West of Scotland Child Protection Procedures.

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Introduction

1. Introduction

The West of Scotland Child Protection Consortium has approved these inter-agency child protection procedures which have been updated to reflect changes in the refreshed National Guidance for child protection in Scotland, 2014 and made accessible through this new website.

The website, developed by tri.x, is designed to provide those involved in child protection with easy access to relevant information that will help keep children safe. It has mobile functionality and can be used on a variety of devices. See **Using this Manual, Mobile/Tablet Compatibility**.

If you have any questions about access to or the content of the procedures please contact your local Child Protection Committee lead officer or email **child.protectioncommittee@south-ayrshire.gov.uk**.

All children have a fundamental right to proper care and protection. Children may need protection when their basic needs such as food and warmth are neglected or they may need protection from harm from other people.

These West of Scotland Child Protection Inter-agency procedures are for all staff working within the West of Scotland Consortium areas. Everyone has a duty and responsibility to protect all children from harm. These procedures are to assist staff in identifying indicators which might suggest that a child is being abused or is at risk of abuse, advise what steps should be taken if there are concerns about a child, and describe what happens once concerns have been reported. The procedures also outline initial enquiries and investigations, Child Protection meetings and conferences and the range of possible resulting actions and outcomes.

No one agency alone can protect children, and neither can procedures in themselves. These procedures are primarily to ensure effective interagency communication, collaborative working and to provide a consistent framework for practice. Professional judgement based on thorough assessment and critical analysis is also required to ensure these procedures are applied appropriately to individual situations and the needs of the child.

All staff should be familiar with and follow their own agency's Child Protection Procedures and they should be able to recognise signs which suggest a child may be at risk or experiencing abuse or neglect. Where any member of staff has concerns about the welfare or safety or is aware that a child is in immediate danger, they have a responsibility to pass on these concerns to Social Work and/or the Police.

2. Child Protection Committees

Child Protection Committees were first established in each local authority area across Scotland in 1991. Since then, they have been subject to many reforms and review, in particular in 2005, when they were strengthened as part of the then Scottish Executives Child Protection Reform Programme. The national guidance for Child Protection Committees was published in 2005 and is reflected within the National Guidance for Child Protection. Please see **Guidance on Child Protection Committees in Scotland**

Child Protection Committees are locally-based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Their role, through respective local structures and memberships, is to provide individual and collective leadership and direction for the management of child protection services across Scotland. Child Protection Committees are responsible to their Chief Officers' Group (COG) and work in partnership with the Scottish Government.

They work in partnership with their respective 'Chief Officers' Groups and the Scottish Government to take forward child protection policy and practice across Scotland. Details of the West of Scotland child protection consortium local child protection committee websites are listed **here**.

3. The Procedures in Context

These procedures are under-pinned by the principles outlined in the United Nations Convention on the Rights of the child and also those contained within the Children (Scotland Act) 1995 (Click here to view a full copy of the legislation)

The **Children (Scotland) Act 1995** embraces the principles of the United Nations Convention on the Rights of the Child.

These are:

- Children have a right to be protected from all forms of abuse, neglect and exploitation;
- Children should be listened to and their views taken into account in decisions affecting them;
- Agencies should work together in providing services to meet the needs of children;
- Parents should normally be responsible for the upbringing of their child and should share that responsibility.

Three principals that govern the Act are:

- The child's welfare is the paramount consideration;
- Consideration must be given to the child's views in all decisions made about them;
- The principle of minimum intervention.

The **National Guidance for Child Protection in Scotland** was updated in 2014 and is reflected in these procedures.

The **Children's Hearings (Scotland) Act 2011** sets out provision for two Emergency orders.

These are:

- Child Protection Orders, which give provision for the immediate removal of a child for a period of up to eight working days;
- Child Assessment Orders, which last for up to a maximum of three days.

The Children (Scotland) Act 1995 provides a further type of emergency order, Exclusion Orders, which allow for the alleged abuser to be excluded from the family home in order to avoid the child being removed, remains the Children (Scotland) Act 1995.

Where emergency intervention is not necessary the Children's Hearings (Scotland) Act 2011 also provides for more planned and longterm protection, which can include removal from home, by the provision of compulsory measures of supervision via Compulsory Supervision Orders.

See also **Glossary**

Core Procedures

Responding to Child Protection Concerns

1. If you are Worried about a Child

Concerns about a child can arise in a number of ways, e.g. an accumulation of concerns, a single significant incident, reports from the child themselves, observation of child/parent interaction or information from a relative or a member of the public.

The child may be living with or affected by:

- Problematic alcohol and/or drug use;
- Mental health / illness;
- Disability;
- Domestic abuse;
- Neglect.

There may be signs which cause concerns and could be an indication of a child being abused neglected or exploited

The child may:

- Have unexplained bruising or bruising in an unusual place;
- Appear afraid, quiet or withdrawn;
- Be afraid to go home;
- Appear hungry, tired or unkempt;
- Be left unattended or unsupervised;
- Have too much responsibility for their age;
- Be acting out in a sexually inappropriate way;
- Be misusing drugs or alcohol.

Not all children who are abused or neglected will display these signs and equally a child may display some of these signs and symptoms for other reasons.

2. What to do if you have Concerns about a Child

Children rarely tell if they are being abused. If a child tells something which suggests they have been abused or may be at risk of abuse this should never be ignored.

- If a child or a young person gives you information that suggests that he or she is being abused or makes you worried about the child, you should:
- Remain calm, no matter how difficult it is to listen to the child.

- Listen to the child and take them seriously. Reassure them they were right to tell.
- Keep any questions to a minimum, for clarification purposes, and never interrupt.
- Tell the child what you are going to do next and tell them that you are going to have to speak to someone who can help.
- As soon as is practical write down everything that the child has told you using the child's exact words if possible. Make a note of the date, time, place and people who were present and sign the notes you have made recording the date and time they were written.
- Act promptly and immediately report your concerns to your line manager or designated Child Protection officer. You should also follow local procedures for sharing these concerns with the Named Person. When there are concerns about the child's safety or possible harm to the child, these should be shared immediately and without delay with police or social work so that they can consider whether the harm is significant. Sometimes it can be difficult to know if a child is being abused or at risk of abuse. You might have general concerns about a child, or they may have told you something. If you are worried you should report your concerns to your line manager. You should seek advice from colleagues, managers, designated or named professionals or other agencies where appropriate, but these discussions should never delay emergency action to protect a child. It is also advisable that at this point you check your agency's own Child Protection procedures. These concerns should be written down whether or not further action is being taken and should include a note of the date and who took part in the discussion. At the close of discussion there should be clear and explicit agreement about who will be taking what action, or that no further action will be taken.
- A suspicion of abuse may take the form of 'concerns' rather than 'known facts'. Concerns can and should be shared with Social Work colleagues through a notification of concern. While concerns may not necessarily trigger a child protection referral in themselves, they may help build up a picture, along with concerns from other sources, which suggest that a child may be suffering harm, this is particularly the case for situations of neglect.
- All staff should be clear that they are passing on concerns as part of their responsibility, and that this cannot be on an anonymous basis.

3. Making a Notification of Concern to Social Work/Police

If a child tells you something, or you suspect a child is being abused or at risk of abuse, you must report your concerns to your line manager immediately and consult your own departmental or agency Child Protection Procedures. You should also follow local procedures for sharing these concerns with the Named Person. If there are possible Child Protection concerns then a referral should be made to the Social Work services or, in an emergency, to the Police. This will either be made by your line manager or yourself, depending on your organisation's procedures and structure.

A notification of concern should be made to the Social Work services as soon as a problem, suspicion or concern becomes apparent. Notification of concerns should be made to the duty team in the relevant area or in an emergency to the Police, stating clearly that you want to make a child protection referral/ and then follow up the concern in writing.

Outside office hours referrals should be made to the out of hours Social Work services or the Police.

It does not matter if you do not have all the information below, do not delay in sharing concern. Wherever possible pass on the following information:

- Your name, contact details, agency, and your involvement with the family.
- The child's full name, age, date of birth and address. The child's current whereabouts and who they are with and what you are concerned about.
- The name, age and address of the child's parents/carers and/or any other adults who have care of the child.
- Who it is thought may have harmed the child or may pose a risk to them, and where and what may have happened.
- Is the child in imminent danger.
- Any other children who may also be at risk. Do you have their names, DOB, address etc.
- The name, age and address of any other person known to have information on the alleged or suspected abuse.
- Whether there are any other agencies currently involved with the family (if known) e.g. health visitor, teacher, school nurse or any other health professional involved with the family, including the parents/carers.
- Whether there have been any previous concerns about this child or other children in the household.
- Whether the child has any disabilities or special needs (if so further information regarding the child's diagnosis if any, the main difficulties affecting functioning, any medical conditions, how the child communicates and expresses emotions should be provided).
- Whether there are any cultural or religious factors which need to be taken into account.

- Whether the parents are aware of the concerns and if so, what is their reaction.

Record the name of the person you passed the concern to. It is important that you make your notification of concern as soon as you have decided that this is the appropriate course of action.

It is important that agencies are kept informed about what is happening and that feedback is given to the referrer on action taken. In all cases, discussion and liaison will take place with the Named Person. The Social Worker will send out a written response to the referrer with the agreed action resulting from the referral whether it has resulted in a Child Protection investigation or any other outcome within 10 working days. If the referrer does not receive this, they should telephone the agency the referral was made to and request feedback.

When a referral has been received any of the following decisions may be made:

- Child Protection Procedures are invoked;
- Single agency assessment/support;
- Multi-agency assessment;
- No further action required;
- When Compulsory Measures of Supervision might be required a referral will be made to the Children's Reporter.

It is the responsibility of each individual professional to ensure that their Child Protection concerns are taken seriously and followed through. Each individual is accountable for their own role in the Child Protection process and if professional remains concerned about the child he or she should re-refer the child and consider bringing the matter to the immediate attention of the senior social worker with responsibility for the case or duty Senior Social Worker for the area. In all such situations, the professional's own line manager should be informed.

4. Receiving Concerns about a Child

All notifications of concern that a child may have been abused or may be at risk of actual or potential significant harm must be given priority and initial enquiries made immediately.

Child Protection referrals should be taken by an experienced child and family Social Worker, reception services worker or Police Officer knowledgeable in Child Protection procedures.

Within Children and Family Social Work the relevant manager should also be informed about the referral immediately. The worker taking the referral should try to gather all of the following information from the referrer, and write it down, along with the date, time and method of referral.

- Your name, contact details and involvement with the family.
- The child's full name, age, date of birth and address. The child's current whereabouts and who they are with and what you are concerned about
- The name, age and address of the child's parents/carers and/or any other adults who have care of the child.
- Who it is thought may have harmed the child or may pose a risk to them, and where and what may have happened
- Is the child in imminent danger?
- Are any other children who may also be at risk Do you have their names, DOB, address etc
- The name, age and address of any other person known to have information on the alleged or suspected abuse
- Whether there are any other agencies currently involved with the family (if known) e.g. health visitor, teacher, school nurse or any other health professional involved with the family, including the parents/carers
- Whether there have been any previous concerns about this child or other children in the household
- Whether the child has any disabilities or special needs (if so further information regarding the child's diagnosis if any, the main difficulties affecting functioning, any medical conditions, how the child communicates and expresses emotions should be provided).
- Whether there are any cultural or religious factors which need to be taken into account
- Whether the parents are aware of the concerns and if so, what is their reaction

When social work services receive information indicating concerns about a child, this initiates an assessment of whether that child is in need of protection. Even if the child is not in need of protection, he or she may be in need of other services to promote their wellbeing.

