextual safeguarding; indicators of good practice specific to phases of support and planning including pre-birth, or specific to areas of concern, such as domestic abuse. Some specific tools are introduced, such as chronologies and usage of timelines.

A connecting theme should be apparent in all topics. This is about strengthening engagement with children and families in child protection work. Some insights are explicitly focused on this theme, for example in considering participation of children and young people in planning meetings and making plans accessible to them. A shared lens should be apparent in all topics: this is about realising children’s rights.

Child Protection Process



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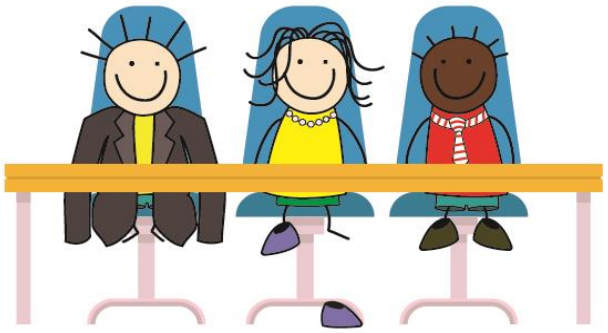
Part 6:
Roles & Responsibilities

Please note, this section does not replace existing responsibilities for individual services, agencies or strategic groups



Roles and Responsibilities

This section outlines the responsibilities of partnerships, services and individual posts in protecting children and young people, and ensuring the needs of children, young people and families are met at the right time, and in a proportionate manner. This section relates to Part 2A of the National Guidance for Child Protection.

Collective Responsibilities for Child Protection

All agencies have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. There must be consideration of the needs, rights and mutual significance of siblings in any process that has a focus on a single child (https://www.gov.scot/publications/staying-together-connected-getting-right-sisters-brothers-national-practice-guidance/).

Effective partnerships between organisations, professional bodies and the public are more likely if key roles and responsibilities are well defined and understood. This section therefore outlines collective responsibilities for child protection. This encompasses Chief Officers, Child Protection Committees, local communities and the general public.

Effectiveness and continual improvement within child protection services relies upon:

- ✓ collaborative leadership from chief officers and senior managers
- ✓ planned workforce development
- ✓ communication, information and partnership with communities
- ✓ communication and commitment to partnership with families

Concerns about a child at risk of significant harm may come from family, friends, neighbours, carers or any other source in the community. Children may disclose abuse directly or express anxieties about their treatment indirectly.

Agencies working with children and families must provide clear and relevant information about how they work together with families and the community to promote the wellbeing and safety of children. This includes information about the ways in which early help can be provided to avoid escalating need and risk, and about relevant protective processes when this becomes appropriate.

Relevant information includes advice about:

- what to do if a member of the public has concerns about a child
- sharing of information between core agencies, as defined in Part 3 of this Guidance, if there is concern about risk of harm to a child (as necessary, in a manner that is proportionate, relevant, accurate, timely and secure)
- next steps and follow-up when concerns are reported
- the role and responsibilities of named persons or of those professionals in universal services who hold a similar role
- Leadership in child protection: Chief Officer's Groups and Child Protection Committees

The roles, responsibilities and accountability of Chief Officers and Child Protection Committees have been reviewed and revised. They are outlined in the document entitled Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (Scottish Government, 2019).

Chief Officers

Police Scotland, NHS Boards and local authorities are the key agencies that have individual and collective responsibilities for child protection. They must account for this work and its effectiveness.

The Chief Constable and the Chief Executives of health boards and of local authorities are referred to as Chief Officers. They are the members of Chief Officer's Groups, responsible for ensuring that their agency, individually and collectively, works to protect children and young people as effectively as possible.

Local Police Commanders and Chief Executives of health boards and local authorities 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 integrating the contribution of those agencies not under their direct control, including the Scottish Children's Reporter Administration, the Crown Office and Procurator Fiscal Service; and they will engage with the Third Sector and private sector as appropriate.

Chief Officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their Child Protection Committees (CPCs).

Child Protection Committees (CPC)

CPCs are the key local bodies for developing, implementing and improving child protection strategy across and between agencies, bodies and the local community.

A CPC is expected to perform a number of crucial functions in order to jointly identify and manage the risk to children and young people, monitor and improve performance, and promote the ethos that: "It's everyone's job to make sure I'm alright" (Scottish Executive 2002; Scottish Government 2017). CPCs must ensure all of these functions are carried out to a high standard and are aligned to the local GIRFEC arrangements.

Further information relating to Highland Child Protection Committee and local services is available at www.hcpc.scot.

Further information on the role of Chief Officers and CPCs is available at: Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (Scottish Government 2019).

Chief Social Work Officers

The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer (CSWO). The CSWO will advise and assist local authorities and their partners in relation to governance and fulfilment of statutory responsibilities. This includes corporate parenting, child protection, adult protection and the management of high-risk offenders, as well as the role of social work in achievement of a wide range of national and local outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk (The Role of Chief Social Work Officer, 2016).

NHS Highland

NHS Boards must have designated professional leads for child protection. This is usually a Chief/Consultant/Lead Nurse, and Consultant Paediatrician. These officers have pivotal roles to play in building strong collaborative relationships with professional leads in Health and Social Care Partnerships, and with other key stakeholders. The health board accountability framework for child protection is referenced in Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (2019).

Self-evaluation and inspection

Self-evaluation is central to continuous improvement. It is a continuous, dynamic process which establishes a baseline from which to plan and set priorities for improvement. Used effectively, continuous self-evaluation helps to monitor progress and impact. Self-evaluation is therefore integral to the work of the child protection committee and children's planning processes. It should not just be an episode in preparation for inspection.

The Care Inspectorate has published a Quality Framework for children and young people in need of care and protection. This supports both self-evaluation and inspection, through identification and analysis of:

- strengths to be maintained and areas for improvement in systems and practice
- positive impact on and gaps within service provision for children, young people and their families

Child Protection Committees should use the quality framework to evaluate the efficacy and impact of child protection practice in their area. Through its programme of joint inspection of services for children in need of protection, the Care Inspectorate identifies key local and national messages to promote good practice and learning.

Inspection

Scottish Ministers have requested the Care Inspectorate to lead a programme of joint inspections that focus on the care and protection of children and young people, and on their experience of services. These inspections are undertaken in

collaboration with Education Scotland, Healthcare Improvement Scotland (HIS), and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS).

A self-evaluation and inspection framework informs inspection reports. These consider a continuum of services, which include prevention, support, protection and care.

Commissioner for Children and Young People in Scotland (www.cypcs.org.uk). The general function of this office is to promote and safeguard the rights of children and young people. This includes promoting awareness and understanding of the rights of children and young people; and review of the law, policy and practice relating to the rights of children. Scotland has incorporated the UN Convention on the Rights of the Child (UNCRC) into Scots law. The Commissioner's office has a key role in promoting the effective protection of the full range of children's rights within protective processes.

The Scottish Public Services Ombudsman (www.spso.org.uk). The SPSO's statutory functions include providing a final stage for complaints about most devolved public services in Scotland, including (from April 2021) the role of the Independent National Whistleblowing Officer (INWO) for the NHS in Scotland. In order to promote improvement, the SPSO provides resources on approach to complaints. This includes encouragement of resolution-focussed and restorative approaches when there has been conflict. The SPSO also publishes the outcomes of individual cases, some of which involve failure to listen to and take the views of children into account; and failure to gather all relevant evidence and provide a clear rationale for key child protection decisions.

Learning and development

Single- and multi-agency agency training should be available to promote the knowledge, skills and values needed to support effective inter-disciplinary work. Child Protection Committees will ensure mechanisms are in place for the delivery and evaluation of local training. They will publish, implement, review and evaluate an inter-agency child protection training strategy.

Recognising that there are different levels of awareness and specificity in training needs within the workforce, the Scottish Government first published a National Framework for Child Protection Learning and Development in 2012. Individual agencies are responsible for ensuring that their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's wellbeing.

Child Protection Committees should have an overview of the training needs of all practitioners involved in child protection activity. This includes practitioners with a particular responsibility for protecting children, such as lead professionals, named persons or other designated health and education practitioners, police, social workers and other practitioners undertaking child protection investigations or working with complex cases. Others who work directly with children, young people and parents/carers and who may be asked to contribute to assessments, will need a

fuller understanding of how to work together to identify and assess concerns, and how to plan, undertake and review interventions. Practitioners who have regular contact with children as part of their role, (such as housing officers and school bus drivers), may recognise signs of abuse or neglect and should understand how they may share such concerns appropriately.

Training and development for managers is also essential, at both operational and strategic levels. As well as "foundation level" training, this may include training on joint planning and investigations, chairing multi-disciplinary meetings, supervision and support of practitioners, and decision-making. Specific training will be necessary for those managers supporting inter-agency referral discussions (IRD). Some managers will also need training on undertaking Learning Reviews.

Training should be relevant to different groups from statutory, Third and other sectors, including volunteers. Training must be regularly reviewed and updated to reflect research, learning from Learning Reviews and practice experience.

