Inter-agency Guidelines to Protect Children and Young People in Highland

Highland Child Protection Committee

Working Together to Protect Children in the Highlands

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Contents

Sections:

Appendices:

Foreword

This is the 2013 update of *"Inter-agency Guidelines to protect Children and Young People in Highland"* and brings the existing guidelines in line with: The Highland Practice Model, the integration of Health and Social Care in 2012 in the Highlands and Police Scotland.

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

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

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

The guidance forms the operational procedures for multi-agency working, approved by the Chief Executive Officers of the constituent agencies of the Child Protection Committee - listed in Appendix A. It sets out the separate, but complementary roles and responsibilities of staff from the various agencies. It has been updated to take account of significant developments, including implementation of The *Highland Practice Model, the Integration of Health and Social Care, Police Scotland and national guidance on Getting our Priorities Right 2013.* All officers of the constituent agencies are required to work to it regardless of whether you work with children or adults.

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

Child protection is the responsibility of everyone, and agencies must collaborate to support the protection of children. This means close working relationships between agencies, managers and practitioners, and a common objective to protect children and prevent abuse. The guidance reaffirms that, if you have any concerns about a child, you need to share those concerns in order to protect the child.

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

The Child Protection Register

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

A check of the register is a critical stage in ensuring that any child is safe.

Any practitioner or manager from a constituent agency of the Child Protection Committee can check whether a child is on the register, by contacting the local social work office (Appendix B). Outside normal office hours, this check should be made with the Social Work Out of Hours Team, at 0845 601 4813.

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

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

Introduction

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

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

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

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

In most agencies, senior staff have particular responsibilities to provide advice and make decisions in relation to concerns about the safety of children. These roles usually reflect explicit line management responsibilities.

Where there are concerns about the safety of a child, and where risk may need to be assessed, key decision making responsibilities are with the following senior staff in the lead agencies, who are the 'Designated Persons':

- Highland Council /NHS Highland – Child Protection Advisors (Health)
- Police Scotland– Officers of Inspector rank, and Officers who have undertaken Child Protection Designated Persons training
- Children's Service Social Care – Team Managers
- Primary Schools – Head teacher
- Secondary Schools - the Head teacher or Depute Head teacher with responsibility for pupil welfare

SECTION 1: Definitions

1.1 A child

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

These child protection guidelines apply to:

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

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

1.2 Parents and Relevant Persons

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

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

A father may also acquire parental responsibilities or rights by entering into a formal agreement with the mother, or by making an application to the courts.

A Relevant Person for a child within the Children's Hearing System is defined as:

- Any parent (unless all parental rights and responsibilities have been removed by the Court);
- Any person with parental rights or responsibilities;
- Any person who has (or has recently had) a significant involvement in the upbringing of the child, and who has been deemed a Relevant Person on that basis by a Children's Hearing or a Pre-Hearing Panel.

Relevant persons have extensive rights within the Children's Hearing system, including the right to attend Children's Hearings, receive all relevant documentation, and challenge decisions taken within those proceedings.

1.3 The Named Person

The Named Person is a health visitor or midwife or head or guidance teacher who has responsibility for ensuring that a child's needs are addressed in universal services, where the child does not have needs that require multi-agency planning and action. This responsibility lies within the health service in the early years, and passes to the education service when the child moves into primary school.

1.4 The Lead Professional

The Lead Professional co-ordinates planning and action where two or more agencies are involved in collaborating to address shared objectives in meeting a child's needs. The Lead Professional's primary remit is to make sure that all of the support provided is working well, fits with involvement of other practitioners and agencies, and is achieving the outcomes specified in the child's plan. The Lead Professional works closely with the Named Person.

1.5 Abuse and neglect

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. Assessments will need to consider whether abuse has occurred or is likely to occur.

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

1.6 Significant harm

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

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

The test of continuing risk of significant harm is that either:

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

Whether the harm suffered, or likely to be suffered, by a child or young person is 'significant' is determined by comparing the child's health and development with what might be reasonably expected of a similar child.

There are no absolute criteria for judging what constitutes significant harm. In assessing the severity of ill treatment or future ill treatment, it may be important to take account of: the degree and extent of physical harm; the duration and frequency of abuse and neglect; the extent of premeditation; and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm results from an accumulation of significant events, both acute and long-standing, that interrupt, change or damage the child's physical and psychological development. Further information on assessment of harm is available in Appendix E.

SECTION 2: Collective Responsibilities for Child Protection

2.0 Local Communities and the General Public

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

Local authorities and other relevant agencies, including third sector services, should disseminate information to the general public that promotes a sense of shared responsibility and provides clear information on how to communicate concerns. Information about how to report a concern, and guidance for community groups can be found at: http://www.forhighlandschildren.org/2-childprotection/

Members of the public need to be aware that they have an obligation to pass on information about child abuse and neglect to the statutory agencies and that confidentiality cannot be guaranteed where the child is thought to have experienced, or be likely to be at risk of, significant harm. Services should be clear from the outset about their responsibilities for sharing information.

Members of the public need to understand how the information they provide is being used, both in order to manage their expectations and secure their continuing vigilance with regard to child protection. It is crucial that there is some form of communication with individual members of the public once child protection concerns have been passed on. In the context of a child protection investigation this may not always be possible, but services should strive to provide direct, follow-up feedback to members of the public who pass on child protection concerns.

2.1 Highland Council Health and Social Care Service

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

When the local authority receives information that suggests that a child may be in need of compulsory measures of supervision, the Children's Service will make enquiries and give the Children's Reporter any relevant information which they have been able to obtain about the child.

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

2.2 Police

Highland Council Children's Services, NHS Health Services and the Police Service of Scotland, Highlands & Islands work collaboratively to consider and plan responses to concerns about the safety of children.

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

2.3 Health Services

Reference to Health services, throughout this guidance, should be read as including NHS Highland and Highland Council Health and Social Care health personnel: Nurses, Midwives, Dentists, Mental Health Professionals, Allied Health Professionals, hospital doctors, doctors in specialised fields such as prison and forensic services. It also includes independent doctors such as GPs, and other independent health professionals such as pharmacists.

The health service is the key universal service during the early years of a child's life, up until entry into primary school. In the period before birth, and in the first few days after birth, the midwife is normally the Named Person. After this, responsibility passes to the Health Visitor.

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

Health professionals may be the first to see symptoms of abuse or neglect, and should share information about any concerns arising from their suspicions with Children's Service social work colleagues or the police. They will also be asked to help with investigations into alleged or suspected abuse or neglect and will be involved in the joint planning. Some of these concerns may arise through working with adults.

Health professionals contribute to plans to protect a child, and have a key role to play in providing help and support to families.

2.4 Education, Culture & Sport Service

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

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

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

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

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

2.5 Housing & Property Service

Housing staff who are interviewing customers whether in the office or in people's homes may sometimes come across matters that give cause for concern in relation to the safety and wellbeing of children. It is important that such concerns are passed on, and specific guidance is provided to staff about this.

2.6 Voluntary organisations

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

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

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

'Keeping Children Safe' is funded by Highland Council to deliver Child Protection training and will respond to training requests from any child-related service or community based club or organisation within the voluntary sector. http://www.kcs-highland.org.uk

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

2.7 Procurator Fiscal

The Procurator Fiscal has a public duty to:

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

2.8 The Children's Reporter and the Children's Hearing System

The Children's Hearings System is the care and justice system for Scotland's children. It is a unique system which upholds the welfare and rights of children, while ensuring that targeted assistance is provided to those in need of compulsory measures to ensure their care, protection and appropriate behaviour.

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

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

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

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

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

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

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

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

The Children's Hearing makes the final decision about whether compulsory measures are required. It has a wide range of powers available to it, over and above imposing a Compulsory Supervision Order if required. Decisions can range from a placement at home with input from various services, through to a condition enabling the child to be placed in secure accommodation. These powers are designed to ensure that the child is protected, that the child's best interests are met and that any concerns about behaviour are addressed.

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

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

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

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

2.9 Information sharing

Good communication between agencies is essential in child protection work. The need to make sure children are properly protected means agencies must share information promptly and effectively.

For many agencies, information sharing within the Highland Council area is governed by the Highland Data Sharing Partnership Information Sharing Policy, which confirms the agreement of the partner agencies to the sharing of information to protect children. All members of the Highland Child Protection Committee associate themselves with this policy.

The Child Protection guidelines set out the requirements in relation to consent, including the recording of decision-making processes.

2.10 Recording and record keeping

The routine records kept by health and education staff contain invaluable information about children's histories and their patterns of development. They will often be the first to notice any changes in a child's demeanour and behaviour that could signal concerns about children's well-being, or health professionals may be the first to observe injuries or signs of neglect which should be recorded.

The Named Person in health and education will record concerns within their record of a child's progress and chronology. In most other cases, practitioners will record their concerns on the standard child concern form, which can be passed to the Named Person or Lead Professional, and can be used to trigger any necessary action, when needed with police and or social work.

When recording concerns, these rules should be followed:

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

SECTION 3: The assessment of risk

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

There are eight steps, these are:

1. using the seven well-being indicators of being safe, healthy, achieving, nurtured, active, respected and responsible and included to identify immediate risk of harm, with a special emphasis on safety;
2. getting the child and family's perspectives on the risk;
3. looking at the immediate and long term risks in the context of the *My World Triangle* (Appendix D);
4. drawing on evidence from research and developmental literature about the level of risk and its likely impact on an individual child, including specialist tools;
5. using messages from research to assess what is the likely recurrence of harm;
6. using the resilience framework to analyse the risks, strengths, protective factors and vulnerabilities;
7. weighing the balance of that evidence and making decisions;
8. constructing a plan and taking appropriate action**.**

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

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

- what is getting in the way of this child achieving his/her potential as illustrated by the well-being indicators?
- why do I think on initial contact with this child and family, that this child is not safe?
- what have I observed, heard, identified from the child's history that causes concern?
- are there factors of risk of significant harm present and what, in my view is the severity of those factors enough to warrant immediate action?

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

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

The involvement and partnership with children and families is integral to successful risk assessment and management. Without the perspective of families of the risks to their children, information is incomplete, and it may not be possible to reach a full understanding about the risk of harm and the needs of children. The way in which practitioners gather information from children and families, therefore, is as important as the information itself gathered for risk assessment. An open process which actively involves families and others helps because:

- children and families can understand why sharing information with professionals is necessary;
- children and families can help practitioners distinguish what information is significant;
- everyone who needs to can take part in making decisions about how to help a child; and
- everyone contributes to finding out whether a plan has made a positive difference to a child or family;
- professionals behave ethically towards families;
- even in cases where compulsory action is necessary, research has shown better outcomes for children by working collaboratively with both parents.

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

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

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

Having identified strengths and pressures, standardised scales and tools can be useful to identify in more detail specific aspects of children's behaviour or demeanour as well as helping assess the parenting and wider environment.

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

Risks need to be seen in the wider context of short and long term risks to children's well-being and development. Nevertheless, practitioners from all the children's services will always be most concerned about children's safety and the impact of abuse and neglect.

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

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

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

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

A developmental ecological perspective of the likelihood of recurrence has been developed by Jones *et al* (2006). This includes a table of factors likely to be present if recurrence of harm takes place, as well as factors likely to prevent recurrence (see Appendix F).

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

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

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

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

3.7 Constructing a plan and taking action

The evaluation of risk and the management of risk will be incorporated into the child's plan. This will include a summary of analysis of the child's or young person's circumstances based on the assessment framework described in the Highland Practice Model Guidance. Regular core meetings are essential for monitoring effectiveness of the plan and taking account of any changing circumstances to update the plan.

SECTION 4: Responding to children's needs

4.1 Appropriate, proportionate and timely help

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

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

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

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

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

Where there is an immediate concern about a child's safety, and a requirement for an urgent response, the Police should be contacted, if need be via the 999 emergency telephone service. Concerns should be followed up in writing with a child concern form.

4.2 Information sharing

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

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

4.3 Contacting the Children's Service

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

When contacting the Children's Service Team, it is important to be clear about the reasons for concern for the child. Professionals should discuss and share concerns, and any relevant information that is available, including their views of risks and protective factors. Information

should include where possible all correct names and aliases, addresses and supporting information.

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

It is often essential to share concerns without delay and therefore verbally. However, it will usually be necessary to follow up an initial discussion in writing. There is a standard child concern form for this purpose – Appendix H.

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

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

4.4 Deciding what response to make

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

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

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

Decisions about whether or not the information provided should lead to formal child protection processes are the responsibility of the Team Manager, who is the Designated Person. On identification of a child protection concern, the receiving worker will immediately bring the case to the attention of the Team Manager.