Decisions about whether or not the information provided should lead to formal Child Protection processes are the responsibility of the Senior Social Worker/Manager.

Decisions about how child protection concerns will be responded to should be made as soon as possible and not later than 24 hours from the initial contact. It is the responsibility of the Senior Social Worker/Manager to ensure that the case is allocated and assessment and action commences.

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. It is essential that information regarding reports or suspicions of abuse is recorded as fully and as accurately as possible as this also forms the first phase of the initial enquiries. The worker receiving the notification of concern should read back to the referrer the written record of the concerns, together with any interpretations being made of the information that has been given.

When taking a notification of concern, the referrer will be advised that all information received will be treated seriously and with discretion. They should be advised that they will receive a written response to their referral within ten working days.

Members of the public have the right to make a referral without giving their name but they must be advised that this may cause difficulties in establishing whether or not a child is at risk of abuse.

5. Initial Enquiries

Note: *Dumfries and Galloway staff should refer to their own local protocol at* **Dumfries and Galloway CPC Initial Referral Discussion Inter Agency procedure**.

The Social Worker coordinating the initial enquiries will approach other agencies with requests for information e.g. Police, Education, Health etc. The worker should make clear the nature and purpose of the request and record the request and the response in writing. Social Work and Police have a clear statutory role in deciding whether an investigation should take place and consequently the Social Worker should contact the Police early in the process to discuss whether a joint or single agency response is appropriate.

The safety of the child takes precedence over the need to maintain professional confidentiality. It is the responsibility of each agency or individual worker to contribute all the relevant information when requested.

The focus at the initial enquiry stage is about whether abuse has taken place or the child is at risk of abuse. Consideration will also be given to the immediate risk or danger to the child. Where there is immediate risk to the child there may be need for police and social work to take immediate action to protect the child.

There should be ongoing assessment of the risk to the child and appropriate consideration given to the use of emergency protection measures as necessary. No single definition of the degree of concern or level of risk can be given. It will remain a complex matter, subject to professional judgment based on an assessment. In assessing significant harm, a number of factors should be considered:

- The nature of harm, either through an act of commission or omission;
- The impact on the child's health and development, taking into account their age and stage of development;
- The child's development within the context of their family and wider environment;
- The context in which a harmful incident or behaviour occurred;
- Any particular needs, such as a medical condition, communication impairment or disability, that may affect the child's development, make them more vulnerable to harm or influence the level and type of care provided by the family;
- The capacity of parents or carers to meet adequately the child's needs; and
- The wider and environmental family context;
- The child's reactions and/or views, with account taken of their age and level of understanding.

Practitioners will also have to consider the concept of risk for children who have been exposed to harm. This will include:

- Looking at the extent to which they are at risk of repeated harm;
- The potential effects of continued exposure over time;
- The risk posed by the potential perpetrator;
- The presence of absence of any protective factors.

The **National Risk Framework to Support the Assessment of Children and Young People** provides further guidance and tools for assessment (Calder M., MacKinnon M. and Sneddon, R. (2012)

Initial enquiries will be made by Social Work to establish whether a child is in need of protection. Decisions about how child protection concerns will be responded to should be made promptly and not later than 24 hours from the initial contact. These initial enquiries should commence immediately and be completed as soon as possible following the referral being received. The focus of the initial enquiries should be the safety and wellbeing of the child. Even if the reason for a referral was a concern about abuse or neglect which is not subsequently substantiated, a family may still benefit from support and practical help to promote a child's health and development. In all cases, discussion and liaison will take place with the Named Person.

Information may already be available if a referral is received about a child already known to Social Work or another agency. Decisions made following the new referral must take account of all the known information and the work currently being undertaken and of any assessment already made including the possibility of a Getting It Right For Every Child (GIRFEC)/Multi-agency Assessment

The Initial enquiries will consider and record information available from other agencies known about the children and family, including:

- Adding to what information is already known about the child and their family;
- All names, alternative names and dates of birth of adults and children in the family and in the household;
- Details of those holding parental responsibilities;
- Other significant information including legal status of the children;
- Checks of social work records in respect of family members, including the Child Protection Register in the locality the child lives in and those he/she is known to have lived in previously, 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 or is likely to be committed and that the police would wish to pursue through a joint investigation;
- Contact with staff from relevant agencies who are already involved with the child and family, including health and education to establish their present involvement and views of the current concerns.

Following the initial enquiries there will the following possible outcomes:

- Child Protection Procedures are invoked;
- Single agency assessment/support;
- Multi-agency assessment;
- No further action required.

When Compulsory Measures of Supervision might be required a referral will be made to the Children's Reporter

If it becomes clear during the initial enquiry process that a child is in need of immediate protection and formal Child Protection action is required, then Social Work services will initiate a Child Protection investigation.

If the outcome of the investigation is that a Child Protection Conference needs to be held, this should be no later than 21 calendar days from the notification of concern.

6. Child Protection Case Discussion

Sometimes it is necessary to convene a child protection case discussion at the initial referral stage if a case is particularly complex in order to share information and agree the next course of action. A Child Protection case discussion would be required when there are particularly complex Child Protection concerns which require further clarification. Strengths within the family and the family's capacity to co-operate with agencies should be discussed.

The Child Protection Case Discussion may take place in the following cases for example:

- Accumulation of concerns;
- Abuse by organised networks or multiple abusers;
- Sibling abuse, multiple abuse involving a number of children, internet abuse, child trafficking;
- Cases of sexual abuse;
- Inter-generational or institutional abuse;
- Reports of abuse or neglect against foster carers/staff members;
- Female Genital Mutilation (FGM).

Any agency may contact Social Work Services to request a Child Protection Case Discussion on a child about whom they have particular concerns. Social Work Services in discussion with the referrer will then make a decision as to whether to proceed to a CP Case Discussion or not. The referrer will be advised of the decision to proceed or not and provided with detail of rationale for supporting either course of decision.

7. Pre-Birth Child Protection Conference

A pre-birth Child Protection Conference may be convened when there is considered to be risk of harm to an unborn child and future risk upon the child's birth. A pregnancy may be considered high risk if one of the following circumstances exists within the household:

- Parental substance misuse;
- Learning disability;
- Domestic abuse;
- Serious mental health issue;
- Previous history of child abuse or neglect.

The Senior Social Work manager should consider convening a Pre-birth Child Protection conference about an unborn child if there appears to be risk of significant harm to the unborn child and/or when he/she is born.

Where serious professional concerns arise about the likelihood of harm to an unborn child, through abuse or neglect, these should be discussed at a pre-birth Child Protection Conference, at no later than 28 weeks pregnancy, or in the case of late notification of pregnancy, within 21 calendar days of the concerns being raised. Where an unborn child is considered to require a child protection plan to cover the period of birth, their name should be placed on the child protection register, together with the indicators of risk or concern.

The Pre-birth Conference can consider the following:

- Tasks to be undertaken by agencies to support and prepare parents before the child's birth;
- Whether the unborn child's name should be placed on the Child Protection Register;
- Whether there is a need for a Child Protection Case Conference and consideration of Registration post birth;
- Seeking a Child Protection Order at birth;
- Whether supervised access is required between the parents and the child and who will provide this if needed.

Parents and or carers should be invited to a Pre-birth Child Protection Conference and should be fully involved in planning for the child's future, unless this would increase the risk of harm to the unborn child, e.g. increase the risk of violence to mother and unborn child, prompting the family to avoid contact with the ante-natal services or move out of the area.

Liaison and discussion will take place with midwifery and health visiting services as appropriate.

Information Sharing

1. Sharing Information

An exchange of relevant information between professionals is essential in order to protect children.

Although those providing services to adults and children may be concerned about the need to balance their duties to protect children from harm and their general duties of confidentiality towards their patient or service user, the overriding concern must always be the safety of the child. Wherever possible, consent should be obtained before sharing personal information with third parties but when dealing with Child Protection concerns these must always override the need to maintain confidentiality or obtaining consent from families. The safety of the child is always the paramount consideration.

The basis for information sharing can be found across:

- **National Guidance for Child Protection in Scotland**;
- **Protecting Children and Young people: Framework for Standards (2004)**;
- **Sharing Information about children at risk of abuse or neglect: A brief guide to good practice (2004)**;
- **Data Protection Act (1998)**;
- **Child Protection Guidance for Health Professionals**; and
- **General Medical Council guidance Protecting Children and Young People**.

2. Information-Sharing for Child Protection: General Principles

Consent is not required where the protection of a child is at risk of significant harm. The safety, welfare and wellbeing of a child are of central importance when making decisions to lawfully share information with or about them.

Children have a right to express their views and have them taken into account when decisions are made about what should happen to them.

The reasons why information needs to be shared and particular actions taken should be communicated openly and honestly with children and, where appropriate, their families.

At all times, information shared should be relevant, necessary and proportionate to the circumstances of the child, and limited to those who need to know.

When gathering information about possible risks to a child, information should be sought from all relevant sources, including services that may be involved with other family members. Relevant historical information should also be taken into account.

When information is shared, a record should be made of when it was shared, with whom, and for what purpose, in what form and whether it was disclosed with or without informed consent.

Similarly, any decision not to share information should also be recorded.

Agencies should provide clear guidance for practitioners on sharing information. This should include advice on sharing information about adults who may pose a risk to children, dealing with disputes over information-sharing and clear policies on whistle-blowing.

3. Consent

Consent is not required where the protection of a child is at risk. However, whenever possible professionals should strive to engage with parent/s and or carer/s to gain their full co-operation in dealing with Child Protection enquiries and protecting children. In the spirit of co-operation with parents and carers they should be informed what, with whom and for what purpose their information is being shared unless this would put a child or another at further risk. Where parents refuse to co-operate this should not deter the overarching need to ensure the protection of the child. The need to protect the child must take priority in all Child Protection enquiries or investigations. Achieving co-operation must not delay action to protect a child.

Where consent is required for medical examination – see **Child Protection Investigations Procedures, Medical Examination**.

4. Terminology

It is recognised that over time the job titles of professionals (particularly within Social Work Services) have changed and for the purposes of these Child Protection Interagency Procedures a common use of Social Work services staff job titles have been used e.g. Social Worker, Senior Social Worker, Senior Operational Social Work Manager and Head of Service.

Child Protection Investigations

1. Planning and Joint Social Work and Police Investigation

The purpose of joint investigations is to establish the facts regarding a potential crime or offence against a child, and to gather and share information to inform the assessment of risk and need for that child, and the need for any protective action. *The joint investigation can also provide evidence in court proceedings, such as a criminal trial or a Children's Hearing proof*.

When an allegation or concern has been received that indicates a child may be at risk of significant harm and formal Child Protection action is required, then Social Work and the police have a duty to investigate and take necessary action to protect the child.

A joint investigation may normally be undertaken in cases:

- Involving familial abuse;
- Where the child is looked after by the local authority;
- Where there are particular difficulties in communicating and it is considered that social workers or other staff could contribute effectively to the investigation; or
- In any other circumstances, where it is agreed jointly by police and social work, that a joint approach would be beneficial to the enquiry.