In Highland, information about multiagency child protection training can be accessed at www.hcpc.scot

A Scottish Knowledge and Skills Framework for Psychological Trauma and accompanying Trauma Training Plan, commissioned by Scottish Government and developed by NHS Education for Scotland is now accessible to the broader workforce, with a range of accompanying training resources. This is particularly relevant to child protection work and will help workers to understand the impact of trauma on children's lives. It will also support in successfully delivering quality, evidence-based trauma-informed and trauma-responsive services to people affected by adverse experience. The Trauma Training Plan will also help managers and supervisors to identify and explore practitioners' strengths and address any gaps in their knowledge and skills.

A contextual understanding of child protection can be encouraged by clear leadership, training and supervision. Although every situation is unique, there may also be similar factors and experiences – such as poverty, exclusion, isolation, gender-based violence and racial discrimination – which could interact and accelerate the chemistry of some risks and harms.

Support for practitioners: supervision

Support and supervision for practitioners involved in child protection work, regardless of professional role, is critical to ensure:

- support for those who are directly involved in child protection work, which may be distressing
- critical reflection and two-way accountability, which enables a focus on outcomes
- the development of good practice for individual practitioners, and improvement in the quality of the service provided by the agency

Support and supervision can be both distinctly separate and joined-up activities, depending on the situation. For some professionals, such as social workers, supervision is a formal professional requirement whereas for others, including education practitioners, it is not. However, professional, reflective supervision is offered to all head teachers and school senior managers in Highland and can be accessed by contacting the Highland Council Principal Educational Psychologist. Regardless of the requirement for supervision, the purpose of support and supervision in ensuring accountability for practice is relevant for anyone in a professional role with specific responsibilities for child protection. Support can also help to review the understanding of a child's situation in the light of new information, shifting circumstances or challenges to the current assessment. The Promise underlines the centrality of supervision for the workforce, including carers.

Support and supervision should be relevant to a practitioner's professional role and scope of practice, their responsibilities, and the intensity of their involvement in child protection. Single agencies have robust standards and procedures underpinning support and/or supervision. Established standards and models of practice provide key points of reference. Midwifery applies a restorative model of supervision. Other examples include:

- the Police National Decision Model
- the Scottish Social Service Council Supervision & Learning Resource

Specific supervision for practitioners may be required in relation to the knowledge and skills required in the conduct of, for example, inter-agency referral discussions or Joint Investigative Interviews (JII), or in the development of specific assessment, therapeutic or management skills.

Support and supervision should provide a safe and confidential environment for discussion and reflection on the knowledge and skills informing the task, the teamwork required, and the impact of the work and engagement of each practitioner with their role.

Support and supervision should include conversations about how to continually seek the child's view, and how to ensure that, having listened to these views, practitioners keep doing what is working, or do something different where it isn't.

Support and supervision for practitioners may be provided within a group or team environment or in an individual setting. Some areas value inter-agency support and review in complex protection work. Informal peer supervision and support can complement formal support structures.

Whatever the model, practitioners need support to develop knowledge and skills to think analytically, critically and reflectively. They also need to be able to inform their judgement through inter-agency collaboration, and through sufficient knowledge of current research and evidence.

Support should help to ensure that:

- practice is consistent with legal requirements, organisational policies and procedures
- practice is underpinned by the values and core principles of GIRFEC
- practitioners understand their roles and responsibilities, and the boundaries of their authority
- practice is evidence-informed
- practitioners develop skills in critical reflection about their own assumptions and values
- the training and development needs of practitioners and supervisors are identified
- there is structured discussion of child protection concerns, assessment and action
- information sharing and recording is reviewed
- there is reflection on the skills required for practitioners to engage effectively with children and their families
- there is reasoned consideration of counter views, options and probable outcomes
- there is reflection on teamwork and individual work impact

The following section outlines the roles and responsibilities of public services and other community services.

Single-Agency Responsibilities for Child Protection

All services and professional bodies should have clear policies in place for identifying, sharing and acting upon concerns about risk of harm to a child or children.

Each practitioner remains accountable for their own practice and must adhere to their own professional guidelines, standards and codes of professional conduct. Practitioners at all levels in all services, including Third Sector and private sector services, should have information, advice and training to make them aware of potential risks to children; and to support their knowledge and confidence about steps they might take to keep children safe.

Education

All staff working in education establishments, including early learning and childcare (ELC) settings, have a key role in the support and protection of children and young people. Day-to-day professional experience of, and relationship with children is a fundamental protective factor. All staff must be aware of, and must follow, child protection procedures.

Every school and ELC service should have a child protection co-ordinator taking lead responsibility for child protection in the school, in liaison with the head of establishment, to whom he/she will report. The child protection lead should also engage with appropriate training and development in order to be able to respond effectively to child protection concerns, to support staff and to share learning. Education Scotland has a strategic Safeguarding Lead.

The Health & Wellbeing Across Learning: Responsibilities of All Experiences and Outcomes within Curriculum for Excellence, alongside the GIRFEC wellbeing indicators, summarises how practitioners, pupils, parents and communities must work together in protecting and promoting children's rights, wellbeing and safety. This includes helping children develop in their ability to keep themselves and others safe; and helping them learn how to get help and support if they need it.

Some protective work is preventative and developmental. For example, 'Personal and Social Education' aims to provide children with the knowledge, skills and values associated with healthy choices and relationships, and preparation for adult life. When concerns about risk of harm arise, education services are well placed to notice and respond to:

- additional needs or factors that may impact on a child's ability to voice concern
- physical and emotional changes in a child that could indicate abuse or neglect
- family, school, cultural and community context of concerns about a child or children
- escalating support needs of a child and their family
- risks and stresses for some children in transitional stages as they move into a new school or on to adult life and services

Children often see education staff as a trusted source of help and support in confidence. However, when there are concerns about harm to a child emerging from their presentation, or from what they have said or done, then the nominated child protection officer will be consulted without delay. All steps and actions will be recorded.

While all staff in ELC services and schools have responsibilities in relation to child protection, the named person within the GIRFEC approach has a focal role in the recognition of concerns and the co-ordination of help and response from the service, as appropriate. Education services will share information and contribute to investigation and assessment, according to inter-agency child protection protocols, and as far as may be proportionate, relevant and lawful. A child may be referred to the Principal Reporter if there is cause to believe they may be in need of a Compulsory Supervision Order.

Education services are an essential part of inter-agency planning and support with children and their parents, whether this is within child protection processes or as part of the co-ordinated planning within a GIRFEC approach. Community learning and development and youth work may provide significant support in planning around each child's needs.

Where a child goes missing from education, services within local authorities will conduct investigations.

Local authority education services have responsibilities towards children educated at home. Home educators and local authorities are encouraged to work together to

develop trust, mutual respect and a positive relationship in the best educational interests of the child. The welfare and protection of all children, both those who attend school and those who are educated by other means, is paramount.

Specific forms of concern require appropriate levels of awareness, knowledge and skills within an establishment. These include recognition of neglect, mental health problems, parental alcohol and drug use, under-age sexual activity, child sexual abuse and exploitation, honour-based abuse, forced marriage, female genital mutilation and bullying. Education establishments and early learning and childcare settings have a responsibility, in co-operation with Child Protection Committees, to ensure that there are appropriate and regularly reviewed procedures and guidance in place.

Early learning and childcare

Early learning and childcare (ELC) is a service consisting of education and care for children who are under school age. All three- and four-year-olds, and certain two-year-olds, are entitled to funded ELC. Local authorities also have discretionary powers to provide ELC in addition to the funded early learning and childcare entitlement to children deemed to be 'in need'. ELC is delivered by local authority, private and Third Sector providers, including self-employed childminders. As with any service that works directly with children and their families, ELC providers are well placed to identify concerns, offer support, and participate in plans to reduce risk as appropriate. They are also expected to have effective child protection procedures in place to ensure staff have a clear understanding of their responsibilities, and to respond appropriately.

Police Scotland

The Police and Fire Reform (Scotland) Act 2012 places a statutory duty on police officers to, amongst other things, detect and prevent crime. Therefore, child protection is a fundamental part of the duties of all police officers.

The local delivery of public protection arrangements remains the responsibility of local police commanders. Community policing teams contribute to prevention and personal safety programmes for children and young people. Every local policing division across Scotland has a dedicated Public Protection Unit staffed by specialist officers, with investigation teams and a Divisional Concern Hub. The Divisional Concern Hub functionality includes responsibility of triage, research, assessment and consideration, if appropriate, of information sharing of all identified concerns. Police Scotland records information about individuals who are, or are perceived to be, experiencing some form of adversity and/or situational vulnerability which may impact on their current or future wellbeing. Police Scotland also records reports and action taken where an immediate crisis response has been required. This might include adult or child protection, domestic abuse, hate crime or youth offending. Details of victim's rights under section 8 (and 9 when commenced) of the Victims and Witnesses (Scotland) Act 2014 would be noted. Information is recorded, assessed and shared, where appropriate, with relevant statutory agencies and/or Third Sector/advocacy organisations.

Introduction and development of Divisional Concern Hubs has further strengthened Police Scotland's ability to apply clear assessment, rationale and audit information sharing pathways.

The identification of concerns at an early stage better enables Police Scotland and partners to promote, support and safeguard the wellbeing of individuals and communities, which helps keep people safe. It provides an opportunity to provide support at an earlier stage, where appropriate to do so, and to take preventative action to stop low-level concerns developing into crisis situations.