Decisions about how child protection concerns will be responded to should be made by the Team Manager as soon as possible and not later than 24 hours from the initial contact. It is the responsibility of the Team Manager to ensure that the case is allocated and assessment and action commences timeously. It is also important to ensure any immediate health needs are met.

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

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

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

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

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

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

All children about whom child protection concerns have been expressed should be seen by a qualified Social Worker within 24 hours, unless the referrer is a professional who has seen the child that day and it is clear that the child is not at immediate risk. If a child is not seen within 24 hours, the reasons for this should be recorded by the Team Manager.

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

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

4.5 Responsibilities of the Out-of-hours Team

When a referral or allegation of abuse arises out with normal office hours, the referral will be directed to the Emergency Services Co-ordinator who will have the role of Team Manager.

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

The child must be seen within 24 hours and this will be the responsibility of the Out-of-hours Team when the referral is received at a weekend or holiday period when the social work team is not available on the next day. At other times, it may be appropriate to delay the initiation of an investigation but only where the Emergency Services Co-ordinator is satisfied that:

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

4.6 Planning a joint Social Worker and Police enquiry

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

- the decision to proceed to joint investigative interview;
- planning;
- briefing;
- debriefing(s);
- communication between agencies and the co-ordination of investigations.
- Recording: including outcomes and decision making.

When an allegation is made or information is relayed to the police from an agency or other source that a child has been or may be at risk of abuse or neglect, the police officer receiving the information will notify a Designated Person through the chain of command.

Designated Persons in the police are of Inspector rank (or above) and accountable for child protection to the Divisional Commander.

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

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

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

a. No child protection investigation or enquiry, albeit there may be further assessment and services put in place.

b. Police to commence an investigation, without a Social Worker present. Children's Services may introduce a Social Worker at a later date if required. Police will update Children's Services as to result of the investigation.
c. Children's Services to commence an enquiry as part of the ongoing assessment, without a police officer present. Police may be introduced at a later date if required. Children's Services will update Police as to result of the enquiry.
d. A joint Social Worker and Police child protection interview and investigation from the outset.
e. The named person and lead professional, if there is one, must be notified.

4.7 Joint investigation and interview of a child/young person

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

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

Only staff trained to the ACPOS/ADSW standard in Joint Investigative Interviewing of Children and VRI will carry out child protection joint interviews of victims. In addition, other Police and Children's Service staff may be made available to assist with enquiries.

In particularly serious, complex or sensitive cases, or where multiple abuse is suspected involving several children or adults or cases which have potential for significant media interest, the Detective Superintendent and Area Children's Service Manager must be advised without delay and whenever considered necessary. This may result in additional support being provided to the enquiry. Further information can be found in Appendix N.

Updating Referrer

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

4.8 Partnership with parents in an investigation

There is no legal requirement for parents to be informed or to give consent for their child to be interviewed. Nevertheless, it would only normally be justifiable to see and interview the child without the knowledge or consent of their parent/carer where the child's safety would otherwise be jeopardised - for example where there are strong grounds to suspect they are involved in the abuse. If this is necessary, a record will be made by Police and Social Work Designated Persons detailing the reasons for excluding them.

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

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

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

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

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

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

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

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

4.9 Medical examinations

Discussion should take place between Police Designated Persons and the on-call Consultant Paediatrician for Child Protection at the earliest opportunity to discuss the health needs and the need for any medical examination.
As per 4.6 information from the named person/lead professional should be collated and passed onto the paediatrician to inform the decision making.
The process for this is included in Appendix J.

Agreement should be reached in relation to the following:

- the type of medical examination;
- who should conduct the examination;
- the purpose of the examination;
- where it should take place;
- when it should take place.

The purpose of a medical examination will include:

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

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

Consent

The Age of Legal Capacity (Scotland) Act 1991 provides that
"a child under 16 may consent to any surgical, medical or dental procedure or treatment where, in the opinion of the medical practitioner attending him or her, the child is capable of understanding the nature and possible consequences of the procedure or treatment."

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

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

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

Medical Examination

It is important that the Paediatrician is involved in all Child Protection cases. They will advise on the type of medical examination necessary. It is important that any paediatric examination provides the following:

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

(i) Medical Urgency:

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

(ii) General Paediatric Assessment

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

(iii) Specialist Child Protection Paediatric Assessment

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

(iv) Joint Paediatric/Forensic Assessment

A joint paediatric/forensic assessment is indicated if there are
serious injuries or illness or a disclosure of acute (within 7 days) Child Sexual Abuse. This two doctor examination is only undertaken after a joint discussion with social work, police and health. It is usually arranged during working hours with the appropriate skilled personnel and

facilities available. It is usually carried out by a paediatrician and forensic medical examiner, but can be carried out by paediatrician and any other appropriately trained doctor.

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

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

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

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

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

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

Enquiry Officers and/or Child Protection Officers as well as the Social Worker involved in the case, should attend the location of the examination with the child concerned and person giving consent for the examination, wherever possible.

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

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

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

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

Essential information on the child's health should be sent to Children's Services social work, named person/lead professional and GP for their information.

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

Statutory Health Assessment

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

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

4.10 Requirements of evidence

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

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

1. Scots law currently requires the essential elements of the crime to be satisfied by corroborated evidence (sufficiency). This effectively relates to a. the crime being committed and b. the accused being the perpetrator.
2. A charge has to be proved beyond reasonable doubt as opposed to balance of probabilities. (As the Scottish Government has followed Lord Carlo way's recommendation to remove the formal requirement of corroboration in criminal cases, this may change)

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

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

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

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

4.11 Decision- making after investigation and/or assessment

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

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

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

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

The Team Manager will:

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

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

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

4.12 Proceeding to a Child Protection Plan Meeting

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

The allocated Social Worker must:

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

4.13 Child Protection Plan Meetings

Where the Team Manager has decided to convene a Child Protection Plan Meeting to consider a multi-agency plan to reduce the risk of significant harm, he/she will contact the relevant Quality Assurance and Review Administrator/senior clerical, via the messaging facility in CareFirst and by telephone. It is important to ensure that the name, address and date of birth of the child/ren, parents or carers, any other adults living in the household, and anyone who has parental responsibilities are accurately entered in the child's network in CareFirst. Names must include all alternatives and known aliases as well as known details of the child's father if he is not resident with the family. If for any reason the Team Manager then decides the Child Protection Plan Meeting is not necessary, the Area Manager must be notified.

The administrator/senior clerical will arrange a date and time for the meeting within 14 calendar days of the decision to convene the meeting. The checklist pro-forma will be emailed to the Team Manager, which will also include the child and family information as previously supplied to the administrator. The Team Manager is responsible for checking that these details are correct.

The Quality Assurance & Reviewing Team is responsible for arranging an appropriate venue for the meeting in consultation with the Team Manager.

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

- key family members, relevant persons including significant others in the child's life;
- professionals who have been involved in the assessment and/or investigation, or an informed agency representative on their behalf;
- Child's GP and paediatrician
- Named person and specialist health services
- Designated person health-CPA
- professionals who work with the child or parents;
- professionals who have knowledge and information about the adults that might impact on the care of the child e.g. criminal justice, addiction, learning disability, mental health and adult's GP.
- appropriate representation from each key agency;
- the need to keep the number in attendance proportionate for effective decision making.

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

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

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

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

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

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

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

4.14 Chairing the Child Protection Plan Meeting

Child Protection Plan Meetings will be chaired by senior staff members, experienced in child protection and the legislation relating to children. It is critical that the Chair has a sufficient level of seniority/authority within their own organisation and is suitably skilled and qualified to carry out the functions of the Chair. The Chair, wherever possible, should not have any direct involvement with or supervisory function in relation to any practitioner who is involved in the

case. They should be sufficiently objective to challenge contributing services on the lack of progress of any agreed action, including their own. While the Chair will in the majority of instances be from social work services, where an individual could fulfil the required criteria, and is registered with a professional body, it is possible for a senior staff member from a different agency or service to undertake the role.

The Chair's role is to:
Agree, in discussion with the Team Manager, who needs to be invited to the meeting, and any exclusion. This will be completed using the standard Child Protection Plan Meeting checklist.

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

- Advise parents/carers about local dispute resolution processes;
- Facilitate the identification of risks, needs and protective factors;
- Facilitate the identification of a core group of staff responsible for implementing and monitoring the Child Protection Plan;
- Agree review dates;
- Challenge any delays in action being taken by staff or agencies;
- Ensure that timescales are adhered to, including review dates, distribution of decision letters and minutes. (These can be found in Appendix M)
- The Lead Professional will ensure that any member of staff forming part of the core group, who was not present at the Child Protection Plan Meeting, is informed immediately about the outcome of the Child Protection Plan Meeting and the decisions made, and that a copy of the Child Protection Plan is sent to them within timescales (Appendix M).

4.15 Decision-making at the Child Protection Plan Meeting

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

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

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

Where there is no clear consensus reached, the Chair will use his or her professional judgement to make the final decision, based on an analysis of the issues raised. In these circumstances, the decision-making needs to be subjected to independent scrutiny by the Keeper of the child protection register in the first instance, who will then pass to the Area Manager.

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

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

Child protection is closely linked to the risk of *significant* harm - whether the harm suffered, or likely to be suffered, by a child is 'significant' is determined by comparison of the child's health and development with what might be reasonably expected of a similar child.

The test of continuing risk of significant harm is that either: This is repeated from page 7 para 1.6

- the child can be shown to have suffered ill-treatment or impairment of health or development – in this context, 'development' can mean physical, intellectual, emotional, social or behavioural development and 'health' can mean physical or mental health - and professional judgement is that further ill-treatment or impairment is likely; or

- professional judgement, substantiated by the assessment in this individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development.

The Chair will ensure that participants evidence their decision so that the child/family is clear about the basis for their decision.

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

- to confirm the outcome of the meeting, even where there is not consensus about it;
- to adjourn the meeting, for further information, or further consideration of that information;
- to escalate any issues to the Keeper of the Child Protection Register in the first instance, who will review the information, then pass to the Area Manager for decisions to be scrutinised. If there are still issues they can be escalated to the Director of Health and Social Care.

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

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

The meeting must then consider all of the information that has been made available, and the actions that have been taken. The meeting should then agree the on-going and further actions that are required to reduce the risk of significant harm and protect the child.

The Child's Plan and Assessment and the Child Protection Plan Meeting should always give consideration to the need for action with regard to siblings or other children who are living in the same household, albeit this might involve establishing other processes.

4.16 Protected period

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

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

- that has only just come to light and has not been discussed with the parents – albeit consideration should be given to delaying the start of the meeting to provide the opportunity for discussion with the parents;
- of an evidential nature that may damage the investigation should the alleged perpetrator learn of it;
- which may put others at risk should it or the source of it comes to light e.g. suspected domestic violence or information from a child;

- that is highly sensitive, and not known to all of the parties, for example that paternity may be incestuous.

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

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

The child's plan contains information about the child's circumstances and development, the assessment, a record of agreed goals, outcomes and actions and a record of progress and review. It is constructed with the child, family, carers and relevant people involved with the family and recorded by the Lead Professional.

Any child whose needs are being addressed collaboratively by more than one agency has a multi-agency child's plan.

Every plan will have the following components:

- demographic details;
- partners to the plan;
- reason(s) for the plan;
- chronology;
- assessment of child's development and circumstances;
- analysis;
- summary of needs identifying desired outcomes;
- long term aims, medium and short term goals;
- what needs to be done and by whom;
- timescales for action and change;
- any contingency arrangements, if necessary;
- arrangements for reviewing the plan;
- the views of the child (according to age and stage of development) and the family/carers.

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

- the nature of the risk involved;
- what is likely to trigger harmful behaviour;
- in what circumstances the behaviour is most likely to happen.

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

The plan will identify:

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

Children whose names are on the Child Protection Register will have their registration and plans reviewed at further meetings as necessary. The first review will take place within three

months of registration, with subsequent Child Protection Plan Meetings within six months if registration is continued. Changes in the child's circumstances or legal status may require any scheduled meeting to be brought forward.

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

4.18 Referral to Children's Reporter

The child protection plan will confirm if consideration needs to be given to compulsory measures of care, and, accordingly, a referral made to the Reporter. Compulsory measures are required when parents/carers or the child are unable or unwilling to engage with services sufficiently to address the risks and needs for that child, or where concerns about a child's welfare or behaviour cannot be addressed on a voluntary basis.

The child protection plan will be accepted as a referral to the Reporter provided that the decision to refer to the Reporter is explicit within the document. This should be recorded in Section 7 of the Child's Plan.

Any Plan making a referral to the Reporter should contain:

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

Following the Child Protection Plan Meeting the Reviewing Officer and allocated Social Worker will ensure that the above information is contained in the completed child protection plan. The child protection plan, along with any minutes, decision letter and other supporting documents will be sent to the Reporter.