While Social Work and Police have statutory responsibility to undertake child protection enquiries, it is the role of Health Professionals to consider the health needs of a child. Where it is decided that further child protection enquiries are necessary, relevant health services must be consulted about the possible health needs of the child.

In a joint investigation, key agencies such as social work services, the police and health services should plan and carry out their respective tasks in a co-ordinated way. *This should include discussion with the Named Person* but should not preclude any other agencies or individuals becoming involved. The Senior Social Worker and the appropriate Public Protection Unit supervisor will make contact to share information and agree whether a joint investigation is required and:

- Who will be responsible for co-ordinating the joint investigation;
- Whether there is a need for a full multi-agency planning meeting;
- Whether a Joint Investigative Interview is required;
- Who should undertake the joint briefing meeting between Social Work and Police pre-interview;
- Who is responsible for conducting the joint investigative interview;
- Who is responsible for the de-briefing;
- Make decisions as to how to proceed with supportive/protective interventions in order to protect the child.

The Senior Social Worker and the Police Public Protection Unit supervisor will agree who should investigate the notification of concern. The decision will either be for a joint investigation or alternatively a single agency investigation by either the Police or Social Work. In all cases Police and Social Work will record all details of the notification of concern, decision making and rationale, articulate risk and any control and counter measures required. Generally Social Work and Police will carry out a joint investigation in cases where there is familial responsibility or current Social Work involvement with the child and family.

On occasion the need to investigate timeously can dictate the need for a single agency investigation. Good practice would dictate that this would be the exception rather than the rule. The reasons for conducting single agency investigations should be recorded.

Each agency involved in this initial discussion should ensure that a record is maintained of the discussion, information available, decisions made and rationale. These records will document the analysis and assessment of risk, having regard to the actual and potential likelihood or risk of significant harm from abuse or neglect.

2. Alerts to the Child Protection Register

As soon as a child protection investigation is initiated the social worker must ensure that this is recorded on local systems in accordance with their local arrangements.

If it is thought that further concerns are likely to occur out with normal working hours the social worker should advise the team leader and place an Alert with the Out of Hours social work service

If a child protection investigation is undertaken in relation to a foster carer or an approved kinship carer, the investigating authority must notify the authority where the foster carer or kinship carer lives and alert them to any concerns regarding any other children in the family. The investigating authority must also notify the managing authority of the foster care resource (if different). Where a decision to continue a Child Protection Case Conference and delay registration is made the case will continue on alert at the child protection register and the same supports should be provided to the family as would apply to a registered case, including the allocation of a social worker.

If the family of a registered child moves suddenly without leaving any indication of their new address the social worker should immediately inform the team leader. The team leader should immediately advise the relevant fieldwork manager. If the child is the subject of a supervision requirement or current proceedings within the Children's Hearing system, the team leader should immediately notify the Authority Reporter. The social worker should place an alert with the child protection register (central and local).

3. Social Work out of Hours

Every area provides year round 24 hour access to social work services. Out with normal office hours a ‘standby’ or ‘out of hours’ service is available for emergency support, including access to the Child Protection Register. They also act as a conduit to local senior social work managers if this is required.

There are four points of communication with the Register and Out of hours social work service.

- A check to see if the family is known (this is not an alert);
- Notification of an ongoing investigation;
- Notification of registration;
- Alert to possible child protection problems which may arise out of hours and advice to Out of Hours social work service on what to do. This is an alert to the Register. It is important to notify Out of Hours social work service when an alert is no longer required and ensure local data systems are updated.

There are discrete ‘stand by’ or ‘out of hours’ services that cover selected local authority areas in the West of Scotland CP consortium area.

Covering

- Argyll and Bute Social Work Emergency Service - 01631 566491.
- Dumfries and Galloway – 01387 273766
- East, North and South Ayrshire - 0800 328 7758;
- East Dunbartonshire, East Renfrewshire, Glasgow, Inverclyde, Renfrewshire and West Dunbartonshire - 0800 811 505;
- North Lanarkshire - 0800 121 4114;
- South Lanarkshire - 0800 678 3282;

4. Initial Referral / Tripartite Discussions

***Note**: Argyll and Bute staff should refer to their own local protocol at **Argyll and Bute Initial Referral Tripartite Discussion (IRTD) Guidance** which varies from that described below.*

*Dumfries and Galloway staff should refer to their own local protocol at **Dumfries and Galloway CPC Initial Referral Discussion Inter Agency Procedure** which varies from that described below.*

Once social work and the police have agreed a joint investigation is necessary they must have an initial referral/tripartite discussion. This may:

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

An Initial Referral/ Tri-partite Discussion is an agreed procedure between health, social work and police whereby in every Child Protection investigation the responsible social worker will phone the relevant Health Child Protection Advisors who will discuss the child's health needs and agree if a the child's needs to see a doctor, start to gather and share additional health information on the child/children and adult/s available from data searches across health record systems.

While social work and police have statutory responsibility to undertake child protection enquiries, it is the role of health professionals to consider the health needs of a child. Where it is decided that further child protection enquiries are necessary relevant health services must be consulted about the possible health needs of the child. A comprehensive medical assessment should always be considered in cases of child abuse and neglect, even when information from other agencies show little or no obvious health needs. In parallel with the gathering of information and initial assessment of risk and need this discussion should also cover the possible or likely need for a medical examination /comprehensive health assessment and if required who should conduct it and where and when it should be conducted. There should be no delay in proceeding with the Child Protection investigation whilst awaiting Health information unless it is imperative to the investigation.

Taking into account the advice from health, education and any other relevant agencies, the need for any medical examination, the designated persons in social work and police will decide on the appropriate course of action regarding a single agency or joint investigation (see **Section 14, Medical Examination** for further information).

5. Complex Cases

Planning meetings/ case discussions should be convened where it is felt appropriate e.g. complex cases, sexual abuse, inter-generational abuse, multiple alleged victims/perpetrators or when children have particular communication needs, Female Genital Mutilation (FGM) etc to share information and decide how best to progress investigation.

If needed and if no immediate risk has been identified there should be a planning meeting involving all of the relevant agencies, at which risks may be re-assessed and initial plans would be drawn up. Such plans would cover the handling of the interview. It may also be appropriate to plan at this stage for a medical examination.

The purpose of this meeting is to share in detail all information gathered, as well as the nature of the concern. A decision should then be made as to the course of action to be taken and timescales set for those actions to be carried out. The meeting should then plan the management of the investigation and co-ordinate the gathering of necessary information.

Matters to be discussed

The Planning meeting should be used to:

- Agree who will form the investigating team and their roles as interviewers;
- Agree what action is needed immediately to protect the child, and to provide interim services or support while enquiries are taking place;
- Share all available information;
- Agree the timing and location of the interviews;
- Agree plans to record the interview;
- Plan how the investigation should be handled, including the need for a medical examination and treatment. This should be planned with appropriately trained medical staff and any appropriate medical report obtained decide:
- Who is to be interviewed;
- By whom;
- When;
- Where; and
- With what purpose.

This will include interviewing the original referrer if this has not already been done, and where appropriate:

- Agree whether or not the investigative interview with the child should be visually recorded, with reasons for this decision;
- Agree who else needs to be present at the investigative interview with the child;
- Decide whether or not it is in the child’s best interest to seek consent from the parents for interviewing the child if not record why not;
- Obtain the child's permission to interview them and record that the child's views were sought if appropriate, decide who is to contact the parents and obtain

consent for interviewing the child, any visual recording and medical examination;

- Consider what steps should be taken if a parent or child refuses consent for interview or medical examination;
- Consider the child's level of development, any disability or any language issues, and what arrangements might be needed to offer the child an interview in their language of choice;
- Consider the needs and safety of other children who may be affected, e.g. siblings and other children in contact with the alleged abuser and whether to extend the investigation to include any of these;
- Other children. It is often appropriate to have medical examinations of all siblings;
- Agree who will interview the alleged abuser and when;
- Determine what information will be shared with the child and family members, unless such information sharing may place a child at risk of significant harm or jeopardise police investigations into any alleged offences;
- Decide to whom the investigating team will report, with what frequency and how progress will be reviewed;
- Safety of staff;
- Arrangements for briefing and debriefing staff;
- Record all interviews and sign them jointly.

All decisions reached at the investigation planning meeting and the basis for those decisions should be clearly recorded and agreed by the parties to the meeting. Copies of these records must be maintained on the respective agency systems.

If there is a disagreement on the appropriate response to a referral, the unresolved issues should be reported to senior officers in social work and the police in order to seek a consensus decision. These steps must be taken quickly and must not introduce undue delay into the process.

In some child protection investigations the need to protect the child means that often immediate action is required and there may be no time or need to co-ordinate a planning meeting. In these situations, the senior social work and Public Protection Unit police supervisor may decide to move directly to a pre-interview briefing meeting with social work and police staff.

6. Pre-Interview Briefing Meeting

When undertaking a joint investigation Social Work and Police staff must be briefed together. Either the Senior Social Worker or the Public Protection Unit Police supervisor can undertake the briefing. This meeting will take place preferably face to face or in exceptional circumstances over the telephone. It should happen prior to the interview.

The purpose of the briefing is to ensure that those who undertake the interview are provided with all detailed information gathered to that point and leading to the decision to conduct a joint investigative interview and to:

- Discuss the needs of the child, including any additional support needs and/or any complicating factors in the case;
- Agree on the interview location – subject to consultation with the child and carer;
- Outline the procedure, recording of interview details;
- Agree the roles and responsibilities of each interviewer;
- Allow for speedier and more informed progress in the investigation since risk assessments can be carried out together and reduce the number of interviews that need to be conducted.

The circumstances leading to the investigation

The intended course of action to be taken

What role the workers will undertake during the investigation

Joint investigative interviews will be undertaken by suitably trained police officers and social work staff in accordance with the **national guidance on joint investigative interviewing child witnesses in Scotland** and the Association of Chief Police Officers in Scotland (ACPOS) Scottish Investigators Guide to Child Protection, as well as each agency's Child Protection Procedures.

If there has not been time to have a planning meeting Social Work and Police staff should consider the issues outlined in the list under the previous Child Protection Investigation section as well as undertaking the specific planning for the joint investigation interview.

7. Joint Investigative Interview

An 'Investigative interview' is a formal, planned interview with a child, carried out by staff trained and competent to conduct it, for the purpose of gaining the child's account of the circumstances which prompted the attention of the investigating agencies. This interview should be child-centred and sensitive to the child's needs.

The investigation team must be trained and have completed the Joint Investigative Interviewing Training (JIIT) approved by the Police Scotland and Social Work Scotland.

The investigation team must be clear prior to commencing the interview of the purpose and nature of the interview they are undertaking. It is important that this interview is not undertaken as a therapeutic interview.

Best practice outlines that where equipment is available, JII interviews will be visually recorded. If there are specific reasons why this may be inappropriate e.g. the alleged offence involved video-recording or photography of the victim. Where a JII is not visually recorded, the reason for not visually recording the interview must be documented in case files and verified by an agency supervisor.

If interviews have to take place on an emergency basis and recording equipment is not available or able to be used, then the interview should be recorded in a handwritten format.

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 establish whether a crime may have 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.