Where it is considered necessary to remove a child from harm or risk of harm, consideration may be given by the police to invoke statutory powers under the Children's Hearings (Scotland) Act 2011, such as to apply for a child protection order (CPO) or to remove a child to a place of safety.

Where the conditions for applying for a CPO are met, but it is not practicable to apply to a sheriff for such an order, a constable may remove a child to a place of safety under section 56 of the Children's Hearings (Scotland) Act 2011. Before invoking their emergency powers, officers should carefully consider the justification for their actions, and whether the provisions of the legislation are met.

It should be borne in mind that these measures are used in emergency situations and only last for 24 hours. When a child is removed to a place of safety the Constable must inform the Principal Reporter as soon as is practical thereafter. Where a child is removed to a place of safety, the local authority may seek a child protection order to ensure the on-going protection and safety of that child.

Where the police have reasonable cause to believe that a child may be in need of compulsory measures of supervision, they will pass information to the Principal Reporter whether or not there are grounds for criminal prosecution. Section 61 of the Children's Hearings (Scotland) Act 2011 provides a statutory duty on a constable to provide information to the Principal Reporter, Scottish Children's Reporter Administration (SCRA), where the constable considers: a) that a child is in need of protection, guidance, treatment or control, and b) that it may be necessary for a Compulsory Supervision Order to be made in relation to the child.

The police will share proportionate information and consult as part of an inter-agency referral discussion (IRD) to determine whether the matter is a child protection concern. If so, the police will share information with other core agencies, health and social work, as part of the IRD, and will attend Child Protection Planning Meetings (CPPM).

Where appropriate, the police should attend and contribute to Child Protection Planning Meetings. Police are unlikely to play an active role in the Core Group responsible for developing the "Child Protection Plan", unless their involvement is crucial to the successful implementation of the plan.

The police are responsible for investigation and evidence gathering in criminal enquiries. This task may be carried out in conjunction with other agencies, including

social work services and medical practitioners, but the police are ultimately accountable for conducting criminal enquiries. In cases of child abuse and neglect, a criminal offence may have been committed. The police have a statutory duty to investigate the circumstances. All child protection investigations should be dealt with in a child-focused manner, taking into account, as appropriate, the views of the child when decisions are made, unless this places them at further risk.

Information about suspected or actual child abuse or neglect can come to police attention from a number of sources, both internally and externally. All concerns must be dealt with comprehensively and impartially. Sources can include victims, witnesses, health services, social work or education professionals, housing providers, Third Sector organisations, anonymous reporters or police officers through routine contact with the public.

Officers should be sensitive to the impact of adults' behaviour on any child normally resident within the household when attending incidents or conducting investigations relating to, for example domestic abuse, or problematic alcohol or drug use. Officers may attend homes where living conditions are poor. When conducting investigations, they may become aware of children who are at home when they should be at school, or they may have suspicions or concerns about a child's circumstances or presentation.

Police officers should be mindful that there may be occasions when concerns and/or risks to children are not easily identifiable while maintaining an awareness of the communities they serve, and also of the indicators of different types of child abuse such as female genital mutilation (FGM) and child sexual or criminal exploitation (CSE/CCE). Other complex forms of abuse such as honour-based abuse, forced marriage (FM), and human trafficking (HT), are not specific to children but should be considered when attending any incident.

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

Officers should also be mindful of the need to ensure adequate care arrangements are in place when parents are detained or cannot care for their children for other reasons.

British Transport Police (BTP)

BTP, like other statutory agencies, has a responsibility for promoting the safety, welfare and wellbeing of children, and for taking positive interventions to protect them from harm. BTP applies a child protection and safeguarding policy and associated standard operating procedure which applies in Scotland (as well as England and Wales) for all police officers, police community support officers, police staff and special constables (collectively termed 'employees').

Highland Council Social Care - Children and families

Local authorities have a duty to promote, support and safeguard the wellbeing of all children in need in their area, and, insofar as is consistent with that duty, to promote the upbringing of children by their families by providing a range and level of services appropriate to children's welfare and wellbeing needs.

Each child has the right to protection from all forms of abuse, neglect or exploitation. In child protection processes local authorities will ensure that each child's views are taken into account in decisions that affect their lives. The welfare of the child is the paramount consideration.

The local authority must make all necessary inquiries into the child's circumstances if it appears that the child is in need of protection, guidance, treatment or control, and if it might be necessary for a Compulsory Supervision Order to be made in relation to the child. The local authority must give the Principal Reporter any information they have about the child.

Guidance for local authorities stipulates that, where children are in need of protection and/or in danger of serious exploitation or significant harm, a registered social worker will be accountable for carrying out enquiries and making recommendations, where necessary, as to whether or not the child or young person should be the subject of compulsory protection measures (Role of the registered social worker in statutory interventions: guidance for local authorities).

Children and family social workers also either directly provide or facilitate access to services to support vulnerable children and families. Social workers are involved in work to support parenting capacity and confidence by working in partnership with sources of support within the family, and in arranging services to help children recover from the impact of abuse and neglect. This may include consideration of Self-Directed Support.

For children in need of care and protection, social workers usually act as lead professional, co-ordinating services and support as agreed in the Child Protection Plan.

Social workers play a key role in helping to ensure that suitable care arrangements are put in place by identifying appropriate placements, assessing and supporting kinship carers and foster carers, and supporting children within these placements. In fulfilling the local authorities' responsibilities to children in need of protection, social work services have a number of key roles. These include:

- co-ordinating multi-agency risk assessments as defined in Part 3
- arranging Child Protection Planning Meetings
- maintaining the child protection register
- discharging the local authority's duty to refer to the Principal Reporter children who may be in need of a Compulsory Supervision Order
- supervising the child on behalf of the local authority as 'the implementation authority', giving effect to the decisions of children's hearings

Please note: Where children and young people have a child protection plan, they should be seen by Social Work once a week (minimum).

Social workers work with children and young people involved in offending behaviour and play an important role in assessing and intervening with children and young people who may present risks to others. Such young people may need support in relation to experiences of neglect, trauma and abuse, as well as help to manage their offending behaviour. In those areas with specialist youth justice services, practitioners may be asked to contribute to risk assessments, as well as to support child's plans including those where protection is the primary issue.

Local authority social work services also have a responsibility to children from their own area who are placed outside the authority's geographical boundaries, or with kinship or foster carers or in establishments managed by providers other than the local authority.

From a safeguarding perspective, local authorities have duties to support migrant families with No Recourse to Public Funds. These families face a high risk of poverty and destitution. Guidance for local authorities on migrant rights and entitlements is available at 1.1 How to use this guidance | COSLA Strategic Migration Partnership (migrationscotland.org.uk).

Social Work Justice services

Local authorities' social work justice services have a critical role in protecting children from harm, both directly and indirectly. The overarching aims are to maintain community safety through protecting the public from serious harm, to hold individuals accountable for their actions in order to reduce their risk of re-offending, and to support individuals' efforts to desist from offending by promoting health, wellbeing and social inclusion. Social work justice services have responsibilities for the supervision and management of risk relating to adults who have committed high-risk offences, including those against children. They must be aware of risks to children in cases of domestic abuse and parental alcohol and drug use and must respond proportionately.

Some parents live with multiple disadvantages, including homelessness, alcohol and drug use, mental ill health, poverty, and involvement with offending. The intersection of risks for some family members can have a direct impact on the children within that family (Hard Edges Scotland, 2019). It is also estimated that around 20,000-27,000 children experience the imprisonment of a parent each year in Scotland. No official data is collected on this group. This can result in them being overlooked in policy and practice (Deacon 2019).

Learning disability services

Learning disability services are largely community-based and delivered by multi-disciplinary teams including social workers. Learning disability practitioners working with adults with learning disabilities should always be aware of how this might impact

on any children in the family and should give early consideration to the support that parents may need. Where they have any concerns that a child may be at risk of significant harm, they should liaise with colleagues in children's services in line with local child protection procedures. Learning disability practitioners should take account of any wider factors that may affect the family's ability to manage and parent effectively, including strengths within the family in relation to the child's needs. Learning disability practitioners have a potential key role in both adult and child support and protection.

Health services

NHS Highland and Highland Council have designated lead roles for child protection. This section describes overarching responsibilities for all health practitioners and describes some of the essential roles within a wide spectrum of services.

NHS Boards will support all health practitioners in upholding professional standards and regulations as outlined by their governing bodies. They will ensure that child protection processes and systems are embedded throughout the Board area and across acute and community services. This entails implementing a framework for governance, quality assurance and improvement of systems, and providing defined roles for clinical and strategic leadership of child protection services.

Boards will provide robust child protection services by ensuring:

- there are clear clinical and care governance processes and systems in place. These will enable continuous improvement in practice, as well as learning from child protection reviews, including both significant and adverse case reviews
- their NHS Board is represented by health professionals in designated child protection roles within inter-agency referral discussions
- health staff have access to child protection advice and support from designated health professionals (Child Protection Advisors)
- there is a contemporary learning and educational framework that supports practitioners to build confidence and competence in discharging their duty to safeguard and protect children
- there are mechanisms in place that enable organisational assurance that all health staff are supported in accessing learning and education appropriate for their role and scope of professional practice
- designated health staff are available to contribute where appropriate to multi-agency learning.
- that arrangements are in place for the support of those who have suffered abuse and neglect, from the point this is known by agencies (The knowledge and skills framework (2017)).