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

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

4.19 Records and record keeping

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

Electronic recording of the meeting is not permissible by participants.

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

Minutes need to be clearly laid out and should as a minimum, record:

- Those invited, attendees and absentees;
- Reasons for child/parents/carers non-attendance;
- Reports received;
- A summary of the information shared;
- The risks and protective factors identified;
- The views of the child and parents/carers;
- The decisions, reasons for the decisions and note of any dissent;
- The outline of the Child Protection Plan agreed at the meeting, detailing the:
  - required outcomes, timescales and contingency plans;
  - The name of the Lead Professional; and
  - Membership of the core group.
  - Agency representatives
  - Where there is a protected period, detail who requested this and why.

Written decisions of the Child Protection Plan Meeting will be sent to all invited agencies, parents and children regardless of attendance, within 5 calendar days of the meeting.

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

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

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

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

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

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

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

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

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

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

SECTION 5: After the Child Protection Plan Meeting

5.1 Responsibilities of the Lead Professional

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

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

The Lead Professional will:

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

In particular, the Lead Professional must ensure that implementation of the Plan involves the child being seen at the determined frequency. – what does this mean – refer to where it sets out the frequency

The Lead Professional must alert the Team Manager where there are factors preventing or limiting the implementation of the Plan, which may require another Child Protection Plan Meeting.

5.2 Children in dispersed families

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

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

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

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

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

- The Lead professional; Named Person
- Key professionals, directly involved with the child/ren and family, from health, education, voluntary sector, forces welfare, police, housing, and Children's Services as appropriate;
- Where possible, the child/ren, parent/s and/or carer/s.

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

The record of core group meetings must be completed on the standard format. This should be signed by the Chair of the core group and the Team Manager.

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

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

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

Core group members must:

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

The core group, and its individual members, have an on-going responsibility to consider whether referral to the Children's Reporter is required, where voluntary engagement with the parents/carers/child is not able to address the assessed risks and needs.

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

5.4 Subsequent Child Protection Plan Meetings

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

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

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

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

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

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

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

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

5.5 Quality Assurance

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

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

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

Where an agency designated person has grounds to believe that there has been inappropriate or inadequate decision-making, or that procedures have not been followed, these should be discussed initially at the local level with the Team Manager or (if necessary) Area Manager, where resolution should be sought.

5.6 Complaints and dissatisfaction from service-users

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

If a service user has a complaint against an agency or number of agencies to do with the decisions taken by professionals on behalf of that agency or agencies, complaints should be dealt with by the particular agency through their normal complaints procedure.

If a parent or child is unhappy about a decision of a Child Protection Plan Meeting, they should raise this in the first instance with the Lead Professional or Team Manager. If this does not resolve matters, they can raise a formal complaint. Decisions at Child protection plan meetings cannot be changed as they are based on multi agency professional judgement on information contained in the plan and shared at the meeting.

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

6.1 Police child concern form

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

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

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

6.4 Telephone discussions will take place between the Public Protection Unit and the local Children's Services Team should be made with the Named Person about every Child Concern Form, to establish if they know the child, family or carers. Children's Services will carry out follow up action in respect of:

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

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

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

6.7 Where the concern is not being dealt with by the Children's Services Social Care and it has been assessed that there are no significant issues about the safety of the child it should be forwarded to the Named Person who is responsible for taking account of the new information, in terms of what is already known about the child or family. If this raises further concerns for the Named Person, these should be raised again with the Children's Services Social Care.

SECTION 7: Other responsibilities for health professionals

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

7.2 Receipt of Child Concern Forms

The Police and other agencies share information about concerns that have come to their attention with Named Persons in health services.

If children are not already known to Children's Social Work Services, and where there is no indication of the risk of significant harm, this information will be forwarded to the Named Person in health. Accordingly, it is critical that careful account is taken of it, and that Named Persons consider whether any subsequent actions are required. This may include discussions with the Social Work Service if the information does indicate possible risk. Discuss with your Child Protection Advisor - Health (CPA) if you need further advice.
(See list of CPAs: http://www.forhighlandschildren.org/2-childprotection/)

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

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

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

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

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

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

Features to be aware of are:

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

In these cases, the following should be considered:

- contact the appropriate consultant to discuss the child's condition to get advice on appropriate medical investigation and let the Consultant Paediatrician on call know;
- check with social work if a child is known to them or a child protection plan is in place;

- submit standard Concern Form (Health) to Children's Services(Appendix H);
- if appropriate to do so, discuss the action being taken with the parents or guardian of the child (and child where appropriate), sharing any concerns with them;
- does the child need to be admitted?
- let the Child Protection Advisor for the hospital know;
- discuss the matter with other professionals involved (health visitor, school nurse, G.P., community Paediatrician, or child & adolescent mental health practitioner);
- if the child is on a ward or admitted consider a pre-discharge meeting to discuss concerns with colleagues.

Remember that the safety of the child is paramount.

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

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

If any action is taken, such as treatment/procedures or hospital admission, the police and Children's Social Care Services must be informed immediately as forensic evidence may be required.

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

- discuss the case with relevant colleagues, for example, G.P., Child Protection Advisors (medical or nursing), Paediatrician, or child & adolescent mental health practitioner;
- check with Children's Services including the health visitor, school nurse, if a child is known to them or a child protection plan is in place;
- submit standard Concern Form to Children's Social Care Services (Appendix H);
- provide a factual account for the Lead Professional assessment, and if appropriate to police and Children's social work Services;
- at the same time, record clearly and accurately all relevant information about the case in the relevant records;
- attend the Child Protection Plan Meeting as and when arranged and contribute to the development, implementation and review of a child protection plan as appropriate;
- if unable to attend the meeting, ensure contribution to the plan in advance.

7.5 Substance misuse and drug screening

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

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

7.6 Role of the Child Protection Advisor - Health

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

The Child Protection Advisor – Health will:

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

7.7 Caldicott Guardian

The Caldicott Guardian is responsible for the confidentiality of patient-identifiable information passing from NHS organisations to non-NHS organisations for purposes other than direct patient care, medical research or if there is a legal requirement.

The Caldicott Guardian in NHS Highland is the Director of Public Health

SECTION 8: Other responsibilities for schools (nursery, primary and secondary) and the Education, Culture & Sport Service (ECS)

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

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

8.1

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

8.2 Receipt of Child Concern Forms

Effective practice to protect children requires agencies to share information. To this effect Police Scotland and other agencies share information about concerns that have come to their attention with Named Persons in schools.

If children are not already known to Children's Services, and if there is no indication of the risk of significant harm, information about school-aged children will be forwarded to the Named Person in schools. Accordingly, it is critical that careful account is taken of it, and that the Named Person considers and decides whether any subsequent action is required. This may include discussions with the Designated Person and Children's Service if the information does indicate possible risk.

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

8.3 Suspicion of abuse or neglect

When a suspicion of abuse or neglect is identified within a school, the member of staff working with the child will immediately discuss this with the designated person. If the designated person is not available, contact should be made with another member of the senior management team. If no manager is immediately available, direct contact should be made with social work, and the Designated Person should be informed as soon as possible thereafter.

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

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

Further to these discussions with police or Children's Service, if it is concluded that a child protection enquiry should be initiated, the designated person or Named Person must complete

the standard Concern Form (Appendix H) and send to the Children's Service Team Manager and the Area ECS Office within 24 hours. The school should also keep a copy and file it in the pupil's progress record.

The school will be required to:

- provide information for assessment by the Lead Professional, and if appropriate to police and social work for the joint investigation;

- at the same time, record clearly and accurately all relevant information about the circumstances and actions in the pupil progress record;

- ensure appropriate representation at Child Protection Plan Meetings as and when arranged and take part in the development, implementation and review of a child protection plan as appropriate.

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

8.4 Transfer of pupils

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

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

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

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

If a pupil transfers to a school outside the Highland Council area, the Head Teacher should be ready to respond immediately to a request from the new school for all records to be forwarded. An acknowledgement of receipt of the records should be requested from the new school.
If the request for records is not received from the new school within 10 school days, the Head Teacher or Named Person should make contact - with the school they think the child has gone to check that the child is known to them. If this contact indicates that enrolment has not taken place, the Highland Children Missing from Education Unit should be contacted.

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

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

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

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

8.5 Home educated children

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

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

- approval was not required for the children to be home-educated, and hence annual visits do not take place - this circumstance should be taken into account by Police and Children's Services when considering further action;

- the concern is regarding Gypsy/Traveller children who are not in mainstream education, when it should be forwarded to the Gypsy/Traveller Development Officer, who acts as the Named Person.

8.6 Responsibilities of staff out with schools

For employees and volunteers of the Education Culture & Sport Service and Highlife Highland operating outwith schools the procedures are as follows:

- Casual coaches, Sessional Youth Workers, Relief Library & Leisure attendant staff should notify their immediate line manager. When staff are recruited they will be informed who this is.
- Line managers of the noted staff above should then inform the area specialist (Area Librarian, Youth Work, Facilities Officer etc.) who will take the necessary action.

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

All such staff and volunteers will undertake the enhanced Disclosure Scotland Check and undertake child protection training.

8.7 The roles and responsibilities of the Designated Person in Education, Culture & Sport

The Designated Person is responsible for:

- making sure that all staff are familiar with these guidelines and any organisational procedures relating to child protection (and that these guidelines are readily accessible to all);

- making sure that any child protection referral passed to them is dealt with in line with these guidelines and they offer all staff support and supervision throughout the process;

- keeping the referrer and Named Person (if different) informed about the action being taken about any concerns; - do you need a reminder here re keeping info confidential re the referrer?

- making sure that information is made available for the purpose of investigation and/or assessment;

- ensuring local records are maintained;

- ensuring appropriate attendance at child protection plan and other meetings;

- following the progress of a referral by regularly communicating with the other agencies involved. If further information comes to light regarding the incident this should be referred following these procedures, as should any further incidents;

- identifying training and development needs for themselves and those staff involved in child protection issues and helping to provide training opportunities.

8.8 Role of Advisors in ECS

Child Protection Advisors have been appointed for schools.

These Advisors do not act as Designated Persons, but provide advice and support to any staff who are involved in child protection processes. They have undertaken specific child protection training, and they also lead in-service training within ECS.

In High Life Highland the Human Resources Manager has been established as the Child Protection Advisor. The role established is as in ECS, above.

SECTION 9: Responsibilities of other agencies/organisations

9.1 Adult Services

Adult Health and Social Care services, particularly those working with offenders, domestic abuse, substance misuse and mental health issues, have child protection policies, as well as protocols for sharing appropriate information with Children's Services. They also have access to Child Protection Advisors- Health and others for support and guidance regarding the well-being of children and young people (Link to CPAs and others: http://www.forhighlandschildren.org/2-childprotection/). In addition they are expected to attend child protection training and refresh three yearly. http://www.forhighlandschildren.org/3-icstraining/

Staff in all services for adults, or providing services across the general population, should pass suspicions or abuse or neglect to the Children's Service or police. This should be done immediately, and usually verbally, and can be supported by use of the standard child concern form**.**

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

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

9.2 Housing & Property Services

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

If staff have any concerns about children they should note these on the standard child concern form. They should then pass the form to a senior officer (e.g. Principal Housing Officer, Assistant Area Housing Manager or Area Housing & Property Manager) as soon as possible and certainly on the same working day.

The senior officer will discuss the concerns with the officer as necessary and will contact Children's Services and provide a copy of the concern form.

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

9.3 Private and voluntary agencies that provide commissioned services for children and families

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

Accordingly, each organisation must:

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

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

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

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

The DSSM should contact social work or police about any concerns in line with these guidelines, and confirm that if necessary in writing.

9.4 Registered childminders

Registered childminders, who work alone and have no senior staff member (DSSM) must make sure they are aware of these guidelines, keep appropriate records and pass on concerns to Children's Services or police. They must access regular CP training appropriate to their role with children.

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

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

The Child Protection Committee provides advice for Community Groups that is available from the Education Culture & Sport Service, Keeping Children Safe (see2.6) Highlife Highland and the Child Protection Committee Development Officer.

9.6 Cases involving HM Forces families

In the Highland area there are a number of HM Forces establishments, and also a number of families where parents are members of HM Forces working out with the area.

Family life in the armed forces is, by its very nature, different to that in civilian life. The Forces control the movement of the family in relation to service commitments, and families often endure long periods of separation, without extended family support. Although it is local authorities who have primary responsibility for the care and protection of children, it is essential for local authorities and other agencies to note these differences and share information with the service authority when a service family becomes the subject of child protection inquiries. Each service has their own welfare organisation, which supports service families. In addition, the service authorities provide housing for their families and due to the frequency with which the families move it is important that the service authorities are fully aware of any child who is deemed to be at risk.