Interviews should always be tailored to the child, and to the circumstances of the investigation. In planning any joint investigation, consideration should be given to:

- The child or young person's emotional state;
- Whether an adult should be present to provide support and, if so, who this should be;
- Any communication or interpreting facilities that may be required;
- Any specialist input that may be needed;
- A disability; and any physical or mental health requirements.

Additional details on planning a joint investigative interview can be found in the national guidance on interviewing child witnesses in Scotland. Key planning points include:

- Parents should be given a copy of any available child protection leaflets, by the Social Worker, that outline why a child protection visit has taken place and what will happen next.
- The child should be given a copy of any available child protection leaflets, by the social worker, that outline why a child protection visit has taken place and what will happen next.

Following the interview, the Supervisor/ Manager must check that the Interviewers:

- Make sure that the consent form has been signed;
- Review the visual recording as necessary;
- Check and agree the manual record- original to be held by police;
- Provide a copy of the manual record to the social work interviewer;
- Seal the master copy of the visual recording;
- Check and label any productions from the interview.

8. Debriefing

Debriefing of the investigation team is essential and is the responsibility of the identified Senior Social Worker or Police supervisor to ensure this happens. Ideally this would again happen face to face and include both agencies. It is a structured meeting during which both Social Work and Police designated workers are required to update the Senior Social Worker and the Police supervisor. The debriefing will allow those involved fully to explore and assess the information received and make a joint decision how to proceed and also discuss the impact of the interview on the workers.

As with the briefing meeting the debriefing meeting decisions should be recorded, signed and stored by both agencies and the outcome of the enquiry recorded in each of the agencies appropriate paperwork. If there are any further interviews of the child required, then the investigation workers should be briefed on the purpose of this interview taking account any issues arising from the previous interview.

9. Requirements of Evidence

The legal frameworks for protection of children in Scotland can be dealt with through the Scottish Children's Reporter Administration (Reporter)or Procurators Fiscal's Office. These two processes can be accessed separately or may run in parallel depending on the situation. The Reporter and the Procurator Fiscal have different requirements regarding their required standards of proof. This is significant where issues of child protection are concerned. 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 to criminal proceedings standard of proof, 'beyond reasonable doubt'.

The Reporter is able to rely upon hearsay evidence (for example, a carer's account of a conversation with a child). 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/or any supporting evidence, is of a sufficient standard.

It is important that practitioners are aware of these differences when they are providing information to the Reporter or the Procurator Fiscal. Best 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 (i.e. meets the standard on 'balance of probability').

10. Child Witness

If a report of child abuse or neglect proceeds to prosecution, the Social Work Services staff should discuss with the Police any concerns about the risk of further abuse or interference with witnesses in the case. This ensures such matters can be considered by the Police and Procurator Fiscal when decisions are being taken by the court about bail and any conditions which may need to be attached to bail, if granted. The sheriff will decide whether to grant bail or not.

If an alleged perpetrator of abuse is to be prosecuted, child victims should always be provided with support and information and prepared for the experience of being a witness in court. The local authority and other agencies need to consider a range of issues if the child needs counselling or therapy before criminal proceedings are concluded. The needs of the child are paramount, and counselling should not be withheld solely on the basis of a forthcoming prosecution. Agencies must consider the potential impact of an unsuccessful prosecution or the impact of cross-examination of a child, and the implications for future protection of that child and others if a prosecution does not succeed.

Any therapeutic intervention must always be discussed with the Procurator Fiscal before proceeding and with reference to National Guidance on therapeutic interventions in investigation. Where counselling does take place, the person(s) offering counselling may be called as a witness to explain the nature, extent and reasons for counselling. Any counselling support must focus around advice to keep the child safe and not be directly about the actual abuse as this may be viewed as rehearsing or corrupting evidence with a witness.

Welfare agencies Workers should discuss this with the Procurator Fiscal so that he or she can be aware of the potential impact of such counselling on any criminal proceedings. In order to alleviate the stress for a child giving evidence special measures may be put in place, including a support person present, the use of screens to hide the accused from the child, or a live television link when the child is giving evidence.

Attention should be paid to the vulnerable witness legislation and guidance. The child may also give evidence on commission.

For further information refer to:

Vulnerable Witness (Scotland) Act 2004

Special measures for vulnerable adults and child witnesses; a guidance pack (2005)

The Code of Practice to facilitate the provision of therapeutic support to child witnesses in court proceedings (Scottish Executive, 2005a)

11. Decision after the Joint Investigation

The social worker will, in partnership with relevant agencies, continue to consider the necessity of any protective or other wellbeing considerations required throughout the investigation. The outcome of the investigation will be incorporated into any agency records/computer systems and a child protection investigation form will be completed. All relevant information gathered during the investigation will be recorded on the child protection investigation form including, details of the initial referral, family background, strengths and areas of concern, assessment of risk and the needs of the child. It will also include a recommendation of any further action required to protect the child and whether a child protection conference is necessary to and ensure their safety and wellbeing in the future.

Assessment is an ongoing process and continues once the investigation is complete. Information gathered during the investigation will support ongoing assessment processes which will consider the needs of the child and future risk and the information can support any integrated assessment processes.

The **National Practice Model** and **National Risk Framework** provides a structure and tools for helping to collect and analyse information obtained within the child protection investigation. It involves assessing the needs of a child and the capacity of their parents or carers or wider family networks adequately to ensure their safety, health and development.

Where a child protection intervention is required, the Childs Plan will exist and incorporate a Child Protection Plan for as long as this is deemed to be necessary.

12. Possible Outcomes Following Investigation

After the debriefing the relevant Senior Manager in Social Work will decide whether a Child Protection Conference is required. The Senior Social Worker will ensure that the relevant report is completed by the designated Social Worker within 5 working days on the completion of the investigation. The reasons for holding or not holding a Child Protection Conference will be recorded and countersigned by the Senior Social Worker and designated Social Work manager. The Senior Social worker will ensure that all appropriate agencies and significant people are informed of the outcome of the investigation. The initial Child Protection Conference should be held as soon as practicably possible and no later than 21 calendar days from the notification of concern.

Following the Child Protection investigation, the Senior Social Worker will make the decision as to what action is necessary to protect the child and decide upon one or more of the following courses of action:

- No further action;
- Single agency action (e.g. Social Work support services);
- Multi-agency assessment;
- Initial Child Protection Conference;
- Emergency actions and/or measures to protect the child if he or she is thought to be at imminent risk of significant harm;
- Referral to SCRA.

All decisions made should be clearly recorded and signed by those making the decisions.

13. Feedback to Referrer

Once the outcome of the child protection investigation is known feedback should be provided to the referrer. If the referral has been received from a member of the public, this feedback should be in a manner consistent with respecting the confidentiality of the child and the family. Written acknowledgement and relevant follow up information should be provided as appropriate. In some cases, the referrer may wish to challenge the outcome of their referral. Professionals should make representation via their own line manager and also by reporting their concerns to the senior manager in Social Work responsible for child protection. Members of the public should be advised to use the agency complaints procedures.

14. Medical Examinations

Consideration should always be given to the need for a medical examination of each child about whom there are concerns. There should be close liaison with Health Police and Social Work to avoid the need for repeated medical examination for investigative purposes. Social Worker and the Police coordinating the investigation should discuss the need for a medical examination as part of the Initial Tripartite Referral Discussion with Health colleagues and if it is agreed that it is required Health Services and Police should identify a suitably qualified paediatrician or forensic medical examiner, and agree the timing and location of the examination.

Although a medical examination is not a requirement in every investigation, it needs to be considered regardless of whether the child has any apparent or visible injuries or appears neglected. The medical examination should be dispensed with only where the appropriate Health professional determines that the child's health and welfare is not at risk and those managing the investigation are satisfied that they can achieve the purposes of the investigation without it.

Those reasons will need to be clearly recorded.

The Initial Referral / Tripartite Discussion involving Social Work, Police and Health should consider:

- Whether or not a medical examination or assessment is required and what it is likely to achieve?
- What type of medical is required?
- Who should conduct the medical?
- Where it should be conducted?
- When it should be conducted?

The types of medical examination/assessments which should be considered include:

- Medical examination to determine the level of injury and need for forensic/paediatric examination. Forensic/paediatric examination.
- Comprehensive medical assessment conducted by a paediatrician which may identify the need to involve a range of specialist health services i.e. paediatric follow up, psychological assessment, dentist etc.

A comprehensive medical assessment should *always* be considered in cases of child abuse and neglect, even when information from other agencies show little or no obvious health needs.

The purpose of any medical examination or assessment is:

- To ensure the child’s condition is medically assessed and treatment given as appropriate;
- To re-assure the child as to his or her wellbeing;
- To obtain an assessment about possible indications of abuse;
- To ensure that any injuries or signs of neglect or abuse are noted for evidential purposes;
- To secure forensic evidence.

The child's welfare is the paramount concern and the gathering of evidence must not become an additional source of discomfort in the child's life.

The need for forensic evidence to be obtained should always be considered as secondary to the need for medical treatment of a child.

If the referral concerns physical injury or severe neglect a medical examination should be arranged, if possible, the same day. In cases of any alleged sexual abuse, which is reported to have occurred within the previous 7 days, a medical examination should be considered, as a matter of urgency. This will be to protect the health of the child and to secure and preserve evidence. Where a medical examination is required but not immediately, this can be arranged to suit the child, family and relevant professionals.

Consideration must also be given to the need for any other connected children in the household to be medically examined.

The examination is both clinical and forensic and should only be undertaken by a suitably qualified paediatrician and, or a forensic medical examiner. A joint examination may be necessary in some cases.

The investigating team should fully brief the examining doctor. Appropriate consent for examination must be obtained, ideally by the doctor undertaking the examination, prior to any examination.

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, unless there are urgent of life-threatening medical needs. However, the examining doctor may submit notes based upon any observation of obvious injury, behaviour and so on.

Where parents/carers withhold consent and the child is unable to give informed consent, then the following possibilities should be considered:

- The Procurator Fiscal can consider obtaining a warrant if a medical examination is thought to be necessary for the purposes of obtaining evidence in criminal proceedings.
- The local authority can apply for a child assessment order.
- The local authority can apply for a child protection order.

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 an order as stated above. 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.

The doctor should explain the purpose of the examination to the child. The child (unless he or she has given an informed refusal) should have a parent or supportive adult present during the examination. The child needs to be told that information gained by examination will be shared with others and may also be read out in court or the children's hearing. The child and parents should always be offered the opportunity of discussing any health issues with a doctor experienced in this work.

A child (who is capable of giving consent) can still refuse to give consent to a medical examination or treatment even if a court order exists with a condition for medical examination.

If the medical and forensic examination concerns sexual abuse of a child under 16, the informed consent of the non-abusing person with parental responsibility and, where appropriate, that of the child/young person must always be obtained in writing. If the Police or Health practitioner conducting the medical requires to take photographs of the child's injury/ies additional consent must be sought from the child/young person.

In exceptional circumstances where it would not be in the best interests of the child to seek the consent of a parent or carer before the medical examination, legal advice must be sought.

15. Medical Reports

All medical examinations must result in a clear and full report of the findings, including the doctor's interpretation and conclusions. These reports will be required by the other agencies involved in caring for the child and for the procurator fiscal and Children's Reporter.

Medical reports of joint forensic examinations should be given to the police, Reporter, and social work within 5 working days of the examination. A discussion of the findings will however have taken place immediately following the examination.