All Health practitioners have a role in protecting the public, and all regulated staff in NHS Boards and services have duties to protect the public. This section describes some key roles and responsibilities within a wide spectrum of NHS services. All health staff, practitioners and services should:

- be aware of their responsibilities to identify and promptly share concerns about actual or potential risk of harm to a child from abuse or neglect, in line with national guidance and local policy
- be aware of the early signs or indicators of neglect, and engage promptly and proportionately in co-ordinated multi-disciplinary or agency assessments
- work collaboratively with agencies who have statutory functions for specific aspects of child protection, namely social work services and Police Scotland
- be alert and responsive when children are not brought to health appointments, and consider what, if any action they are required to take (as opposed to applying a 'did not attend' policy without question)
- prioritise the needs of the child and ensure practice is underpinned by the principles and values of the GIRFEC National Practice Model
- be alert to other factors which may contribute to risk of harm, and which may be a barrier to receiving preventative health care. This could include poverty, disability, culture, lack of understanding or fear of public and formal systems
- consider the potential impact of adult alcohol and drug use, domestic abuse and mental ill health on children, regardless of care setting or service being accessed by adults
- when engaged, work collaboratively with the lead professional (usually a social worker) who is responsible for co-ordinating and overseeing a multi-agency child's plan
- consider the need for a Lead Health Professional when multiple health services are involved within a child's plan, particularly when a child has multiple and/or complex health needs
- seek to ensure and contribute to planned and co-ordinated transitions between services

Lead Nurse for child protection

The most senior nurse responsible for child protection holds a strategic role. They must support the Board in delivering high-quality, safe and effective services that promote wellbeing, early intervention and support for children and their families. The Lead Nurse for child protection must be a registered nurse or midwife. They should have expertise and experience in child protection and professional leadership.

The Lead Nurse should take a professional lead on all aspects of the health service contribution to safeguarding. They are responsible for ensuring that child protection procedures and workforce development policies are in place. The Lead Nurse has a key role in the NHS Board's clinical and care governance processes for child protection. The Lead Nurse may represent the Board within National and local and professional fora, including Child Protection Committees.

Lead Doctor for child protection

This senior clinician is usually a paediatrician who must have child protection expertise and experience in order to:

- advise the health board on strategic child protection matters

- contribute to the development of child protection strategic planning arrangements, standards and guidelines with the Chief/Consultant/Lead Nurse both on an intra- and inter-agency basis
- advise and support providers, child protection health professionals, local authority children's services, local public protection partnerships, and local integrated Health and Social Care Partnerships
- contribute to the work of the Child Protection Committee and subgroups
- provide clinical leadership to medical staff, and other clinicians delivering child protection services

Child Protection Advisor (CPA)

Child Protection Advisors are registered nurses or midwives who have undertaken specialist further education in child protection.

CPAs will:

- support the Lead Nurse in delivering the child protection service across the Board area, both in an intra- and inter-agency basis
- provide advice and support on child protection to health employees within NHS Highland and Highland Council, clinicians and practitioners from partner agencies
- assist in the design, planning and implementation of child protection policies and protocols for their Board. They may also represent the Board at Child Protection Committee and relevant subgroups

In addition, they may:

- take a lead role in the planning and delivery of child protection training to all healthcare practitioners, both single- and multi-agency
- participate in inter-agency meetings where appropriate, for example in the development of Child Protection Plans

Paediatricians with a Special Interest in Child Protection (PwSICP)

These are paediatricians who support the clinical child protection service and the Lead Doctor for child protection. They provide:

- operational child protection services, including management of the child protection rota. They can undertake child protection related medical examinations
- support for peer review and advice for colleagues in the clinical assessment and care of children and young people where there are child protection concerns
- liaison between hospital and community staff for child protection
- Paediatricians

Paediatricians have a duty to identify child abuse, neglect and risk to wellbeing. They must therefore maintain their skills in this area and make sure they are familiar with

the procedures to be followed where abuse or neglect is suspected. Clinical services must ensure that all paediatricians are trained to assess children for signs of abuse and neglect and are supported to make decisions on the timing of any further assessment or forensic assessment.

Paediatricians may be asked to write a report for the court as to their findings and conclusions. Paediatricians will be involved in difficult diagnostic situations, where they must differentiate abnormalities resulting from abuse from those with a medical cause. Along with forensic medical examiners, paediatricians with further training should be involved in specialist examinations of children and young people suspected of being abused and neglected, or who have reported abuse or neglect. A medical examination should be carried out by clinicians with appropriate expertise including in the management of complex conditions or additional needs. Examinations for suspected child sexual abuse require expertise in these examinations in addition to general child protection examinations.

Child Protection Medical Examinations

The main types of medical examination that may be undertaken within the child protection process are described in more detail in Part 3 of this Guidance. In brief they are:

i. Joint Paediatric Forensic Examination (JPFE). Examination by a paediatrician and a forensic physician. This is the usual type of examination for sexual assault and is often undertaken for physical abuse, particularly infants with injuries or older children with complex injuries.

ii. Single doctor examinations with corroboration by a forensically trained nurse. These are sexual assault examinations undertaken for children and young people aged 13-16. Consideration should always be given as to whether a JPFE should occur.

iii. Specialist Child Protection Paediatric/Single Doctor/Comprehensive Medical Assessment. This type of examination is often undertaken when there is concern about neglect and unmet health needs but may also be used for physical abuse and historical sexual abuse. Comprehensive medical assessment for chronic neglect can be arranged and planned within localities when all relevant information has been collated. However, there may be extreme cases of neglect that require urgent discussion with the Child Protection Paediatrician.

All medical examinations/assessments should be holistic, comprehensive assessments of the child/young person's health and developmental needs.
In Highland, where victims of rape or sexual assault are aged 16 and over, they are able to self-refer for a forensic medical examination without first making a report to police. Once commenced the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 will extend consistent access to self-referral services across Scotland for those aged 16 and over. A clinical pathway for children and young people and a forthcoming self-referral protocol will provide further guidance.

Antenatal and maternity care

All healthcare staff must be alert to the support and preparation needs of parents of unborn babies and have a duty to identify potential child abuse, neglect and risk to the wellbeing of an unborn child, or another child in the same environment.

Midwives

Midwives have a significant role in early identification and prevention of risk factors and in the anticipation of additional care needs that may impact the unborn child during pregnancy. These may be physical, psychological, social or cultural. Relationship-based practice is central to midwifery. The midwife's responsibilities include advocacy, management and sharing of concerns as appropriate, in collaboration with interdisciplinary and multi-agency colleagues, in line with the NMC standards-of-proficiency-for-midwives.

The Best Start (Scottish Government 2017) recognises social determinants and health inequalities have an important influence on pregnancy and birth. This universal model of care requires a family-centred, safe and compassionate approach in which assessment of risk is specific to needs and circumstances in each situation. Women with the most complex vulnerabilities should have access to the appropriate level of midwifery care.

Health Visitor

Health visitors have a pivotal role to play in supporting the development of children and families in the first five years of a child's life; and in early identification of support where children may have additional needs and vulnerabilities. Health visitors are registered nurses or midwives who have undertaken additional education at master's level to be eligible to register and practice as health visitors.

The Universal Health Visiting Pathway, published in October 2015, presents a core home visiting programme to be offered to all families with children under five years of age. It consists of eleven home visits, three of which include a formal review of the family and child's health by the health visitor (13-15 months, 27-30 months, and prior to starting school). Health visitors support parents by providing information, advice, and help to access other services. Health visitors have a professional duty to raise concerns when they consider a child is at risk of, or experiencing, significant harm.

Family Nurse

The Family Nurse Partnership Programme is being delivered in Highland. The family nurse works with young first-time mothers and their families, from pregnancy until their child is two years old. The family nurse aims to guide the mother to achieve the three programme goals, which are to improve antenatal health and birth outcomes, child health and development, and parental economic self-sufficiency. Where there is a family nurse, they may act in the named person or equivalent role.

The licensed, socio-educative programme is delivered by specially trained family nurses to enhance parenting capacity and seeks to support parents to achieve their

aspirations. In addition to the schedule of home visits, the family nurse fulfils the requirements of the Universal Health Visiting Pathway.

When the first child reaches their second birthday, both they and their mother graduate from the FNP programme, and their on-going care and named person role is transferred to the health visiting service.

School Nurse

The role of the school nurse has been redefined (Transforming nursing, midwifery and health professions roles: the school nursing role in integrated community nursing teams). School nurses are registered nurses or midwives who have undertaken additional education, in order to support school-aged children in attaining their health potential. School nurses deliver proportionate universal services to school-age children, based on their professional assessment of need. School nurses aim to work in collaboration with named persons and health and social care teams to provide early support and prevent escalation of need. School nurses will be alert to children who may be at risk or experiencing significant harm and must raise their concerns in line with local policy.