The Service Authorities seek to co-operate with statutory agencies and to support service families where child abuse or neglect occurs. The information they hold on any family can help in the assessment and review of such cases. Procedures exist in all the services overseas to register and monitor the protection of children at risk, and the usual rules of confidentiality are observed. In working together, the services, service authorities and the local authority social work service need to keep in mind that legislation places the primary responsibility for the care and protection of children on the Local Authority.

It is therefore important that chairs of Child Protection Plan meetings understand this critical role that the Armed Services representative has to play, alongside the other professionals represented

Forces Representation:
When an Army family is subject to Child Protection procedures the Unit Welfare Officer and the Army Welfare Service will be involved and will be represented at meetings. It is important for any Chair to understand the distinction between these 2 roles as follows:

Unit Welfare Officer (UWO) First Line Welfare. The UWO is the Commanding Officer's representative for the welfare of soldiers and families within the unit. They are there to respond to day to day, non-complex welfare issues. At child protection meetings they are able to advise on the demands of the unit, up-coming operational deployments or assignments and localised issues that could assist or hinder any Child Protection Plan. They may also be there as a support for the family (and often live 'on patch' with their families). UWOs have limited training in matters of Child Protection. It is important therefore for the Chair to assess whether the UWO is attending the Conference as a support for the family only; or as a fully participating member, according to their relationship with the family and the information that they might hold.

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

The AWS is the Army's representative in all matters of Child Protection and is responsible for notifying the Army Staffing Personnel when a child is subject to and removed from a child protection plan. Representatives from AWS often sit on Child Protection Committees and carry out tri-service representation, giving them a full overview of policy and practice across child protection and the armed forces. AWS staff trained in Child Protection may be part of a Child Protection Plan where appropriate and agreed.

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

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

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

Contact details for all of the armed forces are provided in Appendix L.

Service families going or returning from overseas

Where all Military Welfare Agencies are aware of child protection issues within a family which is being considered for overseas service, this will be highlighted during the screening process and action taken to prevent the family's move before child protection issues have been resolved. It is essential that the Social Work Service exchange information about agencies' involvement with a service family to ensure that no child named on a UK Child Protection Register can be taken abroad without the appropriate assessment and to make sure that parental support is not removed at a critical time.

SSAFA Forces Help provides a statutory Social Work Service and Primary Health Care service for families of all services on overseas stations.

When there is a child protection plan in this country for a child in a service family who are to move overseas, the Social Work Service concerned should notify SSAFA Forces Help in writing with full documentation.

This information will be forwarded to the relevant SSAFA Forces Help Social Worker overseas in order that:

a) the case may be entered on the overseas British Forces Child Protection Register.
b) the practitioners at the overseas bases can be alerted and a case conference arranged and appropriate support and supervision are provided to the family.

Where there is statutory involvement (e.g. a supervision requirement), SSAFA Forces help provide regular reports to the local authority concerned. Similarly, when a service family with a child in need of protection returns to the UK, SSAFA Forces Help will contact the Social Work Service in the local authority area in which they will reside, and ensure that full documentation is provided to assist in the management of the case.

Emergency Action Regarding Service Families Overseas

When it appears that a child is in urgent need of care or control any officer having jurisdiction in relation to the child may order the child to be removed to and detailed in a place of safety. If

the officer makes an order to transfer the child to the United Kingdom so that care of the child can become the responsibility of the relevant local authority all necessary action will be arranged and agreed beforehand between the responsible agencies concerned.

New arrangements for dealing with the emergency protection of child of service families abroad were introduced in the Armed Forces Act 1991. These provide for the officer having jurisdiction in relation to a child to make an order to remove the child or keep him or her in accommodation provided by or on behalf of the person who applied for the order.

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

10.1 Management of the Child Protection Register

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

All partner agencies are encouraged to use the Register.

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

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

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

10.2 Transferring children within the Highland area

If a child on the Register moves to another area in Highland, the Lead Professional must tell the Team Manager about the change of address. He/she –who the team manager of the Keeper? must update the record on CareFirst, and also alert key staff in other agencies by phone.

The Team Manager will message the Keeper of the Register about any change. The Keeper will let those from other agencies with designated responsibilities for the child know of the change of address and they will take appropriate action to ensure their part of the protection plan is met. The receiving Team Manager must make arrangements to ensure a continuous service.

10.3 Transfers out with Highland

When a child moves out with Highland, the Team Manager must let the Keeper of the Register know. He or she will then contact the Keeper in the new area to which the child has moved.

It is the responsibility of the Team Manager to pass all necessary social work information, including the social work file and the protection plan to the new authority, so they can assess, protect the child and support the family. Schools and health services should also make the necessary information available, as indicated in these procedures.

It is expected that the new authority will arrange a Child Protection Plan Meeting as soon as is practicable, which (at least) the former Lead Professional from Highland should attend. In the interim there must be clarity regarding who is keeping contact with and monitoring the child.

10.4 Transfers into Highland of children registered in another area

Children on another register moving into Highland must be made known to the Keeper and the Team Manager of the locality they now live in. The Team Manager and Keeper of the Register

must check that the other knows about such children. A Child Protection Plan Meeting must be held as soon as possible.

All agencies should consider the method appropriate to their agency for letting their professional colleagues know important information to protect and help the child in their new area, in particular the named person and lead professional for example contacting the local health visitor or school.

10.5 Missing children and families

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

All agencies should have procedures for dealing with missing children and families, within their particular settings. Highland has an agreed Missing Family Alert (MFA) protocol where agencies work together when concerns arise about the whereabouts of children, families and pregnant women. This is a three stage process and If there are any concerns, staff should follow the protocol and contact their line manager or designated person for guidance. They may

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

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

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

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

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

Some families will move on from area to area despite their child being on the Child Protection Register. Often it is not known where they are planning to go. It is the responsibility of the local authority from where they have gone missing to try to trace them. When a missing person alert is received from outwith the Highland area, the Keeper of the Register will pass the information on as requested by the notifying Authority.
A database records all received MFAs into Highland for health and social care. Practitioners can contact the administrator to check against should they receive a family or child into

Highland where it is not clear where they have come from/ or may be missing from. (see MFA protocol: http://www.forhighlandschildren.org/2-childprotection/publications.htm).

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

- maternity units;
- accident and emergency departments;
- health visitors;
- school nurses;
- mental health nurses;
- addiction nurses.

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

SECTION 11:

Legislation to protect children

11.1 Introduction

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

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

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

11.2 The Orders

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

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

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

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

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

11.3 Child Assessment Orders

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

- the Local Authority must have reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm or that a child has been or is being neglected and as a result of that neglect is likely to suffer significant harm;
- the child must be assessed to see whether or not there is reasonable cause to believe that the child is being so treated or neglected; AND

- the assessment is unlikely to be carried out satisfactorily unless the order is granted;

- The main features of the order are:
  - it is limited to no more than three days, and will describe how and by whom the assessment will be carried out;
  - if the child is to be away from home during the assessment, he or she will be 'looked after' by the Local Authority who will have a duty to promote and protect the child's welfare and promote contact between the child and his or her family;
  - if the assessment is to be carried out away from the child's home, the order should contain details of contact which the Sheriff approves; and
  - if the Sheriff considers that the conditions for making a Child Protection Order are satisfied, he or she may make a Child Protection Order instead of a Child Assessment Order.

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

11.4 Child Protection Orders

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

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

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

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

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

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

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

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

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

11.5 Exclusion Orders

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

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

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

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

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

11.6 Emergency Child Protection Measures

A Justice of the Peace can, on an application, by any person make an emergency order permitting a child to be kept in a place of safety for a period up to 24 hours pursuant to section 55 of the 2011 Act. A police constable may remove a child to a place of safety for a period up to 24 hours pursuant to section 56 of the 2011 Act.

Emergency child protection measures can be considered if:

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

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

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

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

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

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

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

11.7 Duties of constable where child removed to place of safety

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

Regulation 10

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

(a) any relevant person in relation to the child;
(b) any person, other than a relevant person, with whom the child was residing immediately before being removed to the place of safety;
(c) the local authority for the area in which the place of safety to which the child has been removed is situated;
(d) where not falling within para (c) above, the local authority for the area in which the child is ordinarily resident;
(e) the local authority for the area in which the child was residing immediately before being removed to a place of safety (where they are not the authority under (c) or (d) of this regulation);
(f) the Children's Reporter.

Regulation 11

The following matters are specified as matters on which the persons mentioned in Regulation 3 above are to be informed:

(a) the removal of the child by a constable to a place of safety;
(b) the place of safety at which the child is being, or is to be, kept;
(c) the reasons for the removal of the child to a place of safety; and
(d) any other steps which a constable has taken or is taking to safeguard the welfare of the child while in a place of safety.

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

Regulation 13
Where a child has been removed to a place of safety by a constable under Section 56(1) of the 2011 Act, a constable keeping him/her in a place of safety can only continue to so keep him/her only so long as he/she has reasonable cause to believe that

(a) the conditions for the making of a Child Protection Order laid down in Section39(2) of the 2011 Act are satisfied; and
(b) it is necessary to keep the child in a place of safety in order to protect him from significant harm (or further such harm).

11.8 Agreement to medical examinations and treatment

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

SECTION 12: Special Circumstances

12.1 Allegations against staff

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

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

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

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

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

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

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

12.2 Supporting staff involved in child protection issues

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

12.3 Allegations against foster carers

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

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

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

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

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

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

12.4 Abuse by children or young people

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

The overall enquiry must be carried out under the child protection procedures set out in this guidance. The procedures as set out from Section 4.6 for Joint Enquiry and Joint Investigative Interview apply. The Planning Meeting must focus on what immediate action is required to support both the alleged victim and the alleged perpetrator.

<u>The alleged victim</u>

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

<u>The alleged perpetrator</u>

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

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

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

Investigation

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

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

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

Assessment

The Children Services Team Manager and Youth Action Team Manger must carry out an early assessment of the immediate needs of the alleged perpetrator, and the risk they may pose to others.

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

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

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

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

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

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

Planning

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

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

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

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

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

12.5 Under-age sexual intercourse and pregnancy

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

In cases where there is an allegation of under-age sexual activity or pregnancy, careful assessment must be made whether or not that child is at risk through an inappropriate sexual relationship and whether a crime has been committed against that child. Consideration should

also be given to the need to provide support and services to the young people who are involved.

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

As detailed in this Guidance, practitioners who have concerns about possible abuse should discuss these with their managers. Further to any referrals, there should be police and social work consideration of the appropriate course of action, which will be either:

a) No child protection investigation or enquiry, albeit there may be further assessment and services put in place.

b) Police to commence an investigation, without a Social Worker present. Social Work may be introduced at a later date if required. Police will update Social Work as to result of the investigation.

c) Social Work to commence an enquiry as part of the on-going assessment, without a police officer present. Police may be introduced at a later date if required. Social Work will update Police as to result of the enquiry.

d) A joint Police and Social Work child protection investigation from the outset.

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

This area remains challenging and national guidance *"Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns"* has been produced to assist professionals dealing with these matters. In addition, NHS Highland, together with its partners on the Child Protection Committee, has developed a web-based ethical decision making tool to ensure that the needs of children are addressed. This can be found at: www.husp.org.uk

12.6 Looked after and accommodated children

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

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

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

- all professionals who have contact with looked after children should be aware of their role in identifying and reporting abuse.

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

The line manager will immediately advise the child's Social Worker, or if not available, the Team Manager where the child normally resides. If necessary, this may be the Emergency Services Co-ordinator. Note should be taken of the particular requirements set out in Section 12.15.

In the case of concerns about a child who has abused another child, the line manager will immediately inform the child's Social Worker or Team Manager (or if necessary, the Emergency Services Co-ordinator) and the procedures in Section 12.4 will apply.

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

12.7 Short-term Refuge

Local authorities and persons operating residential establishments may provide short-term refuge in designated or approved establishments and households for children who appear to be at risk of harm and who request refuge. Refuge will provide children with somewhere safe to stay and access to advice and help for a short period, in order to resolve the crisis which led to the child seeking refuge, and to reconcile him or her with family or carers or to divert the child to other suitable services or accommodation.

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

12.8 Children who are affected by disability

Disabilities come in many forms and the effect on the child will vary considerably. Children who are affected by disabilities are among the most vulnerable and yet professionals often experience barriers in their thinking in relation to protecting them from abuse or investigating or enquiring into circumstances where they may already have been abused.

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

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

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

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

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

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

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

There is additional Highland Council guidance for staff who provide intimate care for children.