If a child protection order is being sought, a medical report should ideally be provided within 4 hours of the request.

Initial Child Protection Case Conference

1. Child Protection Conferences

A core component of GIRFEC and of the **Children and Young People (Scotland) Act 2014** is the Child's Plan. Within the context of child protection activity, where this plan includes actions to address the risk of significant harm, it will incorporate a child protection plan and any meeting to consider such a plan is known as a child protection conference.

The function of all child protection conferences is to share information in order to identify risks for the child collectively and the actions by which these risks can be reduced.

A Child Protection Conference should be convened as soon as practicably possible and no later than 21 calendar days from the notification of concern.

There are four types of child protection conferences:

- An initial child protection conference considers the circumstances of a child or children who are not on the register and about whom there are child protection concerns;
- A review child protection conference reviews the circumstances of a child or children whose name is already on the child protection register and reviews the decision to place the child's name on the child protection register. The first of these should be held within 12 weeks of the initial CPCC and then subsequently, every 12 weeks thereafter. In exceptional circumstances reviews may be extended to six monthly, with the explicit agreement of the conference;
- A pre-birth child protection conference, considers the risks to an unborn child and future risks upon the child's health and wellbeing. This should take place no later than at 28 weeks pregnancy or, in the case of late notification of pregnancy, as soon as possible after the notification of concern and, in any case, within 21 calendar days;
- A transfer child protection conference specifically covers the transfer of information about a child where a child protection plan is in place and the family are moving to another local authority area.

Any agency or representative can make a request to hold a child protection conference by contacting the relevant senior manager in Social Work at any time. The decision to hold a case discussion/conference will be determined by Social Work and reasons and rationale supporting this decision provided to referrer in writing.

2. Initial Child Protection Conferences

The Initial Child Protection Conference brings together family members, the child where appropriate, and those professionals most involved with the child and family, following a child protection investigation.

Participants should be given a minimum of 5 calendar days notice of the decision to convene an initial child protection conference whenever possible. The purpose of the initial child protection conference is to allow representatives from across services to share information about a child for whom there are child protection concerns, jointly assess that information and the risk to the child and determine whether there is a likelihood of significant harm through abuse or neglect that needs to be addressed through a multi-agency child protection plan. The initial child protection conference should also consider whether the child is safe to remain at home and whether a referral to the Scottish Children's Reporter administration is required.

The designated chair will meet with the child and parents or carers in advance of the meeting whenever possible to explain what will happen and answer any questions that they may have. This is in addition to the requirement for the lead professional to prepare the parents or carers and child for attendance.

Once the decision has been taken to proceed to an Initial Child Protection Conference the lead professional will be the responsible worker who will continue to support the child and family and liaise with all relevant other professionals up until and after the conference. This responsibility will continue until another lead professional is allocated, if applicable.

The lead professional must:

- Continue to keep all relevant professionals informed regarding the progress and decisions made regarding the child protection investigation, seeking their views and agreeing actions necessary to support the child and family through this process;
- Liaise closely with the child and family by keeping them informed of the progress and decisions made regarding the investigation, seeking their views and agreeing necessary actions necessary to support them through the child protection process;
- Prepare the child protection report and update the relevant agency records e.g. computer system information etc. This report should provide a clear overview of the risks, vulnerabilities, protective factors and the child's views. Other children in the household or extended family should also be considered. The report will include the details of the social work, health and police involvement, information from all other involved services and the assessment of significant harm and future risk to the child;
- Ensure that the child protection report considers the need for compulsory measures and referral to the Children's Reporter.

The initial child protection conference will consider whether the child's name should be placed on the Child Protection Register and a Child Protection plan developed. The Child Protection plan will be incorporated within the Child's Plan and should detail the perceived risks and needs; what is required to reduce these risks and meet those needs; and who is expected to take any tasks forward including parents/carers and the child themselves. Specific timescales should be attached to actions.

Social work services are responsible for convening, Chairing and minuting the initial child protection conference. The responsibility for organising the conference lies with the designated social work manager.

The designated Child Protection administrator in consultation with the designated Chair will arrange a date, time and venue for the initial child protection conference within 21 calendar days of the notification of concern. If the designated Chairperson decides to convene an Initial Child Protection Conference outwith this timescale he or she must record the reasons for this decision in writing in the case file. Where possible the timing of the conference should take account of the availability of other agencies and family members.

3. Attendance at Child Protection Conferences

Participants should be given a minimum of 5 calendar days' notice of the decision to convene an initial child protection conference whenever possible.

Those attending conferences should be there because they have a contribution to make arising from professional knowledge of the child or family or circumstances of the concern or both. Attendance should be limited to those who need to be there. Whilst the Chairperson will set out the focus and parameters of the conference each participant should be clear about the reason for, and the purpose of the conference, why he or she is present, and their current involvement with the child and family.

The appropriate designated Social Work Chair, in conjunction with the named person, lead professional and senior social worker, will decide who to invite. Consideration should be given to inviting the following:

- The child;
- Parents, carers and family members, including all those with parental responsibility;
- Social Worker and other social work staff who have undertaken an assessment of the child and family;
- The Police;
- A representative of the child's school or pre 5 establishment and any other education staff involved with the child e.g. school based Social Worker, educational psychologist or youth worker;
- Relevant primary and acute health professionals;
- Child and Adolescent Mental Health Services;
- Any other member of staff from the Social Work department e.g. addiction service workers/Family support workers/Criminal /Youth Justice workers;
- Local authority legal services (child care);
- Adult mental health services/addiction services;
- Scottish Children's Reporter Administrator (SCRA);
- Third sector Organisations e.g. Women's Aid, Children 1st, Barnardo's etc.;
- Housing/support workers;
- Children's Advocacy workers;
- A representative of the Armed Services, in cases where there is a service connection.

Whilst it important to ensure that all relevant professionals are in attendance, this needs to be balanced with the need to effectively engage the family in the process, in order that they understand the information being shared. Large meetings can hinder this.

Attending and being involved in a formal meeting where decisions are being made about parents and their children can be very difficult therefore it is crucial that the lead professional must prepare the child and family beforehand. This will include reading and discussing the information contained within the Social Worker's CP1 report and ensuring that the child and parents or carers views are available to the meeting. Any other written reports should also be seen by the parents or carers prior to the conference whenever possible.

The lead professional should assist the child and parents or carers to complete the relevant child and parents views forms to ensure that the child and parents views are gathered using relevant electronic forms or written pro-formas. The child and parent’s views will be taken into account when decisions are being made. The parents and children should also be given a copy of any existing Child Protection leaflets and have these explained in order to know what exactly will happen at the Initial Child Protection Conference and what possible outcomes there could be.

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

Interpreters should be used where the family's first language is not English, or where anyone has additional needs because of a disability.

Professionals should let the Chair of the conference know as soon as possible any particular requirements for the conference, for example for sign or language communicators, separate attendance by family members and possible exclusions.

4. Reports for the Conference

All of those workers attending the Initial Child Protection Conference should prepare a written report or contribute to a composite report stating their involvement with the child and their family.

Those who are not able to attend should also prepare and submit a written report prior to the meeting or contribute to a composite report.

Each worker attending the conference should provide in their report their involvement with the family and their knowledge of the child's health and development as well as their view of the parents' capacity to protect the child and promote their wellbeing. Written reports or composite report should be given to the conference Chair before the conference. Each worker should arrange to explain and discuss the contents of their report with families at least 24 hours before the conference if possible. Agency representatives must come to the conference expecting to highlight the main points of the report they have prepared.

All children require their own plan and workers should address the needs of each child within the family separately even though only one report is produced. They should check their records for factual data such as immunisation history, clinic attendance, school attendance etc.

Information pertaining to significant adults in the child's life should be included in reports. Relevant adult records should also be scrutinised. Any particularly sensitive information or information which may be confidential should be drawn to the attention of the Chair. Similarly, any professional concerns about possible violence or intimidation should be communicated in advance to the Chair.

Reports from all agencies or composite reports should include:

- Basic information;
- Nature of involvement with the family;
- Knowledge or involvement in current incident/cause for concern;
- Chronology of significant events;
- Frequency of contact and date last seen for each child;
- Development/wellbeing details of each child;
- Background/previous concerns;
- Analysis of the family's engagement with services.

Health personnel will collate relevant health information appropriate to that professional, including that pertaining to parents (and carers) as it affects parental capacity to adequately provide for the health, safety and wellbeing of the children.

Education personnel will collate and check all relevant records, including school attendance and pastoral information.

The Police will check records of all known adults who have a significant involvement with the child. Their report needs to contain all previous convictions.

The Criminal/Youth Justice service will check records including licence conditions.

Representatives of other agencies will prepare and provide written reports or contribute to a composite report as appropriate.

The views of children, parents/carers must be sought and reflected in the relevant reports provided for conference. Appropriate methods should be utilised to assist children and young people and those with communication difficulties to express their view and help inform conference decision making.

Child protection report to case conference

The Social Worker will prepare a report that summarises and analyses the information obtained in the course of the child protection investigation and any historical information, or previous assessment.

Their report should include:

- The initial assessment and information from the work that has been done with child and family so far; a chronology of significant events and agency and professional contact with the child and family, including a timeline of the events which brought the case to the Child Protection conference.

Areas where more information is needed should be highlighted; significant aspects of the child's current and past state of health and development; report of the Child Protection investigation and brief description of events; information on the capacity of the parents and other family members to ensure the child's safety from harm, and to promote the child's health and development; the expressed views wishes and feelings of the child, parents and other family members; assessment of risk and any child protection action taken; an analysis of the implications of the information obtained for the child's future safety, health and development; recommendations for future work with the child and family and analysis of the family's engagement with services. The report should distinguish between fact, opinion, observation, allegation and assessment and should include contributions from all relevant agencies.

5. Medical Reports

All medical examinations must result in a clear and full report of the findings, including the doctor's interpretation and conclusions. These reports will be required by the other agencies involved in caring for the child and for the procurator fiscal and Children's Reporter.

Medical reports of joint forensic examinations should be given to the police, Reporter, and social work within 5 working days of the examination. A discussion of the findings will however have taken place immediately following the examination.

If a child protection order is being sought, a medical report should ideally be provided within 4 hours of the request.

6. Agenda

The Initial Child Protection Conference will follow an agenda giving consideration to the following:

- The purpose and the tasks of the conference introductions, apologies, confidentiality, agency roles with the family circulation of reports details of the events leading up to the child protection conference information from the child protection investigation and any assessment to date including, a clear overview of risks, vulnerabilities, and protective factors.
- Background information from all agencies, including past and present involvement a summary of all the main information, provided by the Chair the views of children and family members, consider whether or not to place the child's name on the Child Protection Register consider risks to any other children in the household consider the need for an appropriate comprehensive medical assessment/examination consider whether emergency measures are required to protect the child consideration of the risks of harm if the child remains at home, and explicit recommendations for how the risks can be managed consider the need for a referral to the Children's Reporter whether or not a claim for criminal injuries can be made consideration of the need for appropriate legal advice. The social worker will be asked to present the circumstances leading up to the child protection investigation and give an assessment of the risk of significant harm and the needs of the child. The Chair will then ensure that each participant provides a succinct synopsis of their report. The Chair or the social worker should update the meeting with any other information provided from key people who are unable to be present.

The Chair should ensure that the child and their parents or carers views are properly represented and taken into account.