General Practitioners

General Practitioners (GPs) and practice staff are well placed to detect early or developing concerns about children and families. Their roles encompass prevention, recognition and early response, and out of hours GP services. GPs may be involved in provision of on-going therapeutic support to children and families who have experienced harm, often into adulthood. In addition, GPs and their teams may be working directly with adults who pose a risk to children and young people, including those experiencing problematic alcohol and drug use or living with domestic abuse, and those who have mental health difficulties.

GPs will alert a statutory agency without delay if they are concerned that a child or young person has experienced or is at risk of harm from abuse or neglect. GPs are also key in the identification and support for adults with significant risk factors, such as alcohol and drug use and mental health difficulties, which may impact on their ability to care.

Emergency health care services

Emergency health care services include out of hours primary care and GP medical services, NHS 24 and the Scottish Ambulance Service, as described separately below.

Emergency Departments

Children or young people may be taken or present themselves at accident and emergency departments. In some instances, abuse or neglect may be suspected, so in addition to care and treatment, local procedures for raising child protection concerns must be followed. Local guidance must be in place to respond to refusal of treatment, or premature removal of a child from the emergency department. If health

staff suspect that a child or young person has experienced or is at risk of abuse or neglect, they must provide any immediate medical care required, gather information from the child or young person's medical records, and contact social work standby services. They must examine the child for evidence of injuries (remembering that these may be concealed under clothing), document carefully all clinical findings including skin condition, bruising, scars, weight and height, and ensure that senior practitioners are involved in any decision-making process. They must follow local child protection procedures, including ensuring concerns are raised immediately with social work services.

GP Out of Hours Services

Children may attend a primary care or general practice unscheduled care service for medical care. In some instances, abuse or neglect may be suspected. In addition to care and treatment, local procedures for raising child protection concerns should be followed. Local guidance should be in place to support response to refusal of treatment, or premature termination of the appointment. If health staff suspect that a child or young person attending an unscheduled care service has experienced or is at risk of abuse or neglect, practitioners should provide any immediate medical care required. They should examine the child for evidence of injuries, remembering that these may be concealed under clothing, document carefully all clinical findings including skin condition, bruising, scars, weight and height, and follow local child protection procedures. They must share concerns about risk of abuse or neglect without delay with social work out of hours services. This will ensure the local child protection register is checked. If there is immediate risk of harm the police should be contacted.

Scottish Ambulance Service

The Scottish Ambulance Service covers the whole of Scotland and has a duty of care to protect the public, including the care and protection of children. Ambulance crews attend emergency and urgent calls across the whole of the country and may be the first to identify that a child is at risk or may have been harmed, at which point local policy for raising their concerns will be followed.

NHS 24

NHS 24 delivers a range of urgent and unscheduled care services connecting people to the care they need and is Scotland's National Telehealth and Telecare Service. It provides access to clinical assessment, healthcare advice and information 24 hours per day. The aim is to provide service users with a timely response in relation to any assistance or advice required to meet their health needs, including additional support that requires onward referral to alternative professional services. Most calls are received via the 111 service when GP surgeries and other services are closed.

NHS 24 plays a crucial role in the recognition and timely response to public protection concerns, which include the unborn baby, children and young people. This is to ensure relevant and proportionate information regarding protection needs is shared with appropriate professionals, including social work and/or Police Scotland.

If social work services contact emergency medical services or NHS 24 due to concerns about a child or young person's injuries or illness, the health staff professional should:

- arrange appropriate clinical care
- establish whether social work and/or the police have discussed the case with the local NHS child protection service, confirming that social work are in contact with the on-call child protection paediatrician
- establish whether a joint investigation has been undertaken or planned
- consult previous medical records to check any previous attendance for analysis of the information to be shared
- share any relevant information, where it is proportionate to do so, with health staff involved in the child or young person's care

Community pharmacy services

Community pharmacists, pharmacy technicians and pharmacy support staff regularly support the healthcare needs of children and parents or carers, including those in 'at risk' groups, such as children of parents with problematic drug or alcohol use. As such, they have an important role to play in identifying and raising concerns when a child is thought to be at risk of or experiencing significant harm or abuse.

Dental care practitioners

Dental care practitioners will often come into contact with vulnerable children and are in a position to identify possible child abuse or neglect from routine examinations, or presentation of injuries or poor oral hygiene. The dental team must have knowledge and skills to identify these concerns and raise concerns in line with local policy.

Mental health services

All mental health staff in child and adolescent services and within adult services must be competent to identify concerns about children and young people. Mental health services are largely community based, with some inpatient facilities, and delivered by multi-disciplinary teams including social workers. They may become aware of children and young people who have experienced, or are at risk of, abuse and/or neglect, and should raise concerns in line with local policy. Within adult services, consideration should then be given to the impact of the mental ill health of a significant person in the child's world. If they are concerned that a person's mental health could put children at risk of immediate or significant harm, they must take action in line with local child protection procedures.

Mental health practitioners should take account of any wider factors that may affect the family's ability to manage and parent effectively, including strengths within the family in relation to the child's needs. For further information, see the section on parental mental health problems. Mental health practitioners have a potential key role in both adult and child support and protection, because they engage with vulnerable people. They play an important role in reducing any risks arising from adult mental health difficulties identified within the child's plan.

In some cases, adults and older young people may disclose abuse experienced some time ago. Even if they are no longer in the abusive situation, a crime may still have been committed and other children may still be at risk. Advice should be sought from professional advisors within their health boards.

Drug and Alcohol services

Drug and Alcohol services, whether based within health or social work or delivered by a community-based team, have an important role to play in the protection of children. Practitioners from addiction services have a critical role in the on-going assessment of adult service users who have caring responsibilities for children. Where risks are identified, practitioners must share information and participate in relevant Core Groups and planning meetings. All practitioners should identify where children are living in the same household as, and/or are being cared for, by adults with alcohol and/or drug use problems. Consideration should then be given to how the problematic alcohol and/or drug use of the parent or carer impacts on the child, in conjunction with children and family services. (For further information, see Part 4 of this Guidance on Parental alcohol and substance use.)

Adult healthcare providers

All health staff providing services to adults have a duty of care to children and young people and must work to consider and identify their needs. Providers of adult health services must be able to identify when a child is or at risk of significant harm, and must raise their concerns in line with local policy.

Other health services

All health staff working in the NHS or Highland Council may identify child protection concerns. Child protection concerns must be raised in line with local policy. NHS Highland and Highland Council have specialist staff who can advise and support staff in relation to child protection.

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Adult health and social care services

Adult support services include a wide range of specialist provisions for different care groups. Some of these are described below; however, the same duties and responsibilities apply to all. Adult services are now largely delivered through multi-disciplinary services and include a variety of commissioned and non-commissioned services which are delivered in partnership with the Third Sector and independent sector. Staff in adult health and social care services must be aware of the circumstances in which an adult's additional needs impinge on children's needs and safety. They may play a role in a child's plan to reduce identified risks. Adult services, along with colleagues in children and families services, should ensure that there is strong transitional planning for young people accessing their services.This should form part of the single planning process for that young person.

Third Sector

The Third Sector is made up of various types of organisations with certain characteristics in common. They are non-governmental, value-driven and typically reinvest any profits in furthering their social, environmental or cultural objectives. The term encompasses voluntary and community organisations, charities, social enterprises, co-operatives and mutual societies, both large and small. This is distinct from the responsibility that the Third Sector has when providing services on commission for and/or in lieu of services provided by and for local authorities under their statutory obligations.

The Third Sector provides a wide spectrum of services for children and young people, including nurseries, residential care, pre-school play groups, parenting and family support, youth work and other youth services, befriending, counselling, respite care, foster care, adoption, through-care and after-care, advocacy, helplines and education. Some services are provided substantially by volunteers, particularly in relation to youth work (e.g. Scouts Scotland and Guiding Scotland) and helplines (e.g. Childline). Parents can be supported to be effective advocates for other parents.

The Third Sector includes charities providing a range of specialised services for children and families. These often deploy both professional staff and volunteers. The

Third Sector also provides crucial recovery services, for example, in relation to experiences of abuse, substance use and mental ill health. Some provide crucial support for children and adults in the early stages of protective processes. Voluntary organisations are often in an ideal position to engage with those children and families who require support for engagement with statutory services.

The Third Sector plays an essential role in providing, flexible and collaborative support for children and families for a wide range of reasons. Many voluntary organisations will have direct or indirect engagement with children, young people and parents, even if this is not their principal activity. Providers of services to adults – for example in relation to housing and tenancy support, mental health, disability, and drug and alcohol problems – may become concerned about children or adults within a family, without necessarily having seen the children. Commissioned and non-commissioned services should have organisational policies and protocols in relation to child protection. Anyone who has cause for concern about a child or adult at risk of harm should share information according to their organisation's local protocol. Within adult services, consideration should be given to the impact of the additional needs or potential risks relating to a significant person in the child's world.