12.9 Very young children

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

12.10 Children with mental health difficulties

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

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

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

12.11 Transition between Child Protection and Adult Protection processes

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

This can refer to two separate groups:
Those between the ages of 16 and 18 who present as a new case or where new concerns are raised in an existing case that is not on the Child Protection Register. In such cases:

- at the point of referral the relevant Area Community Care Manager and Children's Services Manager, in consultation with colleagues in Health and Police, will agree which guidance would be most appropriate to manage the case;
- whichever guidance is followed, the initiation of the procedure should also be flagged in the other system.

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

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

12.12 Foetal and peri-natal vulnerability

Some children are placed at risk before or shortly after birth. The Social Work Services should be notified if health professionals or other agencies anticipate there may be risk after birth, for a child still in utero, even if it means breaching the confidentiality owed either to mother or father.

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

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

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

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

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

12.14 When the Child's first language is not English

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

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

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

12.15 Ethnicity

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

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

- Certain rituals or customs might affect the scheduling of the interview (e.g. prayer times, holy days, fasting).
- Behaviour towards authority figures can vary from culture to culture. In some cultures it is inappropriate for a child to question anything an authority figure says. In this situation, it is essential that the interviewer makes clear the ground rules described earlier (e.g. where the child should correct the interviewer if they make a mistake).
- Beliefs and practices regarding child rearing can also vary from culture to culture. Interviewers should respect that and avoid passing judgement.
- The issue of shame can be a major determinant of how co-operative the child and their family are with regards the investigation (a child disclosing allegations of abuse might fear retribution from their family and the community).

12.16 Children who may have been trafficked

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

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

Specific responsibilities of all agencies for trafficked children are set out in Scottish Government Guidance, *Safeguarding Children in Scotland who may have been Trafficked (2009)*.

Assessment tools and formal notification forms can be found on:
http://www.forhighlandschildren.org/2-childprotection/publications.htm
NB: Notification of suspected trafficking **must** be made through the Head of Children's Services.

12.17 Children on international visits

Children may be abused while visiting countries and communities abroad. Useful advice can be found in the publication 'Protecting Children in the Context of International Visits'. A copy of this is available from the Child Protection Development Unit.

12.18 Fabricated Illness

If it is suspected that there may be a diagnosis of fabricated illness, it should be managed by the Team Manager by working closely with health colleagues and the police. A consultant paediatrician must be contacted for advice and guidance from the outset.

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

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

12.19 Abuse by organised networks or multiple abusers

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

- groups of adults, within a family or a group of families, friends, neighbours and or other social network who act together to abuse children;
- organised abuse by carers, teachers or other workers with a duty of care towards children;
- children recruited for abuse, including prostitution.

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

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

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

12.20 Digital Technologies

Digital technology now impacts on every aspect of our lives. As well as offering great opportunities for learning, productivity, employment and fun, digital technology also has the potential to cause harm and to put people at risk if it is used in the wrong way. Often of greatest concern to parents / carers and professionals is the risk of harm, distress, abuse and exploitation.

The risks while using Internet and particularly mobile technologies can be broken down into 4 categories. These categories are Content; Commerce; Conduct and Contact.

1) Content – *Children being exposed to inappropriate content that may be illegal or that they may not be emotionally ready for.*

Children being exposed to content that is illegal or inappropriate is an obvious concern for most education professionals. It is important that if children do come across content that concerns them they have the emotional competence and knowledge to respond appropriately. In many cases this might just be having the confidence to talk to a responsible adult and having the ability to learn and reflect from the experience.

There is also a risk when using file-sharing sites. These have become very popular. For example, in recent years organisations such as CEOP have identified poplar music file sharing sites as one way that that online predators distribute child abuse images.

Of greater but often undetected concern is children's exposure to digital content that they may not be emotionally ready for. For example a clip from BBC iPlayer which requires a young person to self-consent that they are over the age of 16 or a young child playing a PEGI Rated 18 Game at a friend's house.

2) Commerce – *children being pushed towards the purchase of a certain type of product or service, often resulting in a form of payment.*
For some reason lots of people think the Internet is free but the reality of it is it is actually very expensive for it to be run and it is paid for by a whole variety of people from individuals, to governments, to corporate organisations. One of the reasons that many of the tools and services *(such as Facebook)* are free on the Internet is because of advertising. It is important that children understand that from a very early age they will be pushed towards products and services which are often based on their own personal preferences *(such as if they are male or female, where they live and their age).*

3) Conduct – Conduct is about the behaviours and etiquette of those using the internet and contributing to online communities. Concerns and risk associated with Conduct includes that of *Cyberbullying*. This is where *children (or adults) might purposely and deliberately target someone else by posting content online which is hurtful, damaging or potentially illegal. Cyberbullying is bullying.*

Unfortunately, just like any type of computer, tablets can be used inappropriately and in ways to deliberately upset others. Also, like any Internet enabled device, it also means that these messages can be distributed widely and publicly. As an analogy, most adults can recall hearing or seeing hurtful comments about themselves or others during their own school days; imagine if those comments were available for the whole world to see and impossible to erase or to paint over. As well as text, cyber bullying may also involve creating content such as recording, videoing or manipulating images and events without permission on your tablet and then uploading them to the Internet. – this is subjective and needs to be changed – "unfortunately etc."

It may also include the sharing of content with another person but this makes them feel uncomfortable or distressed. In any scenario, as we have seen with some recent high profile cases, the police do take this sort of abuse seriously and with more modern trackable routes it

is difficult for a person being abusive to hide behind the anonymity that the Internet may have offered in the past.

4) Contact – Contact in this context has dual meanings. a) *Meeting someone in the offline world where the catalyst for the meeting has been (sometimes prolonged) communication or exchanges online with the individual. b) Contact in the online world where the abuser may not physically meet the person they are targeting, but may exploit them online for their own gain.* Contact in both online and offline world's leading to assault or abuse either emotionally or physically of a child by a stranger is one of the greatest fears of any parent or teacher.

Unfortunately, the ubiquitous nature of tablet and other 1:1 technology combined with the sophisticated digital communication tools such as instant messages, video conference, location awareness and speech means that the chances of a child having the opportunity to communicate online with a stranger are far greater than ever before.

There are an increasing number of Apps where there is no need for a phone number or sim card to call or chat. The Apps work free of charge and allow communication based on email address or other identity. These can work across the internet or combine with mobile signal. It is easy to send group messages or build up shared contacts across a site where for example photos or videos might be shared.

We often think of online gaming being restricted to the large multi-mass player type games where a gaming device is used at home. However, even the simplest of games that are provided through Apps have the ability to play with 'Random Players' and communicate with them through chat. For example, guessing pop song games or puzzle games have this feature built in. Most games are accessed by a login associated with a profile on a social networking site (e.g Facebook), therefore names and profile pictures can be identified and the potential for someone to seek additional personal information about the user becomes apparent. Although the age limits to join most popular social networking sites in 13 years old the reality of the situation is that thousands of children throughout the UK ignore this rule, often with the full knowledge of their parents.

It is therefore vitally important that all schools not only provide opportunities for children to use technology safely but they also teach and help children to use technology responsibly in order to instil good habits and develop resilience. Primary schools and Early Years Establishments are in an important position to provide powerful Internet Safety and Responsible Use (ISRU) education through learning and teaching as well as the devices, Apps and digital environments they provide for their pupils.

As well as taking account of the content or contact risks, all good education approaches must include the content that children and young people create about themselves or others. This may include images and personal data they choose to share that may contain identifiable information

The Highland E-Safety Group provides useful information, research and publications for Parents / Carers and professionals to support keeping children and young people safe and address some of the risks outline above.

The Highland E-Safety Group has developed a strategy to support educational approaches for 'Internet Safety and Responsible Use' in schools and the wider community. This strategy includes training opportunities and policy development.

The website can be found here www.highlandesafety.wordpress.com

Other useful links

Child Exploitation and Online Protection centre www.ceop.police.uk

Think U Know www.thinkuknow.co.uk

Childnet Internation www.childnet.com

SECTION 13: Going to Court

13.1 Supporting children

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

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

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

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

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

13.2 Criminal injuries compensation for victims of child abuse

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

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

Local authority Children's Services have a 'duty of reasonable care' towards any child with whom they are involved. This clearly would include all children whose cases are considered by child protection case conferences.

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

Any child or adult not given this advice may have a claim against the Social Work Service for loss suffered as a result of the service's professional negligence at any time. Team Managers are responsible for considering the relevance of an application to the CICA for every eligible child a member of their team is working with.

This may include some children not placed on the Child Protection Register because the abuse was carried out by a stranger or by someone who no longer has contact with the child leading to the conclusion that the child is not ‘at risk’.

Appendix A

Constituent agencies of the Child Protection Committee & Lead Officer Group:

1. Highland Council including:
(a) Chief Executive (As Safer Highland Leadership Group 'Sponsor')
(b) Integrated Health & Social Care
(c) Education, Culture & Sport
(d) Housing
(e) Legal Services
(f) Youth Convener (Representing Young People's Views)
(g) Elected Member (Political Champion)

2. Crown Office and Procurator Fiscal Service

3. Scottish Children's Reporter Administration

4. Children's Panel

5. NHS Highland including:
(a) Director of Public Health
(b) Children's Commissioner
(c) Lead Doctor in Child Protection
(d) Lead Dentist in Child protection

6. Police Scotland

7. Armed Forces

8. Third Sector
The Third Sector is represented by High-Life Highland, the Chair and four additional members of the Keeping Children Safe Steering Group (formerly the Highland Child Protection Voluntary Sector Forum.) The members of this Group are:
Action for Children
Barnardos
Care and learning Alliance (CALA)
Children 1st
Family First
Highland & Moray Accredited Training Services (HiMATS)
Highland Children's Forum
Home-Start
Safe, Strong & Free
Scottish Childminding Association
Young Carers
Youth Highland

The Area Commander (Police Scotland) and the CEO (NHS Highland) sit on the Safer Highland Leadership Group and are ex-officio members.

Appendix B
Social Work Offices

Children & Families Teams

	ADDRESS	TELEPHONE/FAX
Team Manager – Wick & Thurso	16 High Street THURSO Caithness KW14 8AG	Tel: (01847) 893835 Fax: (01847) 896309
Team Manager – Alness & Invergordon	62 High St INVERGORDON Ross-shire IV18 0DH	Tel: (01349) 855528
Team Manager – Tain	Scotsburn Road TAIN Ross-shire IV19 1PR	Tel: (01862) 893021 Fax: (01862) 893817
Team Manager – Golspie, Sutherland	The Highland Council Drummuie GOLSPIE Sutherland KW10 6TA	Tel: (01408) 635360
Team Manager – Merkinch	The Rowans New Craigs Hospital Leachkin Rd INVERNESS IV3 8NP	Tel: (01463) 883795
Team Manager – Hilton & East Ness	Health and Social Care The Highland Council 5 Ardross Street INVERNESS IV3 5NN	Tel: (01463) 252999
Team Manager - East	Children and Families East Nairn Town & County Hospital Cawdor Road NAIRN IV12 5EE	Tel: (01667) 422880 Fax: (01667) 456202
Team Manager – Child Health & West Ness	Morven House Raigmore Hospital INVERNESS IV2 3UJ	Tel: (01463) 701376 Fax: (01463) 701370
Team Manager - Central	The Rowans New Craigs Hospital Leachkin Rd INVERNESS IV3 8NP	Tel: (01463) 883795
Team Manager – South	Health and Social Care The Highland Council 5 Ardross Street INVERNESS IV3 5NN	Tel: (01463) 252999

	ADDRESS	TELEPHONE/FAX
Team Manager – Mid & West Ross-shire	4 Fodderty Way Business Park DINGWALL IV15 9XB	Tel: (01349) 868700 Fax: (01349) 864438
Team Manager – Skye & Lochalsh	Tigh-na-Drochaid Bridge Road PORTREE Isle of Skye IV51 9ER	Tel: (01478) 612943 Fax: (01478) 613213
Team Manager - Lochaber	Fulton House Gordon Square FORT WILLIAM PH33 6XY	Tel: (01397) 707025 Fax: (01463)707049
Team Manager – South covers Aviemore	Suite 7, Upper Mall, Grampian Rd, AVIEMORE PH22 1RH	Tel: (01479) 812965

Children with Disabilities Teams

	ADDRESS	TELEPHONE/FAX
Team Manager - South & East (Inverness, Nairn, Badenoch & Strathspey)	Children's Disability Service South & East Ness House, Drummond Road, INVERNESS IV2 4NZ	Tel: (01463) 668673
Team Manager – North, Mid & West (Caithness, Sutherland & Easter Ross and Ross, Skye & Lochaber)	Conon Resource Centre Sellar Place CONON BRIDGE IV7 8BU	Tel: (01349) 861508

Youth Action Teams

	ADDRESS	TELEPHONE/FAX
Team Manager – North & Mid area (Caithness, Sutherland & Easter Ross/ Ross, Skye & Lochaber)	Airport House Unit 5D, Airport Industrial Estate WICK KW1 4QS	Tel: (01955) 605792 Fax: (01955) 606069
Team Manager – South area	The Bridge Seafield Road INVERNESS IV1 1SG	Tel: (01463) 256603 Fax: (01463) 256641
Team base for Ross, Skye & Lochaber (North & Mid area Team Manager)	4 Fodderty Way DINGWALL IV15 9XB	Tel: (01349) 868700 Fax: (01349) 864438

Appendix C
Further Definitions

Child Protection practitioners should be familiar with the following types of harm, formerly referred to in respect of registration categories. Whilst these definitions remain useful, practitioners should be aware that a wider range of definitions is given, and further risks described, in *'National Guidance for Child Protection in Scotland – 2010'*:
http://www.scotland.gov.uk/Publications/2010/12/09134441/0
A full list of relevant contents is given at the end of this appendix.