7. Minutes

The written record of the conference is a crucial working document for all relevant professionals and the family. All child protection conferences, both initial and review, should have a trained administrator to take notes and produce the minutes of the meeting. The minute taker should have no other role in the conference and no involvement in the case and should have undergone training in Child Protection minute taking.

Members of the Child Protection Conference should be able to use the Child Protection Conference minutes as a crucial working tool.

The minutes should include:

- The essential facts of the case;
- A summary of the discussions at the conference which accurately reflects contributions made and clearly distinguishes between fact and opinion;
- Views of parent/s and child/ren a clear analysis of risk to the child;

All decisions and recommendations reached, including responsibilities and timescales, with information outlining the reasons for decisions, including whether the conference decided to place the child or any other children in the family on the Child Protection register.

- Decision to refer to the Reporter;
- Identification of the membership of the core group of key professionals responsible for the plan;
- Identify the lead professional and senior social worker;
- An outline or revised child protection plan enabling everyone to be clear about their tasks;
- Any dissension from the conclusions, decision or recommendations of the conference;
- Appeals and/or complaints;
- Date of review child protection conference.

Where possible note of decisions of the conference should be formally provided to all relevant persons, including family and child within 24 hours.

Minutes should be prepared to a consistent format, in line with the agenda, recording contributions, decisions and recommendations in a clear and concise manner allowing them to be traced and justified. They will be clear as to who was invited, who attended and who received copies of the minutes. If translation is required a revised copy of both the decisions and minute can be provided on request. The chair should agree the accuracy of the minutes before they are distributed. A copy should be sent within fifteen working days after the conference to all those who attended or were invited to attend, including family members, except for any part of the conference from which they were excluded (the protected period). The minutes should be marked 'Confidential' and 'For the attention of'. Conference participants who think that something in the minutes is inaccurate or an incomplete record or who are uncertain as to their meaning, should send their comments to the chair within ten

working days of receiving the minutes. Any agreed changes should be recorded by the chairperson as an addendum to the minutes. The chairperson of the meeting will sign the final minute.

The minutes are confidential and should not be passed by professionals to third parties without the consent of the chair except where transfer is made to another office of the same agency. Minutes and other records associated with the registration process should be retained by the agencies receiving them in accordance with their record retention policies. In cases of criminal proceedings, the police may reveal the minutes to the Sheriff in accordance with the criminal procedure.

Parents who attend will receive a copy of the minute but no information from the protected period may be shared. Where parents do not attend an outline of the decisions and action points of the conference will be shared with them at the earliest opportunity.

The child will be supported to understand what is included in the minute by the social worker, and unless they are too young, will also be provided with a copy of the minute.

8. Quorum

A minimum of three agencies or professional groupings will normally need to be present before a conference can proceed. However, situations may arise whereby only two agencies or professional groupings are present. In these circumstances, the Chair has the discretion for the conference to go ahead as long as he or she is satisfied that all essential information is available, particularly from the key agencies involved. There should never be a single agency Child Protection Conference. All professionals and agencies who are invited to attend an Initial Child Protection Conference should submit a written report, whether or not they are able to attend.

Where a conference is not quorate it should not ordinarily proceed and in such circumstances the Chair must ensure that:

- An interim single agency child protection plan is produced, and
- Another conference date is set immediately.
- Any necessary protective action to secure the safety of a child at risk of significant harm must not be delayed because a Child Protection conference is pending.

9. Conference Chair

Child protection case conferences will be chaired by senior staff members, experienced in child protection, who are competent, confident and capable. It is critical that the chair has a sufficient level of seniority/authority within their own organisation and is suitably skilled and qualified to carry out the functions of the chair.

The chair, wherever possible, should not have any direct involvement with or supervisory function in relation to any practitioner who is involved in the case.

They should be sufficiently objective to challenge contributing services on the lack of progress of any agreed action, including their own.

While the chair will in the majority of instances be from social work services, where an individual could fulfil the required criteria, it is possible for a senior staff member from a different agency or service to undertake the role.

The chair should be able to access suitable training and peer support.

10. Involvement of the Child's Parents/Carers

Purpose of involvement

Parents should be encouraged to attend the conference because they have an important contribution to make. The importance of working in partnership with parents and family members underpins all child protection work and there is a need to establish openness and honesty between professionals and families from the outset of the child protection investigation.

Partnership with parents is an essential element for ensuring success in child protection work and a firm commitment to this principle is considered central to efforts to reduce or eliminate the potential of further abuse or risk of significant harm.

There is a need however to go beyond simplistic definitions of partnership and develop a critical and informed understanding of this in relation to child protection work. Practitioners must acknowledge the inherent conflict and power differentials present in child protection work and, in all circumstances, ensure the needs and interests of the child remain paramount.

The Child's needs are paramount however, consideration has to be given to the separate needs of the parent/s and child. The chair is responsible for ensuring that both child and parent are given every opportunity to express their views while also appropriately managing the meeting. Adults (and any children) who wish to make representations to the conference may not wish to speak in front of one another, or information regarding another family or other highly sensitive information may need to be shared. It may not always be appropriate / possible to accommodate all family members at all times, particularly if one parent is the alleged abuser.

Preparing the parents or carers – the role of the Social Worker/Lead Professional or other relevant worker

The social worker/lead professional should inform the parents of the process that will be followed and ensure that they understand the purpose of the conference and who will attend. Attendance is not the same as participation. All family members attending the conference should be properly prepared by the social worker/lead professional. As well as involving them in the Child Protection investigation this means: explaining the contents of the child protection investigation report and the recommendations, in good time for them to consider the contents explaining the report content including their views on the report, and ensuring they have received and had explained to them any existing Child Protection leaflets explaining to them the nature and purpose of the CP Conference and who will be at the conference and what will happen.

If the involvement of parents is to be facilitated, they may need help in preparing for the conference (for example, in making written notes of what they want to say) as well as practical assistance with any childcare or transport difficulties.

Parents should be offered the opportunity to bring to the conference a relevant person or other appropriate supporter, provided the person concerned is not a suspected or known abuser or it is not in the child's best interest to have that person attend. A parent or child can bring along a legal representative, however they will not be able to operate in a legal capacity. This should again, however, be subject to respect for the child's wishes and feelings.

11. Involvement of the Child

The Local Authority has a duty to promote the welfare of the child and, in relation to any decisions taken, to ascertain as far as is practicable his or her wishes and feelings and give due consideration to them, having regard to his or her age and understanding.

Consideration should always be given to whether it is appropriate for children and young people to attend Child Protection Conferences. Children should be encouraged and supported to attend conferences.

Where attendance at the conference presents as distressing for the child, it may be more appropriate for a child to put their views and feelings in writing, and they should be given help with this, if needed. If a child expresses an interest in attending the conference, the social worker/lead professional should discuss the advantages and disadvantages of attending with them. The Social Worker/lead professional should consider what attendance means in each situation, and what will be in the child's best interests. Some children will wish to be present just to hear what is said, while others will wish to contribute to the conference. The Social Worker/lead professional should use what the child tells them to help decide whether they should attend.

It is crucial that the child's or young person's views are obtained, presented, considered and recorded during the meeting, regardless of whether or not they are present.

When it has been decided that a child is to attend the Initial Child Protection Conference, the Social Worker/lead professional should explain who will be in attendance and the purpose and the format of the meeting. The role of the Chair is critical in enabling the child to make a positive contribution which is not harmful in any way. A child attending a conference should be given the opportunity to bring someone with them for support such as an advocacy worker, a friend or family member. Account must be taken of the child's language of choice, communication difficulties or any other special needs. The Chair should meet with the child beforehand, to ensure that they understand who will be there, what will happen, how they can contribute to the meeting. If a child is unhappy about the decisions of the meeting, they should be offered support and advised how they can make a complaint, if they wish to.

After the conference, the Chair should offer to meet with the child to explain the decisions of the Conference. Where the child's name is placed on the Child Protection Register, this should be followed up with a visit by the social worker/lead professional within 5 calendar days of the conference. If a child disagrees with the conference decisions, he or she should be advised about their rights to appeal against registration decisions. They should also be advised about the complaints procedures and offered support through this process.

Parents should also be encouraged to support their child's attendance and contribution at the conference.

Any decision to exclude a child from the whole or part of a conference must be recorded in the minutes with reasons.

If it is decided that the child will not or does not want to attend the Initial Child Protection Conference the social worker wherever possible should ascertain the views or wishes of the child and represent them in the Initial Child Protection

Conference. As the child's voice should be heard at the conference this could be done in a variety of ways following discussion with the child:

- A written statement which is read out on behalf of the child;
- Being represented by an advocacy worker;
- Choosing a child protection conference invitee from any agency to speak for them.

Where a child or young person attends the full Initial Child Protection Conference he or she should receive a full copy of the minute unless it is considered not to be in their best interest. When a child or young person attends part of the Initial Child Protection Conference the Chair should send them a summary of the discussion and decisions.

12. Managing Sensitive Information

Anyone involved in an Initial Child Protection Conference may make a request to speak to the Chairperson where they have sensitive information which they may wish to share with the professionals, outwith the presence of the parents and or young person. This should make reference to the use of the protected period of the conference, as above. This restriction of information 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 abuse/violence or information from a child; that is highly sensitive, and not known to all of the parties.

Where possible and appropriate to do so information should be shared with relevant parties when received.

13. Exclusion from Child Protection Conferences

Parents or carers should be invited, where practical, to attend in part or in whole to the Initial Child Protection Conference. There must be very specific reasons for children and their parent or carer not to be invited and the reasons why must be recorded. When children or parents are not invited to attend, they must where appropriate, be informed and given the reasons.

The social worker/lead professional should discuss the exclusion of the parent or carers with the Chairperson at least 24 hours before the conference, and preferably earlier.

A decision to exclude someone from all or part of the Child Protection conference rests with the conference Chair. The reasons for deciding to exclude someone from all or part of a conference include the following:

- There is strong risk of violence or intimidation at or following the conference;
- The police, Procurator Fiscal (if criminal proceedings have begun) are concerned by an alleged perpetrator's attendance;
- Confidential information regarding another person needs to be discussed;
- The police need to provide information which is sub-judice;
- There are serious concerns about the wellbeing of the family member should they attend someone is clearly under the influence of drugs or alcohol to the extent that their participation in the conference would be disruptive;
- A parent/adult is subject to legal restrictions, for example bail conditions, that prevent attendance;
- It is not in the child's best interest for them to attend e.g. alleged perpetrator.

In every instance where someone has been excluded, the Chair should record their reasons in the case file and the exclusion should only be for as long as is necessary. Other means of getting the views of the excluded family member, and reporting the outcome of the conference to them, should be offered.

Any professional can request the exclusion of a parent from the conference. The request must be made to the conference Chair at the earliest opportunity. The Chair should discuss the request with the relevant agency manager before coming to a decision about whether to exclude.

Where a parent has been excluded from the Initial Child Protection Conference the Chair must make arrangements to meet with them to ensure that the decisions of the conference are fed back to them, preferably within 24 hours of the decisions being made.

Where parents attend the full Initial Child Protection Conference they should receive a copy of the conference minutes which should be sent within 5 working days of the conference taking place. When parents attend part of the Initial Child Protection Conference the Chair should send them a summary of the discussion and decisions within 5 working days of the conference taking place.