Young carers services

Young carers are often identified by adult support services working with an adult in the family. A young carer becomes vulnerable when their caring role risks impacting upon their emotional or physical wellbeing, and their prospects in education and life. When assessing the wellbeing of a young carer under the age of 18 under section 96(1) of The Children and Young People (Scotland) Act 2014, a person should assess their wellbeing with reference to the wellbeing indicators in section 96(2). Section 12 of the Carers (Scotland) Act 2016 provides that young carers have a right to a young carer's statement, prepared by a responsible authority (either a health board or local authority, depending on whether the child is pre-school or not). Where a child has a plan, it is good practice to integrate the statement within the plan.

Practitioners in other local authority services may encounter situations where a child may be at risk of harm. The local authority should ensure that practitioners are aware of child protection procedures and are confident about how to respond to child protection concerns.

Local authorities may commission Third Sector agencies to provide services on their behalf. Commissioned and non-commissioned agencies and organisations working with children and young people are expected to have safe recruitment practices, and child and adult protection procedures, in line with the national Guidance. They should provide training relevant to information sharing and potential child or vulnerable adult protection for staff, volunteers and board or committee members. Safety is promoted by a clear reporting framework which includes learning from past mistakes, and by an open communication culture in which the views and concerns of those receiving and providing services are heard.

Children's Hearings System

The children's hearings system is a system of statutory intervention in the life of a child and their family. The statutory intervention takes the form of an order such as Compulsory Supervision Order (CSO), and a CSO is issued by a children's hearing or by a sheriff. The children's hearings system deals with referrals in the same way, regardless of the ground on which the child has been referred e.g. whether they have been referred for care and protection concerns or as a result of their own behaviour, which can include offending.

Role of Scottish Children's Reporter Administration (SCRA)

Children's reporters are employed by The Scottish Children's Reporter Administration (SCRA), the public body set up to administer the statutory functions of the Principal Reporter in the Children's Hearings (Scotland) Act 2011 ('the 2011 Act'). Any person or agency can refer a child to the Principal Reporter, but local authorities and the police must refer a child when they consider that a child is in need of protection, guidance, treatment or control and that a CSO might be necessary. The Principal Reporter's role is to decide (a) whether one of the grounds of referral in section 67 of the Act apply in relation to the child and (b) if so, whether it is necessary for a CSO to be made in respect of the child. If the Principal Reporter decides that a CSO is necessary, then they must arrange for a children's hearing to take place in relation to that child.

On receipt of the referral, the Principal Reporter will conduct an investigation which will likely include requesting reports from professionals who may or may not already be involved with a child. Once this investigation has concluded, the Principal Reporter will consider whether there is evidence to establish one of the grounds for referral to the children's hearing, as specified in section 67(2) of the 2011 Act. The Principal Reporter then makes a decision about whether it is necessary for a CSO to be made in respect of the child. If so, they must arrange a children's hearing in respect of the child. Where the Principal Reporter decides that none of the grounds in section 67 apply or that it is not necessary for a CSO to be made in respect of the child, they may still refer a child to a local authority, or other bodies specified by the Scottish Ministers, with a view to advice, guidance and assistance being given to the child and their family. The Principal Reporter's investigation can take place at the same time as any on-going criminal investigation or criminal court case, but the focus for the Principal Reporter and the children's hearing is centred on the needs and wellbeing of the referred child or young person.

Role of Children's Hearings Scotland (CHS)

CHS is the public body, which is responsible for recruiting, training and supporting the volunteer children's panel members who make decisions in children's hearings. A children's hearing is a lay tribunal made up of a panel of three specially trained volunteers from the local community. The hearing decides on a course of action that it believes is in the child's best interests, based on the child's plan with input from professionals. Medical, psychological and psychiatric reports may also be requested. The hearing discusses the child's circumstances fully with the child or young person themselves, parents, carers and other relevant representatives and professionals

before reaching a decision (Children's Hearings Practice and Procedure Manual 2019).

One of the principles behind the children's hearings system is to apply the right intervention at the right time. Where there is no requirement for a CSO or interim CSO, children and young people can be supported in a number of ways, including early and effective intervention (EEI), restorative justice, voluntary measures or tailored programmes to tackle their behaviour.

Even where the Principal Reporter has concluded that there is sufficient evidence of a section 67 ground, there may not be a requirement for compulsory intervention, for example, because the incident is entirely out of character, or because there are no other significant concerns about the child and the parental response has been both appropriate and proportionate to the incident. In other circumstances, compulsion may not be needed because the child and family have accepted that there is a problem and are already working with agencies such as social services or restorative justice.

Children's hearings can proceed on the basis of a shared agreement about/acceptance of the grounds for referral. If there is no shared agreement, then the Children's Hearings (Scotland) Act 2011 allows an application for proof to be made to the Sheriff Court. An application to the Sheriff Court can also be made where the child (due to their age or ability), or indeed the relevant person, is considered not to have understood the grounds. It is the Reporter's responsibility to lead the evidence in court and seek to have the grounds established. The Sheriff Court will also hear any appeals which are made against a hearing's decision.

Hearings make significant decisions about complex matters. Vital work before the hearing is required to ensure that the hearing has the evidence and the options available to enable it to make the right decision for a child. Children and families have to be prepared, and their participation and engagement in the hearing process must be meaningfully supported. Panel members should receive reports from social workers which present a well-argued rationale for a recommended decision in a child's best interests, as well as reasons why alternatives are not recommended.

Local authority staff and Reporters will consider how best to plan and prepare all families for optimal support, understanding and participation in the children's hearing. To promote equality of participation, some groups and individuals will require extra consideration. A SCRA research report (Henderson et al 2018) describes the challenges and barriers to positive engagement for all families in contact with child protection and children's hearings systems. These include isolation, language difference, poor translation, concerns about confidentiality, family reluctance to raise concerns and accept support, lack of awareness of services and how the law operates in Scotland, and fear of service intervention. Families with other protected characteristics, or who have experienced adversity, may also require careful preparation for their involvement within the children's hearing.

Care should be taken to comply with non-disclosure measures and protocols when this special provision is considered necessary to protect the whereabouts of a child, or relevant person with whom the child is residing, due to significant concerns about

their safety. Breaches of non-disclosure measures can have serious consequences for children and those who care for them. In the event of a breach of a non-disclosure condition by a partner agency, SCRA is to be informed immediately so the risks to the child(ren) or carers can be assessed and action taken to protect them, if necessary.

Section 122 of the Children's Hearings (Scotland) Act 2011 provides that the chairing member of the children's hearing must inform the child of the availability of children's advocacy services unless he or she considers that it would not be appropriate to do so, taking into account the child's age and maturity. This section of the 2011 Act gives children the support of an independent advocacy worker as and when they need one, in order for them to give their views clearly and definitively, and to have their voice magnified within the children's hearing.

Section 78 of the Children (Scotland) Act 2011 sets out the persons who have a right to attend a children's hearing. These are the child, relevant persons, representatives, Reporter, Safeguarders, member of an area support team, and a representative of a newspaper or news agency. Section 78(4) requires the chairing member to take all reasonable steps to ensure that the number of persons present at a children's hearing at the same time is kept to a minimum. Research has consistently made clear that children want the number of people in their hearing to be limited to those who are strictly necessary. Research also indicates that having a high number of people present in a hearing can impede participation by children and relevant persons. Each hearing will be conducted to ensure that process and participation is as child-centred and effective as may be planned in the circumstances. Information shared must be up-to-date, accurate and relevant. Children and their families must be supported in understanding what information will be shared and why during children's hearings.

Crown Office and Procurator Fiscal Services

The Crown Office and Procurator Fiscal Service (COPFS) is Scotland's sole prosecuting service, independent of the police and the courts. COPFS is responsible for the prosecution of crime, investigation of sudden or suspicious deaths, and investigating allegations of criminal conduct by police officers. (Police Investigations and Review Commissioner (PIRC) may investigate where directed to do so by COPFS).

Procurators Fiscal are based throughout Scotland. They are legally qualified civil servants who receive reports about crimes from the police and other reporting agencies, consider whether there is sufficient evidence to justify criminal proceedings, and then decide what action, if any, to take in the public interest.

In considering the public interest, Procurators Fiscal take a number of factors into account. These are set out in full within the Prosecution Code but include the interests of the victim, the accused and the wider community. This can involve competing interests and will vary with every case. In cases that will be considered by a jury, Procurators Fiscal will gather and review all evidence before Crown Counsel makes the final decision on whether to prosecute. Prosecutors will act fairly and without bias towards all victims, witnesses and accused persons, and be sensitive to

individual needs, to ensure that the prosecution service delivers an equal opportunity to everyone in their access to justice.

Procurators Fiscal are subject to on-going professional development training.

Carers looking after children away from home

A carer looking after children away from home might be a foster carer (including local authority carers), a kinship carer, a residential worker within a children's house, or a residential school practitioner. These carers can provide significant emotional and practical support to children who have experienced abuse, creating and maintaining a safe environment where the child feels valued and listened to. Carers looking after children away from home can provide pivotal support to the child via the Child Protection Plan, as well as particular insight into the child or young person's needs through day-to-day care and interaction. All carers should apply safe caring policies and practices that minimise situations where abuse could occur. They must be advised about how to respond to any reports of abuse, and about how to work within the agreed local reporting arrangements within their area. For further information, see the section on children who are looked after away from home.