Physical injury

Actual or attempted physical injury to a child, under the age of 16 years, including the administration of toxic substances, where there is definite knowledge, or reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Physical injury may include a serious incident or a series of minor incidents involving:

- bruising;
- fractures;
- scratches;
- burns or scalds;
- deliberate poisoning;
- attempted drowning or smothering;
- serious risk of, or actual injuries resulting from, parental lifestyle before birth, for instance, substance abuse;
- unreasonable physical punishment.

Lessons from research – physical injury

Physical abuse can lead to neurological damage, physical injuries, disability or even death.

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

Sexual abuse

Any child below the age of 16 years may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s), including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated the behaviour.

Sexual abuse may also include:

- under-age pregnancies which may be a sign of sexual abuse;
- activities such as incest, rape, sodomy or intercourse with children;
- lewd and libidinous practices or behaviour aimed at children;
- indecent assault of children;
- taking indecent photographs of children; or
- encouraging children to become prostitutes or witness intercourse or pornographic materials.

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

Lessons from research - Sexual Abuse

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

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

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

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

Emotional abuse

Failure to provide for the child's basic emotional needs such as to have a severe effect on the behaviour and development of the child.

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

- rejected, belittled or made scapegoats;
- inappropriately punished;
- denied opportunities for exploration, play and socialisation appropriate to their age and stage of development or encouraged to engage in antisocial behaviour;
- put in a state of terror or extreme anxiety by the use of threats or practices designed to intimidate them;
- isolated from normal social experiences which prevent the child from forming friendships.

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

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

Lessons from research - Emotional Abuse

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

Physical neglect

This occurs when a child's essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth. A lack of appropriate care results in persistent or severe exposure, through negligence, to circumstances which endanger the child. Physical neglect may also include a failure to secure appropriate medical treatment for the child, or when an adult carer persistently pursues, or allows the child to follow, a lifestyle inappropriate to the child's developmental needs or which jeopardises the child's health.

This category also covers children who are left on their own for long periods and do not receive enough stimulation or suffer sensory deprivation, especially in infancy. They may also not experience enough nurturing, nor have many caregivers.

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

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

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

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

'NATIONAL GUIDANCE FOR CHILD PROTECTION IN SCOTLAND – 2010'

PART 1 - THE CONTEXT FOR CHILD PROTECTION

Key definitions and concepts

Who is a child?
Who are parents and carers?
What is child abuse and child neglect?
What is child protection?
What are the concepts of harm and significant harm in a child protection context?
What is risk in a child protection context?
What is the Child's Plan and the Lead Professional?
What is the Child Protection Register?

PART 4 - CHILD PROTECTION IN SPECIFIC CIRCUMSTANCES

Indicators of risk

Domestic abuse
Parental alcohol and drug misuse
Disability
Non-engaging families
Children and young people experiencing or affected by mental health problems
Children and young people who display harmful or problematic sexual behaviour
Female genital mutilation

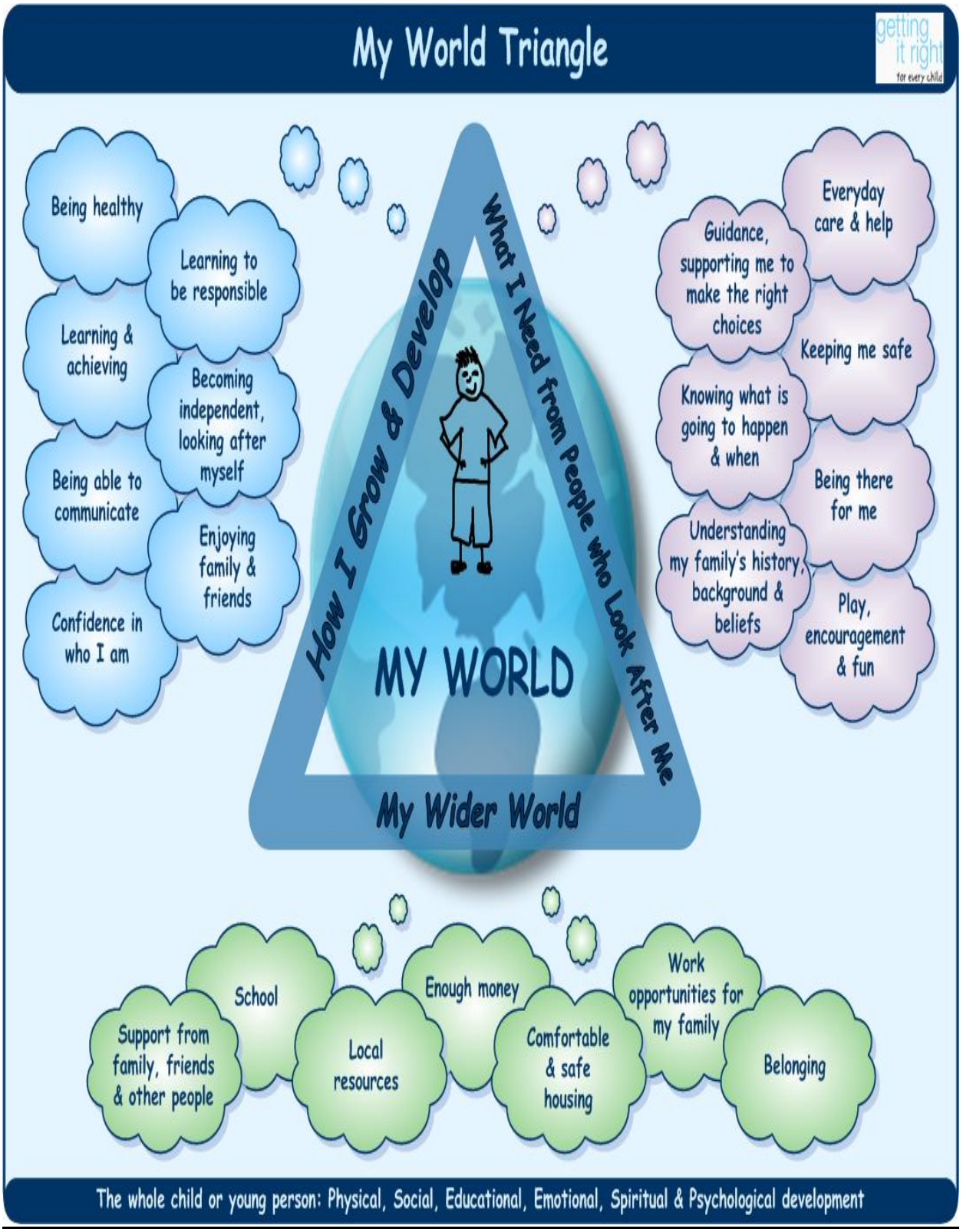
Honour-based violence and forced marriage
Fabricated or induced illness
Sudden unexpected death in infants and children

Harm outside the home or in specific circumstances
Complex child abuse investigations: inter-agency considerations
Child trafficking
Historical allegations of abuse
Children who are looked after away from home
Online and mobile phone child safety
Children and young people who place themselves at risk
Children and young people who are missing
Under-age sexual activity
Bullying

http://www.scotland.gov.uk/Publications/2010/12/09134441/0

Appendix D

My World Triangle



Appendix E
Assessing whether children are safe from harm

The first part of this appendix details the factors that need to be considered if a child is thought to be at risk of harm. The second part of the Appendix shows how assessment of risk where children may not be safe is integrated into '*Getting it right for every child'.*

1. Factors in assessing whether immediate protection of children is needed

Adapted from *City of Edinburgh Risk Taking Policy and Guidance* (November 2004).

Factors likely to be important are:

Significant harm

- Current injury/harm is severe: the more severe an injury, the greater the impairment for the child/young person and the greater the likelihood of re-occurrence;
- Pattern of harm is escalating: if harm has been increasing in severity and frequency over time, it is more likely that without effective intervention the child/young person will be significantly harmed;
- Pattern of harm is continuing: the more often harm has occurred in the past the more likely it is to occur in the future;
- The parent or care-giver has made a threat to cause serious harm to the child/young person: such threats may cause significant emotional harm and may reflect parental inability to cope with stress, the greater the stress for a person with caring responsibilities, the greater the likelihood of future physical and emotional harm to the child/young person;
- Sexual abuse is alleged and the perpetrator continues to have access to the child/young person: if the alleged perpetrator has unlimited access to the child/young person, there is an increased likelihood of further harm;
- Chronic neglect is identified: serious harm may occur through neglect, such as inadequate supervision, failure to attend to medical needs and failure to nurture;
- Previous history of abuse or neglect: if a person with parental responsibility has previously harmed a child or young person, there is a greater likelihood of re-occurrence;
- The use of past history in assessing current functioning is critical.

Factors relating to the child or young person

- Physical harm to a child under 12 months: very young children are more vulnerable due to their age and dependency.
- Any physical harm to a child under 12 months should be considered serious and the risk assessment should not focus solely on the action and any resultant harm, but rather that the parent has used physical action against a very young child. This could be as a result of parenting skill deficits or high stress levels.
- Child is unprotected: the risk assessment must consider parental willingness and ability to protect the young child.
- Children aged 0-5 years are unable to protect themselves, as are children with certain learning disabilities and physical impairments.
- Children who are premature, have low birth weight, learning disability, physical or sensory disability and display behavioural problems are more liable to abuse and neglect.
- The child/young person presents as fearful of the parent or care-giver or other member of the household: a child/young person presenting as fearful, withdrawn or distressed can indicate harm or likely harm.
- The child/young person is engaging in self harm, substance misuse, dangerous sexual behaviour or other "at risk" behaviours: such behaviour can be indicators of past or current abuse or harm.

Factors relating to the parent or care-giver

- The parent or care-giver has caused significant harm to any child/young person in the past through physical or sexual abuse: once a person has been a perpetrator of an incident of maltreatment there is an increased likelihood that this behaviour will re-occur.
- The parent or care-giver's explanation of the current harm/injury is inconsistent or the harm is minimised: this may indicate denial or minimisation. Where a parent or care-giver fails to accept their contribution to the problem, there is a higher likelihood of future significant harm.
- The parent or care-giver's behaviour is violent or out of control: people who resort to violence in any context are more likely to use violent means with a child or young person.
- The parent or care-giver is unable or unwilling to protect the child/young person: ability to protect the child/young person may be significantly impaired due to mental illness, physical or learning disability, domestic violence, attachment to, or dependence on (psychological or financial) the perpetrator.
- The parent or care-giver is experiencing a high degree of stress: the greater the stress for a parent or care-giver, the greater the likelihood of future harm to the child or young person. Stress factors include poverty and other financial issues, physical or emotional isolation, health issues, disability, the behaviour of the child/young person, death of a child or other family member, divorce/separation, and large numbers of children.
- The parent or care-giver has unrealistic expectations of the child/young person and acts in a negative way towards the child/young person: this can be linked to a lack of knowledge of child development and poor parenting skills. Parents or care-givers who do not understand normal developmental milestones may make demands which do not match the child/young person's cognitive, developmental or physical ability.
- The parent or care-giver has poor care-giving relationship with the child/young person: a care-giver who is insensitive to the child or young person may demonstrate little interest in the child/young person's wellbeing and may not meet their emotional needs.
- Indicators of poor care-giving include repeated requests for substitute placement for the child/young person.
- The parent or care-giver has a substance misuse problem: parental substance misuse can lead to poor supervision, chronic neglect and inability to meet basic needs through lack of money, harmful responses to the child/young person through altered consciousness, risk of harm from others through inability to protect the child/young person.
- The parent or care-giver refuses access to the child/young person: in these circumstances it is possible that the parent or care-giver wishes to avoid further appraisal of the well-being of the child. Highly mobile families decrease the opportunity for effective intervention which may increase the likelihood of further harm to the child/young person.
- The parent or care-giver is young: a parent or care-giver under 21 years may be more likely to harm the child through immaturity, lack of parenting knowledge, poor judgement and inability to tolerate stress.
- The parents or care-givers themselves experienced childhood neglect or abuse: however caution has to be exercised here; parenting skills are frequently learned/modelled but later positive experiences can counteract an individual's own childhood experiences.