The decision about whether or not to send minutes should be made by the Chair of the conference after consultation with the relevant social work manager and the

police. Reasons for a decision not to send minutes to relevant family members should be carefully recorded in the minutes.

Parents not attending the Initial Child Protection Conference should be encouraged to put their views in writing by completing the relevant parents/carers form.

14. Outcomes of the Child Protection Conference

The decision-making process

The primary decision which has to be made at the conference is whether or not the child's name should be placed on the Child Protection register, and, if so, the following may be areas of concern (indicators of risk) and reason for registration. All areas of concern should be recorded as part of the registration.

- Domestic abuse;
- Parental alcohol misuse;
- Parental drug misuse;
- Non-engaging family;
- Parental mental health problems;
- Children placing themselves at risk;
- Sexual abuse;
- Physical abuse;
- Child exploitation;
- Emotional abuse;
- Neglect;
- Other concern(s).

Discussion at the conference can contribute to making this decision, as well as providing a basis for future planning for the child. The conference needs to establish as far as is possible the cause of the significant harm or of the likelihood of future significant harm to the child. If the child's name is placed on the Child Protection Register the conference will also agree an outline Child Protection plan, which will be incorporated into the Child's Plan

The decision as to whether or not a child's name should be placed on the Child Protection register depends on the answer to the question, 'Has the child suffered or are they likely to suffer significant harm.

Consideration also needs to be given to the relationship between the child and the suspected or alleged abuser.'

The child is at continuing risk of significant harm if 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, and professional judgement is that further ill-treatment or impairment are likely; or Professional judgement, substantiated by the findings of enquiries 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 injury, physical chastisement, emotional, or sexual abuse or neglect.

The conference will take account of the following process of decision making:

- The decision whether or not to include a child's name on the Child Protection Register will be arrived at via a process of information sharing and discussion which includes all persons present at the conference and any written reports provided, including reports from those unable to attend.
- The chair will establish the opinion of each agency and professional grouping about placing the child's name on the Child Protection Register.
- The views of all individuals present including the views of parents and children will be taken into account at the conference.

The ultimate decision to place the child's name on the Child Protection Register is an executive decision by the Child Protection Conference Chair. If anyone including the child or parent, attending the conference does not agree with the decisions made, they can have their dissent/challenge of the decision-making and outcomes recorded within the minute of the conference. The chair must bring the dissent/challenge to the attention of the Head of Service with responsibilities for Children and families or the appropriate manager immediately and agree a course of action. The Head of Service should respond in writing to the dissenting person within 28 days.

If a parent (or child) disagrees with the registration decision they can appeal this. They can also have their dissent noted in the minutes. Advice must be given on the appeal process. They should be advised that they must contact the head of service children and families, social work within five working days. This should be in writing and a standard letter is available from the social worker for convenience. The social worker can assist with this if necessary. The head of service will respond fully in writing to the person who made the appeal within 28 days.

In very exceptional circumstances it may be appropriate to defer a decision about registration. The chair must ensure that clear reasons are given for any decision to defer and are carefully recorded. The Initial Child Protection Conference will need to be re-convened within 10 working days in order to make the decision, and, in the meantime, an inter-agency initial Child Protection plan to safeguard, support and promote the wellbeing of the child must be set out.

The members of the Initial Child Protection Conference must ensure that the wellbeing and protection of the children is the primary focus.

Where the child is considered to be at continuing risk of significant harm and their name is to be put on the Child Protection Register, the child will require multi-agency support and intervention delivered through a formal child protection plan, to be outlined in the conference.

Even where the child is not considered to be at continuing risk of significant harm, the child may be in need of support to promote his or her development.

Consideration must be given to the assessed need for compulsory measures of care and if required a referral should be made to the Children's Reporter. Compulsory measures of care are required when parents or 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.

In such cases, a copy of the Child Protection Conference minutes should be sent to the Reporter containing the decisions and reason for the referral. A copy of the child protection investigation report should also be sent. Where the concerns for the child do not reach threshold for registration or referral to SCRA consideration should be given as soon as possible to the need for multi-agency assessment and support plan.

Participants should receive a copy of the minutes of the conference within 15 calendar days.

When a decision is made to register the child, the meeting chair is responsible for ensuring that this information is immediately provided to the keeper of the Child Protection Register and Out of Hours (Standby) social work services. This will include information on the identified areas of concern (risk) and the social worker identified as having lead professional responsibility for the child protection plan.

Throughout the child protection conference consideration must be given to any risks or needs which might affect other children within the household.

15. Use of the Register

To make essential basic information readily available to professionals involved in Child Protection work and to assist in the identification and management of children who are considered to be at risk.

To provide a written record of all children in the area for whom there are unresolved Child Protection concerns and who are currently the subject of an inter-agency child protection plan.

To provide statistical information about current trends in the area and to contribute to national collation of statistics concerning Child Protection.

To facilitate the collation, recording and appropriate passing on of enquiries to the register;

To ensure that a criteria for registration are uniformly applied

16. Appeal against a Child Protection Conference Decision

It is important that there are clear distinctions made between a complaint about a service, a difference of opinion or dissent and an appeal against a registration decision of a child protection conference, as these are dealt with differently.

Complaint

A complaint may be made by a parent, carer, child, young person or relevant person when they are unhappy with an aspect of a service provided to them, for example, the quality or reliability of a service, the decisions an agency has made, or about the conduct of staff. Every agency involved in the child protection process has their own complaints procedure.

When a parent or young person has a complaint about the service during the course of the child protection investigation process or the process around and during the child protection conference they should be advised of the relevant agency/service formal complaints procedures.

Differences of Opinion and Dissent

The chairperson of a child protection conference has the responsibility to identify underlying conflicts of information or opinion, to highlight them and ensure that they are discussed and resolved where possible.

These are regarded as differences in opinion or professional judgement and this is seen as separate from dissent.

Within the context of child protection conferences, dissent means disagreement with the decision about registration/deregistration. Any conference participant can voice dissent with any decision in relation to registration. This position should be carefully recorded and include the reason for dissent. For all other decisions made at a child protection conference, dissent is not an option.

All conference participants are expected to contribute to decisions about registration. Failure to do so, is not viewed as dissent, but rather as abstaining. No professional in attendance at a child protection conference should abstain from a decision in relation to registration. Where such a circumstances arises, this should be recorded along with the reason for abstention. If, after full multi agency discussion differences in opinion or dissent persists, these must not be allowed to prejudice any child's safety and welfare, which must remain the paramount consideration. The chairperson must ensure that the precise nature of the difference in opinion/dissent is recorded, including reasons.

Differences in opinion or professional judgement shall not normally require any further response. They will be recorded in the minute and if any professional remains dissatisfied following the meeting, they should raise the matter with their own line manager.

If any professional has abstained from a decision regarding registration, this should be brought to the attention of the Senior Manager who will discuss this with the Head of Service with responsibilities for Children & Families immediately and agree a course of action. This will typically involve the Head of Service or Senior Manager advising the relevant Senior Manager of the agency/service which failed to contribute to the decision.

The Senior Manager must bring all instances of dissent to the attention of the Head of Children & Families immediately and agree a course of action.

The Head of Children & Families should respond to the dissenting person in writing within 28 days.

Appeal

Only a parent/carer or child/young person has the right to appeal against a decision about child protection registration. Only decisions relating to registration can be appealed, including the decision to:

- Register;
- Retain on the register;
- Deregister; or
- Not register at all.

A parent or carer may wish to challenge the basis for this decision because they believe that;

1. The child protection conference has not been run in accordance with the local child protection procedures; (e.g. conference has not got reports from all key professionals, the process is unfair or not impartial, the parent/child have not been fully involved etc.);
2. The facts of the case on which the decision is based are incorrect;
3. The decision is not justified by an analysis of the facts of the case (the criteria for the child being registered were not met. – i.e the risk/likelihood of significant harm is not demonstrated).

The Chair should ensure that parents and young people are aware of their right to appeal decisions about registration.

Where one parent wishes to appeal and one does not, the appeal process should still commence as long as the parent wishing to appeal has parental rights and responsibilities in relation to the child about whom the registration decision applies.

Whilst an appeal is being considered, the decision made by the conference stands.

The appeal process

Parents/carers or children/young people may appeal a registration decision by contacting the Head of Service with responsibilities for Children & Families within 5 working days of the meeting at which the decision was made. This should be in writing. The social worker, or someone else chosen by the service user, can assist with this if necessary.

On receipt of an appeal against a registration decision, the Head of Children and Families should review this decision and respond in writing to the person who made the appeal within 28 days.

The Head of Service Children & Families will consider the following when reviewing the decision:

- Whether child protection procedures were correctly followed;
- Whether any key information on which the decision is based is in doubt;
- Whether the conclusion that a child is (or is no longer) at risk of significant harm is not justified by the information available to the child protection conference.

The Head of Service's decision is final.

The decision of the appeal will be communicated in writing to the appellant within 28 days from receipt of appeal letter, and to all members of the relevant conference.

Appeal upheld (Reconvened child protection conference)

If the appeal is upheld, the child protection conference should be reconvened under extraordinary circumstances. The reconvened child protection conference should be chaired by a different person than the original conference. The Head of Service will provide the reconvened conference with full details of the issues that resulted in the appeal being upheld.

The chair of the reconvened child protection conference must ensure that all those present are briefed at the conference about the decisions reached regarding the appeal. The decisions reached regarding the appeal are viewed as final on this matter. This means, for example, that when an appeal against a child's name being placed on the register is upheld, the reconvened conference must take as a starting point that the child's name is to be removed from the register. A distinction must be made by the chair between the need to discuss the conclusions of the appeal and the task of the child protection conference, which is to consider the child/ren's current circumstances. This allows for exceptional circumstances such as a conference reconvening with the starting point of removing a child's name from the register as per the outcome of the appeal, and new information emerging during the reconvened conference that provides evidence of risk of significant harm now.

The reconvened conference should cover the following:

- Conclusion of the appeal and associated circumstances;
- Any new information or changes in child's circumstances since original conference which may have a bearing on current/future risk of significant harm;
- Child's Plan and role/responsibilities of those involved in delivering the plan;
- Any changes to lead professional.

All agencies involved with the family, whether present at the reconvened conference or not, must be instructed to amend their records in light of the appeal being upheld. Records should not be destroyed; but amended to reflect the outcome of the appeal and the decisions of the reconvened conference.

Parents cannot appeal any decision of a reconvened child protection conference.

All conference participants still have the right to dissent at reconvened child protection conferences.

Appeal not upheld

If the Head of Service concludes that the procedures relating to the conference were correctly followed and that the decisions reached were reasonable, it must confirm that the conclusions of the original conference stand and that these will be routinely reviewed when the next conference is held.

Further challenge

No further processes for appeal exist in those cases where it is concluded that all relevant processes were followed and that the decisions that were made were reasonable and appropriate.

17. Child Protection Registration

Where a child has been significantly harmed or is deemed to be at risk of significant harm and requires a Child Protection Plan to manage this risk, their name will be placed on the local Child Protection Register. Child Protection Registers have no legal status but are a means by which agencies are alerted to children within their local area, who have suffered, or are at risk of suffering, significant harm and have a multi-agency child protection plan in place.