Social housing

Housing and homelessness services (local authority and registered social landlords) are important contributors to intervening early and positively in the lives of children, young people and families who need support and assistance. Staff in these services can identify and coordinate a response to vulnerable families and young people and may prevent their circumstances from deteriorating further.

When housing or homelessness staff sign up a family to a tenancy or visit a property for any reason they may identify early indications of family support needs, or evidence that actions are needed to protect children. Poor housing, homelessness and high mobility feature in a significant number of Case Reviews. To promote early support for vulnerable families, housing staff should have a good working knowledge of local services for children and families, and a thorough knowledge of child and adult protection procedures.

Social housing landlords should have policies, procedures and training in place to ensure they meet their responsibilities in relation to child and adult protection arrangements, working with local authority and NHS partners.

Social housing landlords also have a key role in the reintegration of people from prison into the community where they live in their tenancies, and the management of risk posed by individuals to others, for example through MAPPA (Multi-Agency Public Protection Arrangements). There is a key role for social housing landlords to be represented at Child Protection Committees where appropriate.

Private landlords

Like social landlords, private landlords and letting agents may through their tenant engagement identify early indications of family support needs or evidence that

actions are needed to protect children. It is therefore important that private landlords and letting agents have access to the right information and advice about reporting their concerns to appropriate authorities.

Community safety services

A safe community is a community where people can live without fear, risk, harm or injury. Community safety is about building resilient, participatory communities where homes, roads, public spaces and the workplace are safe, and feel safe. Community safety encompasses home safety, road safety and water safety (together known as injury prevention), as well as community justice, counter-terrorism, child sexual exploitation, criminal exploitation, online safety, and substance use.
Local partnerships have a key role in the development of preventative strategies and public communications to help families, schools and communities to be safe places, in tackling exploitation, and in promoting safety and wellbeing at individual, family and community levels.

Scottish Prison Service

The Scottish Prison Service (SPS) is an agency of the Scottish Government and was established in 1993. The purpose of the SPS is to maintain secure custody and good order within prisons, whilst caring for prisoners with humanity and delivering opportunities which give the best chance to reduce reoffending once a prisoner returns to the community. The key issues in relation to children with parent(s) in the criminal justice system is to provide support to children at every stage of the criminal justice system, ensuring that parent-child relationships are maintained even when the parent is in long-term custody or prison. Where a child is considered at risk, the response should be timely, appropriate and proportionate in line with the approach set out in GIRFEC. SPS has a child protection policy which sits within a families strategy. Every establishment has a Designated Child Protection Co-ordinator.

Scottish Fire and Rescue Service (SFRS)

Alongside their central role in protecting children and families through fire prevention and response, when members of the SFRS encounter situations that cause them to have concerns about the wellbeing or safety of a child they must pass that information to the relevant services. If a child is in imminent risk, for example in the case of a threat to life or where there may have been criminality, the police should be informed without delay. Through community safety work SFRS engages with individuals and groups to address wider inequalities by helping to tackle antisocial behaviour, reduce reoffending, and by working in partnership to tackle domestic violence.

Faith organisations

Religious leaders, practitioners and volunteers within faith organisations have a unifying priority in relation to the protection of children. They may provide regulated care as well as a wide range of voluntary support services. Faith organisations including churches provide carefully planned activities for children, supporting

families under stress and caring for those hurt by abuse in the past, as well as ministering to and managing those who have caused harm.

Within these varied roles, all reasonable steps must be taken to provide a safe environment that promotes and supports the wellbeing of children and young people. This includes careful selection and appointment of those who work with children. It also means ensuring practitioners and volunteers are confident about how to respond promptly, in line with agreed protocols, when concerns arise about risk of harm to a child from abuse or neglect. Child protection co-ordinators and safeguarding advisers should be available for consultation within faith organisations. They will work with social workers and police officers as and when required. Practitioners and volunteers with church and faith organisations must report concerns about harm to a child to their line manager or safeguarding/child protection co-ordinator. The safety of the child or adult at risk is the priority. Further considerations on faith and cultural communities may be found in Part 4 of this Guidance.

The Defence Community

The defence community includes serving members of the Armed Forces, cadets, reservists, veterans and their families. It also includes civilian employees, volunteers and their families. When children and families of defence personnel have need for child protection services standard processes apply, as outlined in Part 3 of this Guidance. In view of distinctive military structures and supports, there is a need for close communication and teamwork between the relevant welfare structure within the base or unit and local statutory services. Defence protocols should link to national child protection guidance. Key points of contact for defence are listed in Appendix G of the National Guidance. Those in dedicated liaison roles within defence will be aware of the Child Protection Committee role and function, and CPCs will be in communication with liaison officers in relation to developments in training, procedure and practice. Social Work services locally should be aware of the defence structure and ensure all relevant personnel are included in children in need/child protection planning processes.

High Life Highland

Culture and leisure services encompass a number of services specifically designed for, or including, children and young people. Services such as libraries, play schemes and play facilities, parks and gardens, sport and leisure centres, events and attractions, museums and arts centres all have a responsibility to ensure the safety of children and young people. Such services may be directly provided, purchased or grant-aided by local authorities from voluntary and other organisations and, as such, represent an opportunity to promote, support and safeguard children's wellbeing across sectors.

Sport organisations and clubs

Sports organisations work with a diverse range of children and young people in their communities. Some children and young people may only attend a holiday sport

activity, while others may regularly attend and participate in a specific sport at a local sports club, while a small number are involved in elite sports. All of these activities are run by committed, paid and unpaid coaches, officials, volunteers and workers who have various degrees of contact with children and young people. Members of this workforce will often become significant role models and trusted people in a child's life. As in other activities and contexts, abuse of trust can occur in sport of all kinds and at all levels. Those responsible for the organisation of activities, regulated or otherwise, should ensure that safeguarding is integral to practice in recruitment, training and oversight of staff and volunteers; and that children know how and with whom they can voice questions and concern.

The Child Wellbeing and Protection in Sport service (CWPS) service is a partnership between Children 1st and Sport Scotland. It supports sports organisations and individuals across Scotland (including sports governing bodies, sports clubs, Leisure Trusts, local authorities and parents and carers) in keeping children safe in and through sport by providing advice, consultancy, training and support. Organisations and community groups involved in sport activities should familiarise themselves with the Standards for Child Wellbeing and Protection in Sport and the ten steps to safeguard children in sport. They should adopt rights-based, child centred culture and encourage children, parents and carers to raise any concerns and to ask questions about safeguarding procedures.

Wider Planning Links

Child protection planning must fit within the wider planning processes in a local area, showing how child protection is integral to wider economic and social objectives. This must be evident through community and integrated children's services planning, the national outcomes shared by national and local government, and the key national policy frameworks. The aim of community planning is to make sure people and communities are engaged in the decisions made about public services which affect them.

Scottish Government's overarching objectives are set out in a National Performance Framework. Most of these objectives have direct and immediate relevance to the safety, security and life chances of children in Scotland. Public Health Priorities for Scotland (Scottish Government/COSLA, 2018) provides the focus for national improvements in healthy life expectancy, reduction of inequalities, and support for sustainable economic growth over the next ten years.

The specifics of local child protection planning and the responsibilities of Chief Officers and Child Protection Committees have been outlined above. Delivery of child protection is part of a continuum of inter-agency services for children and families informed by the GIRFEC policy and practice model.

Services protecting children and supporting their families are defined and influenced by a range of inter-related strategic plans. The Children and Young People (Scotland) Act 2014 set out reforms to the way services for children and young people are designed, delivered and reviewed. As part of the Act, the Scottish Government provides statutory guidance (in Part 3) on Children's Services Planning.

The duties placed on local authorities and health boards under this part of the Act included provision of a Children's Services Plan for which they have joint responsibility. For the purpose of Children's Services Plans, a 'child' is a person under 18 years old or a care leaver aged 18-25 years old eligible to receive 'children's services'.

There are overlaps between the requirement to plan for children's services and other related services, including duties included in Part 1 (Children's Rights), Part 6 (Early Learning and Childcare) and Part 9 (Corporate Parenting) of the 2014 Act, as well as the Public Bodies (Joint Working) (Scotland Act) 2014, the Community Empowerment (Scotland) Act 2015, the Carers (Scotland) Act 2016 (including young carers), and the Requirements for Community Learning and Development (Scotland) Regulations 2013. There are duties to report under the Education (Scotland) Act 2016, which establishes a statutory National Improvement Framework. Local authorities and health boards must also jointly publish annual reports on what they have done and will do in order to reduce child poverty in the local area.

Each integration authority is also required to prepare an annual performance report on how the arrangements in the strategic plan are contributing to achieving the National Health and Wellbeing Outcomes. These reports are required to cover all services provided in the exercise of functions delegated to the integration authority, including, where applicable, children's services. From the perspective of children's services planning, the adult health and social care context is important because most children live in families with adults, and because the complex question of supporting good transitions to adult life and services needs shared perspective, resourcing, management and reporting.

While community justice services are mainly focused on adults, there is an impact on children too, particularly where the recipient of a community justice service is a parent or sibling. The Community Justice (Scotland) Act 2016, implemented from 1 April 2017, established a new local partnership model for required community justice planning and delivery of services.