Environment

The physical and social environment is chaotic, hazardous and unsafe: a chaotic, unhygienic and non-safe environment can pose a risk to the child/young person through exposure to bacteria/disease or through exposure to hazards such as drug paraphernalia, unsecured chemicals, medication or alcohol.

Appendix F
Factors associated with recurrence of risk of maltreatment

Jones and colleagues undertook an evidence-based, systematic review of studies of outcome following identification of child abuse and neglect, in order to provide the most up to date assessment of factors which pertain to the likelihood of re-abuse and other poor outcomes. They reviewed many thousands of abstracts, and selected only those which met their criteria. From these 16 studies, the rate of recurrence of abuse or neglect, following demonstrated incident averaged 20%. The rate for recurrence within the family was 30%. What is significant about this review is that it takes a developmental-ecological perspective, looking at factors within the child's whole world. It also signals preventive approach, identifying where reoccurrence is less likely to occur.

The table below is reproduced in Aldgate, J. Jones, D.P.H., Rose, W. and Jeffery, C. (2006) *The Developing World of the Child,* London Jessica Kingsley and is adapted her by kind permission of the authors and the publishers

The factors with the strongest association with future risk of maltreatment are indicated in italics in Table 1 below. The strongest associations were with:

- a prior history of maltreatment before the index case;
- neglect cases;
- interparental conflict;
- parental mental health problems;
- early recurrence.

In addition, there was a strong, but less powerful link with:

- parental substance/alcohol use;
- family stress;
- lack of social support;
- younger children;
- parents' own history of abuse.

The following groups of factors have been shown to have an influence both on the occurrence and likelihood for significant harm to be maintained or to recur over time:

- factors related to the original abuse or neglect;
- child factors;
- parent factors;
- those associated with parenting and parent/child interaction;
- dynamics and relationships within the family;
- factors linked to the neighbourhood and social setting wherein the family live;
- factors associated with the professional system and the resources which are available.

Table 1 sets out those factors associated with an increased likelihood of future harm, contrasted with those where the likelihood is decreased following initial identification of significant harm to an index child. Factors in italics are those which withstood the rigorous inclusion criteria we used in our systematic review. The remaining factors have support from other studies which did not necessarily meet our inclusion criteria.

Table 1 Factors associated with future harm

Factors	Future significant harm more likely	Future significant harm less likely
Abuse	Severe physical abuse inc. burns/scalds *Neglect* Severe growth failure Mixed abuse *Previous maltreatment* Sexual abuse with penetration or over long duration Fabricated/induced illness Sadistic abuse	Less severe forms of abuse If severe, yet compliance and lack of denial, success still possible
Child	Developmental delay with special needs Mental health problems Very young – requiring rapid parental change	Healthy child Attributions (in sexual abuse) Later age of onset One good corrective relationship
Parent	*Personality*- Antisocial - Sadistic - Aggressive Lack of compliance Denial of problems Learning disabilities plus *mental illness* Substance abuse *Paranoid psychosis* Abuse in childhood – not recognised as a problem	Non-abusive partner Willingness to engage with services Recognition of problem Responsibility taken Mental disorder, responsive to treatment Adaptation to childhood abuse
Parenting and parent/child interaction	Disordered attachment Lack of empathy for child Poor parenting competency Own needs before child's	Normal attachment Empathy for child Competence in some areas
Family	*Interparental conflict and violence* Family stress Power problems: poor negotiation, autonomy and affect expression	Absence of domestic violence Non-abusive partner Capacity for change Supportive extended family
Professional	Lack of resources Ineptitude	Therapeutic relationship with child Outreach to family Partnership with parents
Social setting	Social isolation Lack of social support Violent, unsupportive neighbourhood	Social support More local child care facilities Volunteer networks

See Jones *et al* (2006) in J. Aldgate, D.P.H. Jones, W. Rose and C. Jeffery (Eds), *The Developing World of the Child*, London, Jessica Kingsley Publishing. Adapted from earlier work by Jones.

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

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

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

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

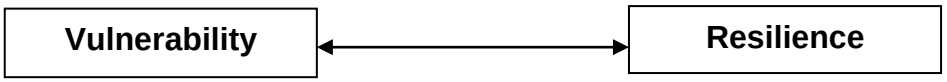


Figure 1. Dimension on which individual resilience can be located

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

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

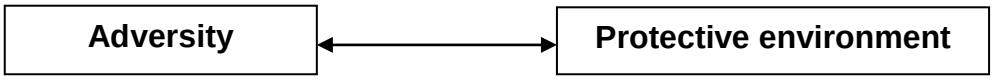


Figure 2. Dimension on which factors of resilience around the young person can be located

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

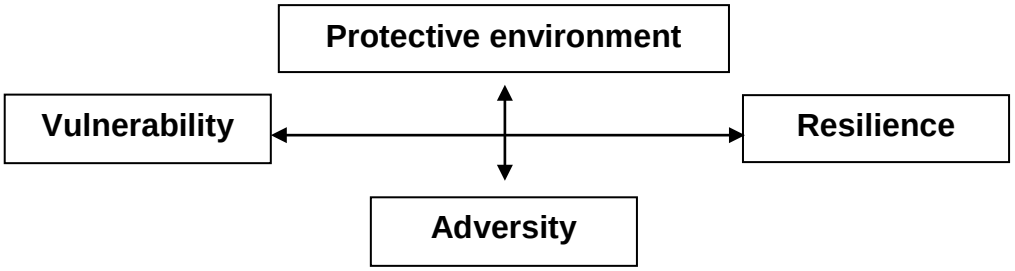


Figure 3. Framework for the assessment of resilience factors

The two dimensions will interact, and an increase in protective factors will help to boost a child's individual resilience.
Adapted from Daniel and Wassell, (2002) The School Years: Assessing and Promoting Resilience in Vulnerable Children 2, London: Jessica Kingsley Publishing, pp.10-12.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

References

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

1 The Early Years
2 The School Years
3. Adolescence

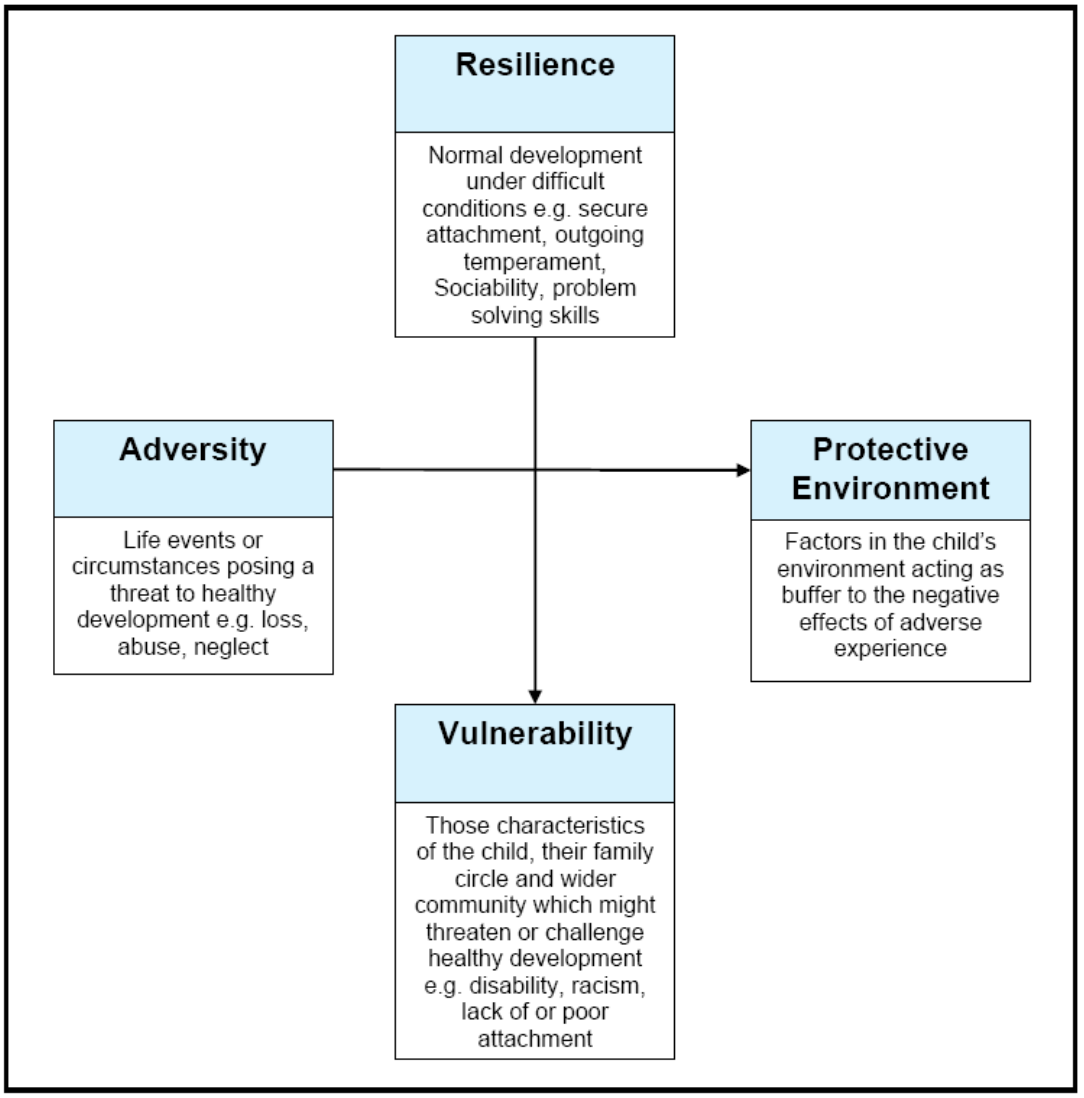
Fonagy, P., Steele, H., Higgitt, A. and Target, M. (1994) The Emmanuel Miller Memorial Lecture 1992: 'The theory and practice of resilience'. *Journal of Child Psychology and Psychiatry,* 35, 2, 231-257.

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

The Resilience Matrix

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

A Resilience Matrix for Analysing Information



Appendix H

STANDARD CHILD CONCERN FORM
(all agencies except Police Scotland)

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

If yes, confirm below,

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

Date:

Time:

FORM SENT TO:	
Name:	
Agency:	

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

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

(1) Core Details

Section 1.1

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

Section 1.2

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

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

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

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

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

(2) Description of Concern

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

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

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

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

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

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

Signature: **Date:**

Appendix I
Police Scotland Sample Child Concern form

RESTRICTED

Section 1: Nominal Details

Subject Nominal (1):	EXAMPLE [redacted] Child Concern
Category:	Subject of Concern

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

Address(es):

Address	Address Type	Date Added
1, EXAMPLE, EXAMPLE,	Home Address	24/10/2013

Contact Information:

Wellbeing Indicators:
SAFE

Wellbeing Comments:
EXAMPLE

Consent:
Has consent been given to share?
[redacted]

Incident Synopsis:
The way in which a child is cared for is having or may have an impact on their wellbeing

Disclosable Information:

Partner Agency Discussion:

[redacted] Page 2 of 5

RESTRICTED

RESTRICTED

Section 2: Perpetrator Details

No records available.