Services to protect children should take account of national policies to promote the wellbeing of all children, including disabled children and those most at risk, such as children affected by problematic parental alcohol and/or drug use, children affected by domestic abuse (such as Equally Safe – see below), and children at risk of being trafficked.

Within this complex wider planning landscape, there is a need to co-ordinate purpose, monitoring, data gathering, analysis, format and timing of reporting and review. The Child Protection National Minimum Dataset 2020 will assist in this process.

Children's services should be 'integrated' not just in organisation, but also from the perspective of children, young people, parents, carers, families and communities. In general terms there is a national policy emphasis on provision of early help to prevent escalating need and risk.

Public protection

The aim of public protection is to reduce risk of harm to both children and adults. These issues overlap. For example, when a child has a Child Protection Plan, where relevant, this should clearly define how the child will be protected from the risks posed by known perpetrators, together with contingency plans as appropriate in each case.

Public protection involves collaborative inter-agency work at strategic and operational levels. In some areas this work is overseen by a dedicated public protection forum. In others, individual fora have a specific responsibility and focus. Whatever the local arrangements, steps need to be taken locally to ensure an integrated and consistent approach to planning and service delivery. Child Protection and Adult Protection Committees (sometimes combined) have a key role in this respect.

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

Public protection encompasses the needs of former victims, and of immediate family members at risk of harm.

Interface between child and adult protection

Adult and child protection may overlap and interact. The Child Protection Guidance applies to children and young people up to the age of 18. There is a potential overlap of powers and duties in relation to the Adult Support and Protection (Scotland) Act 2007 and Code of Practice (which is being refreshed in 2021).

An adult at risk is a person aged 16 or over who:

- is unable to safeguard their own wellbeing, property, rights or other interests
- is at risk of harm
- and because he or she is affected by disability, mental disorder, illness or physical or mental infirmity, is more vulnerable to being harmed than adults who are not so affected

To ensure that individuals do not fall between eligibility and service criteria, co-ordination and collaboration is necessary between child and adult services at both operational and strategic levels. Arrangements for linking up child and adult services in relation to support and protection must be agreed through Chief Officer's Groups and Child and Adult Protection Committees as described above.
Adult services should be aware of the need to share concerns and work with the appropriate children's services. Similarly, there may also be situations where an adult at risk of harm is assessed as being a risk to children; or where investigations about risk to children indicate the need for adult support and protection. Local

arrangements should ensure that appropriate assessments and plans are put in place in such situations.

In respect of adult support and protection, the statutory framework governing adult protection establishes specific criteria for identifying an adult at risk. Young people identified as in need of protection will not automatically fit these criteria when they reach the age of 16, and services should ensure there is routine consideration of their 'risk' status.

Child and Adult Protection Committees should jointly develop robust procedures to ensure on-going support for any child about whom there are child protection concerns at the point where they move from children's into adult services. The GIRFEC National Practice Model supports a single planning system for all children and young people up to 18 years. A child's plan should state whether he or she is potentially an adult at risk of harm who will require on-going support, services or statutory measures.

In such circumstances there should be local processes in place for assessment and transition planning, starting no later than 12 months before school leaving age. These processes should include provision for the resolution of any disputes about the proposed support plan. These processes should also be separate from any arrangements for case transfer, which will be a matter for each agency's respective protocols. Instead, they will underpin the transition from child protection registration into adult services and any adult support and protection arrangements. It is important that the transition processes are clearly communicated to staff in both children's and adult services. Issues of consent are of particular significance here, as the young person may choose not to accept the services offered.

Staff working in children's services will need training to help them identify and act on adult support and protection issues, and vice versa. Child and Adult Protection Committees will be responsible for developing joint training to meet these needs. Some young people behave harmfully to others. Social workers should pursue a holistic consideration of wellbeing, needs and the context of the behaviours. Their needs for care and protection must also be assessed.

MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory partnership working arrangements introduced in 2007 under section 10 of the Management of Offenders etc. (Scotland) Act 2005. The purpose of MAPPA is public protection and the reduction of serious harm. In Scotland, the MAPPA brings together the police, Scottish Prison Service (SPS), health and the local authorities in partnership as the Responsible Authorities, to assess and manage the risk posed for certain categories of offender. A duty to co-operate extends to other services including the Third Sector (such as those providing housing services). Multi-agency consideration must be given to managing high-risk individuals. For those who have committed sexual offences, multi-agency consideration will include their levels of contact with children, both within the family and within the community in general. These considerations will also be taken into account, where appropriate, for individuals convicted of certain

violent offences (those assessed under MAPPA as 'Other Risk of Serious Harm' individuals).

Children and young people who offend are considered to be children in need and are very rarely managed by MAPPA processes. There may be exceptions to this for the purposes of protecting members of the public from serious harm (whether or not physical harm). The child's welfare must remain a primary consideration in plans and decisions. A lead professional, who must be a qualified social worker, would have a key role in ensuring co-ordination of assessment and next steps within a developing but coherent single plan.

The Violent and Sex Offender Register (ViSOR) is the agreed system used by MAPPA. This is a UK-wide IT system which is intended to facilitate inter-agency communication and ensure that the responsible authorities contribute, share and securely store critical information about MAPPA offenders. It improves the capacity to share intelligence and supports the immediate transfer of key information when offenders move between areas.

The Scottish Government has published guidance on the review of Multi-Agency Public Protection Arrangements when offenders managed under these arrangements commit, or attempt to commit, further serious crimes. The guidance sets out the steps for conducting a Significant Case Review to examine whether agencies effectively applied MAPPA arrangements and worked together effectively. Revised National Guidance on MAPPA (Scottish Government 2016) will be published in 2021. Further information on MAPPA may be found here: Multi-agency public protection arrangements (MAPPA) in Scotland: national overview report 2018 to 2019 - gov.scot (www.gov.scot).

Community Justice Partnerships

A new model for community justice came into effect on 1 April 2017. As part of this, a new national agency, Community Justice Scotland, was established to provide assurance to Scottish Ministers on the collective achievement of community justice outcomes across Scotland. At a local level, strategic planning and service delivery became the responsibility of local community justice partners. They are required to produce a local plan for community justice, known as a Community Justice Outcomes and Improvement Plan (CJOIP). Community justice partners, defined in the Community Justice (Scotland) Act 2016 (s13) are the Chief Constable of Police Scotland, health boards, Integration Joint Boards for Health and Social Care, local authorities, Scottish Courts and Tribunals Service, Scottish Fire and Rescue Service, Scottish Ministers (e.g. Scottish Prison Service), and Skills Development Scotland. The statutory partners are required to engage and involve the Third Sector in the planning, delivery and reporting of services and improved outcomes, and to report on progress against the CJOIP annually.

Violence Against Women Partnerships

Equally Safe, the Scottish Government and COSLA's joint strategy for preventing and eradicating violence against women and girls (VAWG), was launched in 2014 and revised in 2016, with a delivery plan published in 2017. Equally Safe sets out a

shared understanding of the causes, risk factors and scale of the problem, and highlights that violence against women and girls is underpinned by gender inequality. Prevention necessitates tackling perpetrators and intervening early. The strategy reflects the particular experiences of children and young people who may be subject to gendered violence and recognises children as victims of domestic abuse and coercive control, irrespective of their gender.

Violence Against Women Partnerships (VAW Partnerships) are the multi-agency mechanism delivering on the strategy at a local level. The Scottish Government and COSLA's expectation is that every local authority should have a VAW Partnership with a strategic plan and designated co-ordinator for collaboration between public sector and Third Sector organisations (Violence Against Women Partnership Guidance).

Alcohol and Drug Partnership

Problematic alcohol and/or drug use is often a long-term, hidden problem, and can lead to sustained issues of child neglect or abuse. Collaborative practice across child and adult services should encompass planning with services, such as adult social care and housing. This will increase the ability of services to identify children at risk from parental alcohol and drug use and ensure that adequate and early plans are in place to support them. In early 2009, the Scottish Government, in partnership with COSLA, published A New Framework for Local Partnerships on Alcohol and Drugs. This was updated in 2019. 'Rights, respect and recovery' (Scottish Government 2018) is the national strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths.

Alcohol and Drug Partnerships and Child Protection Committees should develop local protocols to support relevant, proportionate and necessary information sharing between drug and alcohol services and children and families services. Protocols should define standard terms and processes within assessment, co-ordinated planning, and response to risk of harm to a child, including response to concerns during pregnancy. Specialist, Third Sector and adult support services must all be aware of the potential risks and needs of children affected. Accountability for implementation, monitoring and progression of partnership protocols should be clear. Multi-agency child protection training should be a standard part of the planning, commissioning and delivery of adult drug and alcohol services.

For all services and practitioners

This section of the Guidance has described some of the structures and responsibilities within the landscape of child protection. Inevitably, services have a focus upon risk of harm. The drive to achieve consistent operating procedures may imply linear steps in child protection. However, there are usually uncertainties and options, requiring partnership, teamwork and professional judgement at every stage. A shared ethos for all practitioners will acknowledge that child protection involves listening and consideration of:

- the child's experience and needs, in context
- the wellbeing of the family as a whole

- additional risks and barriers for some individuals and groups
- the need for co-ordination in assessment and practical action
- the opportunities to build on strengths in children, families and communities