RESTRICTED

RESTRICTED

Section 3: Incident Details

Details of Incident:	EXAMPLE
Multi-agency Discussion at a time of Incident:	EXAMPLE
Police Action Taken:	EXAMPLE
Any Other Relevant Information:	EXAMPLE

[redacted] Page 4 of 5

RESTRICTED

RESTRICTED

Section 4: Information Sharing

Report Recipients:

	Name / Organisation:	Dispatch method:
1	EXAMPLE	E-mail

[redacted] Page 5 of 5

RESTRICTED

Appendix J:
Child Protection – Medical Examinations

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

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

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

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

- Incident Occurs

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

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

- Decision making must include consideration of:

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

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

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

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

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

Appendix K
Pupil transfer form

THE HIGHLAND COUNCIL PUPIL TRANSFER DOCUMENT

The Highland Council
Comhairle na Gàidhealtachd

School	

Pupil: Details			
Name		Date of Birth	/ /
Address			
Tel No			

School Details	
SQA Ref No:	
Phoenix Ref No	
Stage and Class:	
Date of Leaving	/ /

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

Destination	
Address	
Tel No	

Other relevant details	
E.g. dates of school attendance outwith Scotland	

New School (if known	
Name	
Address	
Tel No	

Interim Contact (if known)	
Name	
Address	
Tel No	

Parent/Carer signature	Date:	Headteacher signature	Date:

Hs form

Appendix L
Contact details for the armed forces

Army Welfare

The welfare of Army families whose children are considered by a social work service to be at risk is the responsibility of the Army Welfare Service (AWS). The AWS provides a confidential professional welfare support service to all Army personnel and their families through Army Welfare Workers (AWW). Social work services should liaise with the AWS Personal Support team, which provides a service to the whole of Scotland. The team should be invited to send a representative to any relevant Child Protection Plan Meeting. Social work services can also liaise on more general matters with either the Brigade Welfare Support Officer (BWSO) based in Edinburgh or the Welfare Support Officer (WSO) based in Inverness. The BWSO and WSO cover the whole of Scotland and they respond directly to Army Headquarters.

AWWs respond to the Senior Army Welfare Worker (SAWW) based in Edinburgh together with the Area Personal Support Officer (APSO), a qualified Social Worker, also based in Edinburgh.

Army Welfare Service	Lowlands	Highlands
Building 30	Building 29	24 Wimberley Way
Craigiehall	Dreghorn Barracks	Inverness
South Queensferry	Redford Road	IV2 3XX
West Lothian	Edinburgh	
EH30 9TN	EH13 9QW	
APSO AWS	BWSO AWS	WSO AWS
0131 310 2107/2108	0131 310 2850	01463 233132

Royal Navy

All child protection matters within the Royal Navy are handled by the Naval Personal and Family Services (NPFS), the Royal Navy's own Social Work Service. This provides a confidential and professional Social Work Service to all naval personnel and their families, liaising as appropriate with Social Work Services, particularly as required by statute for child protection cases. Child protection involving a member of the Royal Navy should be referred to the Civilian Area Officers, who are in a position to negotiate service action on behalf of naval families and should be invited to any case conference concerning them.

The Naval Personal and Family Services (NPFS),
All cases abroad are initially handled by the Eastern Area.

East:	West:	North:
Area Officer (NPFS)	Area Officer (NPFS)	Area Officer (NPFS)
HMS NELSON	HMS DRAKE	HMS NEPTUNE
Queen Street	HM Naval Base	Triton House
Portsmouth	Devonport	1-5 Churchill Square
Hampshire	Plymouth	Helensburgh
PO1 3HH	PL2 2BG	Argyll & Bute
G84 9HL		
Tel: 01705 820932	Tel: 01752 568611	Tel: 01436 826774/ 01463 672798

Royal Marines

All Welfare matters within the Royal Marines are dealt with by the Royal Marine Welfare Service which is now formally aligned with the Naval Personal and Family Service. This is a non-statutory Agency which provides a confidential and professional service to all Royal Marine personnel and their families. The Royal Marine Welfare Service will liaise with the local Social Work Service and will negotiate service action on behalf of families. The Royal Marine Welfare Service should be informed in all cases of child protection involving a member of the Royal Marines. In the event that no-one is available at Condor within the Welfare Team, then contact should be made with the main NPFS office in Scotland.

The Royal Marine Welfare Service (SO3 WFS).

Scotland	SO3 WFS
Welfare Officer	Welfare Officer
RM Condor	HQRM
Arbroath	West Battery
Angus	Whale Island
DD11 3SJ	Portsmouth
Hampshire	
PO2 8DX	
Tel: 01241 872201 ex2015/6	Tel: 01705 547542

Royal Air Force

The Royal Air Force is supported by an independent Social Work Service in the name of SSAFA Forces Help (The Soldiers, Sailors and Airmen's Families Association). Most Stations have trained Personal & Family Support Workers but small Stations are still offered a service from a local designated team. The officer Commanding Personnel Management Squadron (OCPMS) is the main focus within the RAF system in relation to the welfare of families on their Station. In cases of child protection relating to a family of a serving member in the RAF, the Social Work Service should make contact with the parent unit, or if this is not known, the nearest RAF unit by contacting the OCPMS or SSAFA Forces Help. Every RAF unit has an officer appointed to this duty.

Social work is co-ordinated by each Station's Personnel Officer; the officer Commanding Personnel Squadron (OCPMS). Where the parent unit is not known, contact the OCPMS or SSAFA Forces Help Adviser at the nearest RAF unit.

If you wish to discuss informally contact the SSAFA Social Work Adviser at RAF Lossiemouth (Tel No: 01343 812121 extn 7399).

Service families going or returning from overseas

The Soldiers', Sailors', Airmen's and Families Association Forces Help (SSAFA Forces Help)

Director of Social Work
SSAFA FH
Central Office
Queen Elizabeth House
4 St Dunstan's Hill,
London
EC3R 8AD.

Tel: 020 7403 8783

Appendix M:
Timescales for different stages of acting on Child Protection concerns

Highland has introduced some new timescales in line with the National timescales for Child Protection Plan Meetings as well as for the production of minutes and Child Protection Plans. Every effort should be made to meet the timescales within the Highland guidance but it is recognised that this may not always be possible. The reasons for not complying with the timescales should be clearly recorded and approved by Area children's service manager's and notified to the Keeper of the child Protection register, along with a proposed future date for completion.

	Highland
Notification of concern to Initial CPPM	1. All children about whom child protection concerns have been expressed should be seen by a qualified Social Worker **within 24 hours**, unless the referrer is a professional who has seen the child that day and it is clear that the child is not at immediate risk. If a child is not seen **within 24 hours,** the reasons for this should be recorded by the Team Manager. 2. Decisions about how child protection concerns will be responded to should be made by the Team Manager as soon as possible and **not later than 24 hours** from the initial contact. 3. The administrator will arrange a date and time for the meeting **within 14 calendar days** of the decision being made with the Quality assurance & Reviewing Officer
Invitations	Participants should be given a minimum of **5 calendar days" notice** of the decision to convene a CPPM whenever possible
Review CPPM	A meeting will take place within **three months** of registration, with subsequent Child Protection Plan Meetings within **six months** if registration is continued. Changes in the child's circumstances or legal status may require any scheduled meeting to be brought forward.
Pre-birth CPPM	The CPPM should take place **no later than at 28 weeks pregnancy** or, in the case of late notification of pregnancy, as soon as possible **within 14 calendar days** of the decision being made with the Quality Assurance & Reviewing Officer

Core group	The first core group subsequent to the Child Protection Plan Meeting will take place **within 14 calendar days** of registration, **dates for a further two** core groups should be set after the Child Protection Plan Meeting, and that these dates should be no more than **one calendar month apart**.
Minutes	1. The draft minute including any protected information will be forwarded for verification **within 10 calendar days.** 2. All attendees will check the minute on receipt and notify any changes to the **chairperson within 7 calendar days** 3. The final minute will be sent out **within 20 calendar days** after the Child Protection Plan Meeting
CP Plan	Written decisions of the Child Protection Plan Meeting will be sent to all invited agencies, parents and children regardless of attendance, **within 5 calendar days** of the meeting
Changes to CP Plan	Minutes of all core groups should be forwarded to the QA&RO **within 3 calendar days**
Protected Period	Any requests for a protected period should be discussed with the chairperson wherever possible **2 calendar days prior** to the meeting providing clear justification as to the reasons why.
Access to Child's Plan	Access to the Child Protection Plan and any other written documents will be provided **no later than 2 working calendar days before** the Initial CPPM and **7 calendar days** prior to all other meetings.
Parents or carers not invited to attend CPPM	Where children and/or parents/carers are not invited to attend, they must be informed and given reasons for the decision in writing by the Team Manager **at least 7 calendar days** before the date of the meeting.
Joint Investigation	If a joint child protection investigation is agreed, this should **commence within 24 hours** of that decision being taken.

NB: Unless otherwise stated, the timescales used throughout this document refer to 'calendar' days or, in the case of Education, 'school' days.

Appendix N
VRI and joint interview

Briefing

In relation to a joint investigation, police and Children's Service staff must be briefed together. Either the police or social work designated person can undertake the briefing, although it is recommended that wherever possible this takes place jointly and in person. A structured briefing meeting is held during which officers are informed of:

- the circumstances leading to the investigation;
- the intended course of action that will be taken;
- what role they will undertake during the investigation;
- contingencies and any anticipated short term future needs.

Consideration should be given to:

- the purpose and objectives of the interview;
- the roles of the interviewers;
- length and timing and location of the interview (including communication needs and aids);
- the possible need to suspend the interview if the child becomes unable or unwilling to continue;
- the possibility of further interviews;
- safety of staff;
- issues around consent and who might be present/necessary to the interview;
- plans for recording the interview;
- the possibility of the child admitting to an offence in interview;
- arrangements for the de-briefing of staff.

A record must be kept of the decisions made at this briefing, who was involved in making them and the reasons for making them. Copies of these records must be maintained on the respective agency systems and/or within Child Protection files.

As the investigation progresses, it is important that Designated Persons are updated regularly, as it may be necessary to amend the original plan – for example, further discussion with the paediatrician about a medical.

Joint Investigative Interview

The structure and procedures for conducting an investigative interview of a child are set out in the National Guidance Document, *"Supporting Child Witnesses, Guidance on Interviewing Child Witnesses in Scotland."*

The main purposes of the investigative interview are:

- to learn the child's account of the circumstances that prompted the enquiry;

- to gather information to permit decision making on whether the child in question, or any other child, is in need of protection;
- to gather sufficient evidence to suggest whether a crime has been committed against the child or anyone else;
- to establish whether there is evidence to support a Ground for Referral within the Children's Hearing system.

If it is appropriate to interview the child, consideration and account must be taken of his/her.

- age;
- physical and/or learning impairments;
- health and/or mental health issues;
- cognitive abilities;
- linguistic abilities;
- race, culture, ethnicity and religion;
- first language;
- gender and sexuality;
- overall sexual education/knowledge and experience;
- current emotional state.

The investigation team should consider where best to acquire this and other relevant information. Most of this should already be known about the child, and available from the child's Named Person or Lead Professional. However parents also have an important role to play in making sure that the team has the necessary information.

The investigation team should be clear, prior to commencing the interview, of the purpose and nature of the interview they are undertaking. Both members of the team need to be fully conversant with the interview plan and the topics that need to be explored Whilst the investigation team might agree beforehand who is undertaking Lead Interviewer role within the interview, the child may prefer to talk to the Second Interviewer and both members of the team need to be able to change roles as necessary.

Where possible, the child should be interviewed in a child friendly, neutral environment. Where this is not possible, the interview team, supervisors and managers must consider the impact of the location on the child and attempt to address this.

The method to be used to record the interview must be decided during the planning stage. The vast majority of such interviews will be visually recorded using the VRI equipment Where equipment is available all JIIs must be visually recorded unless there are specific reasons why this may not be appropriate e.g. the offence involved video-recording or photography of the victim. In instances such as this or when equipment fails or is not available a paper statement must be noted, verbatim, from the child.

At all stages of any investigation the welfare of the child is paramount and consideration should be given to the timing of the interview and travel implications.

Immediately the interview is concluded the interview team must check and agree the visual recording; two copies of the interview will be made and burnt to disc. Both discs will be produced as productions in the case by the investigating Police officer and will be retained by the Police only.

Where a paper statement has been obtained both interviewers must agree, sign and date the statement - and where appropriate the child should also sign their statement. The original of the statement is retained by the police.

Debriefing

Debriefing of the investigation team is essential. Designated Persons are responsible for ensuring that a de-briefing takes place.

Ideally this would again be face to face and include both agencies. It is a structured meeting during which officers and Social Workers are required to update the Police or Children's Service Designated Persons, to:

- update on the progress of the investigation;
- ascertain what information has been gleaned to date including the content of any joint interview carried out;
- identify and/or assess on-going risk;
- allocate further tasks to individuals and agencies;
- if consultation has not already taken place, discuss with consultant paediatrician the need for a medical examination;
- define timescales;
- make a joint decision, on how to proceed.

As with briefing meetings, the debrief decisions should be recorded and stored by both agencies.

At the conclusion of the enquiry, for the police the case review sheet will be signed by the Designated Person to acknowledge that all aspects of the enquiry have been satisfactorily completed, including a final briefing with the police officer carrying out the joint investigation before the documentation is filed within the relevant Public Protection Unit Files.

In social work, the worker will discuss the outcome with the Team Manager, and complete the case recording. The Team Manager will authorise the recording and any further action.