The Child protection plan is implemented and monitored via the Core Group. A formal review of the Child Protection plan takes place at the Child Protection Review Conference which will take place 3 months following the Initial Child Protection Conference. Further monitoring and review of the plan will take place at the subsequent Core Group meetings and Child Protection Review Conference.

The Child Protection Register provides information and contact details of children deemed to have been significantly harmed or to be at risk of future significant harm. The Child Protection Register is maintained by the Social Work department.

The Child Protection Register provides a central point of rapid inquiry for professional staff who are concerned about a child's safety, development or welfare.

The decision to place a child's name on the Child Protection Register should be taken by the Chairperson at an Initial Child Protection Conference or Pre-birth Child Protection Conference, when there are reasonable grounds to believe or suspect that a child has been suffering, or will suffer, significant harm, and an inter-agency Child Protection plan is needed to protect the child.

Each local authority area has its own Child Protection register containing the names and details of children in their area where there are concerns of future risk. Child Protection registers are held by each local authority.

Following the decision to register a child at the Child Protection Conference it is the responsibility of the Chair to contact the keeper of the local register and ensure that all necessary details are recorded on the register. These details must also be given to the out of hours Social Work Services. The keeper of the register should notify other relevant local authorities in writing when a registered child/family moves into, or out of, their area.

18. The Child Protection Register

The Local Authority Child Protection Register contains limited information on a child and family. It includes:

- The full names of the child, dates of birth and current and previous addresses of a child,
- The reason for registration (i.e. which criteria met). It is no longer necessary to specify a category of registration relating to the primary type of abuse and neglect. Instead, the register will record key areas of concern (risk indicators) to the child.

During office hours the following information may also be available from Social Work:

- The full names (including maiden name) and addresses of parents or others caring for the child, the name and addresses of any other adult member of the household;
- Religion, race, cultural and linguistic background;
- Legal status of the child, and any court or supervision requirements in force (the register should be amended on every change in legal status);
- The reason for referral, and whether the allegations of risk of significant harm have been substantiated. If appropriate, nature and circumstances of injury and by whom this was inflicted;
- Also, names, addresses and telephone numbers of the general practitioner, social worker, other agencies involved, and the dates of case conferences held;
- Whether the child has any disability and any special needs e.g. for assistance with communication.

Limited information on all children on the Child Protection Register can also be made available via Social Work Out Of Hours Service

Any changes of address or significant information which affects the child must be passed to the keeper of the register immediately it becomes known.

19. Access to the Register

Every local authority area is responsible for maintaining a child protection register. Checks of the register can be made by contacting the relevant area. You will be expected to confirm your identity and have the reason for your enquiry recorded and validated.

Out with working hours arrangements are in place to have this function discharged by the' out of hours' social work services

There are discrete 'stand by' or 'out of hours' services that cover selected local authority areas in the West of Scotland CP consortium area.

- Argyll and Bute Social Work Emergency Service - 01631 566491.
- Dumfries and Galloway – 01387 273766
- East, North and South Ayrshire - 0800 328 7758;
- East Dunbartonshire, East Renfrewshire, Glasgow, Inverclyde, Renfrewshire and West Dunbartonshire - 0800 811 505;
- North Lanarkshire - 0800 121 4114;
- South Lanarkshire - 0800 678 3282;

On receipt of an enquiry to the register, the name, contact details, and purpose of the enquiry will be requested. To ensure security a call will be made back to the enquirer before any details of the child or confirmation of registration is given. The name and contact details of the child's social worker will also be given. The enquirer will be advised to contact the child's social worker to discuss any concerns around the care or wellbeing of the child.

Enquires to the register must not be viewed by professionals as an alternative to appropriate discussion of concerns with social work. Where there are concerns that a child has been harmed or is at risk of significant harm, then this information should be shared with social work or police in order that initial assessment or enquires can be made on whether immediate action is required to ensure the child is protected or to safeguard their wellbeing.

The keeper of the register should alert the named social worker when a professional has made an enquiry to the register about a registered child, to ensure the social worker is aware of the enquiry. When the child's name is not on the register and is not currently receiving support from social work, it should be ascertained if the enquirer has concerns about the child. If so, the enquirer should be encouraged to contact the appropriate duty worker to discuss the concerns. The keeper of the register should ensure the duty worker is aware of the enquiry to the register. Where an enquiry is made to the register about a child living, or regularly frequenting the same household as a child whose name is on the CP Register, the keeper of the register should ensure that the responsible social worker is notified.

Additionally, some hospitals and consultant staff have direct access to their local CP Register

20. The Child Protection Plan

Every child on the Child Protection Register must, have a Child Protection plan in place. The Child Protection Plan will be incorporated into the Child's Plan.

The Initial Child Protection Conference should:

- Specify who should convene, chair and record the core group (this will normally be the senior social worker);
- Specify when they should meet, i.e. frequency;
- Identify members of the core group;
- Outline the framework of the inter-agency child protection plan;
- Set out the need for the child protection plan to be in a form that constitutes a written working agreement between all the parties to it;
- Specify requirements made of the parents and child as to matters such as school or nursery, health checks, contact with a Social Worker or other workers such as addictions worker, health visitor, community psychiatric nurse etc.;
- Set out clear objectives, definitions and agreement of who does what and timescales when appropriate;
- Stipulate the form of assessment needed to assess risks and set out an agreed timescale;
- In urgent circumstances determine steps to be implemented immediately post registration or specify a date for the first core group meeting;
- Set out the circumstances when they should return to a Review Child Protection Conference.

Where a child's name is placed on the Child Protection Register, the act of registration itself confers no protection of a child and registration must always be accompanied by a child protection plan.

The outline plan will be agreed at the Initial Child Protection Conference and will be distributed within 5 calendar days. A detailed child protection plan will be produced later by the core group. If the core group identifies the need to make significant changes to the CP plan, the core group chair should notify the conference chair within 3 calendar days.

The Initial Child Protection Conference should discuss and agree the following elements of the child protection plan:

- The risks of significant harm to the child and the way in which an inter-agency plan can protect the child;
- Shorter and longer-term outcomes to be achieved, clearly linking them to reduction in the risks of harm to the child and promotion of the child's wellbeing;
- Who will have responsibility for what actions, within what specified timescales;
- How to monitor and evaluate progress against the plan;
- Which professionals will monitor the child's progress, development, wellbeing and safety, and how.
- Who the lead professional will be.

21. The Role of the Lead Professional

When a child's name is placed on the Child Protection Register a Child Protection plan will be put in place to organize and co-ordinate activity to ensure the protection and wellbeing of every child registered.

Each child placed on the Child Protection Register should have a lead professional to carry future professional responsibility for the case. This worker should be identified by the Chair at the Initial Child Protection Conference. The lead professional in Child Protection cases should always be a social worker with appropriate qualifications and experience.

The role of the Lead Professional does not replace that of the child's Named Person who will be responsible for continuing to meet the requirements of the role. The Lead Professional and the Named Person require to work closely when a child protection plan is in place.

The Social Worker/lead professional is responsible for the social work management of the case, and for being the focal point for communication and co-ordination of the Child Protection Plan. The Social Worker/lead professional is also responsible for ensuring that the family and all professionals who have responsibility for or who are in direct contact with the child, are aware that the child is on the Child Protection Register and of the content of the Child Protection Plan.

In addition, the Social Worker is also responsible for notifying any appropriate adult services involved that a child is on the Child Protection Register; i.e. Community Mental Health Team, Addictions etc

The social worker should notify the keeper of the Child Protection Register immediately of any changes, so the register can be updated. The Social Worker should also keep professionals informed of changes.

Any change of Social Worker/lead professional must be notified verbally and confirmed in writing to all relevant agencies and the family. Registration records must also be amended promptly.

The Core Group

The core group is a small group of inter-agency staff with key involvement with the child and family who meet on a regular basis with the parents, and where appropriate the child, to review, progress and make arrangements for implementing the child protection plan. The core group is a vehicle to coordinate inter-agency support for the family, to manage and reduce the risk to the child and to achieve the outcomes identified in the child protection plan.

The initial core group meeting should be held within 15 calendar days of the initial child protection conference.

Parents, and where appropriate children, should be encouraged to attend the core group meetings. Where parents or children are unable or unwilling to attend the meetings their views should be sought and represented within the meeting either in written form or through their views being presented verbally.

These views should be recorded within the minutes of the meeting.

Members of the core group should be kept to a minimum without compromising the planning or protective process. Too many workers in the core group can limit parental attendance and contribution.

Only relevant people should be invited.

The core group is responsible for developing and implementing the child protection plan as a detailed working tool within the outline plan agreed at the Initial Child Protection Conference. The core group has delegated responsibility for taking forward the child protection plan and is accountable to the Review Child Protection Conference. Membership is decided at the time of registration and will include the Social Worker (lead professional), relevant family members (including children) and professionals and carers who have direct contact with the family. The Senior Social Worker will chair the core group.

The first meeting of the core group should take place within 15 calendar days of the Initial Child Protection Conference and should be chaired by the relevant Senior Social Worker manager for the case.

The core group should continue to meet every 4 weeks. The frequency will be determined at the Initial Child Protection Conference however this may be reviewed depending on the progress of the child protection plan.

The tasks of the core group:

- Agree objectives and timescales at the first meeting;
- Develop and expand the outline child protection plan;
- Decide what steps need to be taken, by whom, to complete the assessment of needs and risks;
- Assist the lead professional in the preparation of the assessment of needs and risk;
- Plan and implement the inter-agency work in accordance with conference recommendations;
- Monitor progress against the objectives specified in the plan and refine the plan as needed;

- Ensure that parents, and children where appropriate, are fully engaged in the implementation of the child protection plan, and assisted to understand the expectations and objectives of each agency involved;
- Produce written reports for the child protection review conference outlining the work which has been undertaken by family members and professionals and with what degree of success, as measured against the objectives and in terms of positive outcomes for the child.

The role of the core group chair

- Ensure that the outline Child Protection Plan from the Initial Child Protection Conference is developed by the core group into a more detailed inter-agency child protection plan;
- Co-ordinate the completion of the multi-agency comprehensive assessment of the needs of the child and the family;
- Co-ordinate the contributions of family members and other agencies to the implementation of the Child Protection Plan;
- Contribute to the multi-agency core group review of progress towards outcomes for the child's safety and wellbeing in relation to the Child Protection Plan;
- Supervise the lead professional responsible for the planning and co-ordinating of the Child Protection Plan;
- Ensure that the children and parents are supported to have a clear understanding of the objectives of the plan.

All core group meetings should be minuted, including notes on the action agreed and decisions taken to inform the review conference and the updated Child Protection plan which constitutes a record of the discussion. The Child Protection plan and minutes of the meeting should be distributed to core group members within five working days from the meeting.

If the core group is unable to implement the plan agreed, the Chair of the Child Protection Conference should be informed. Where there are difficulties in progressing the child protection plan, consideration should be given to any adjustments necessary to assist the plan's progress. Where the Core Group identifies a need to make significant changes to the Child Protection Plan, the core group chair should notify the Chair of the Child Protection Conference within 3 calendar days. Where necessary a review of the core group membership may also need to be considered. Consideration should be given by the Chair and the relevant senior social worker/team manager whether there is a need for a Review Child Protection Conference to be reconvened.

Any necessary protective action to secure the safety and wellbeing of any child at risk of significant harm must not be delayed because a core group meeting is pending or imminent.

Child Protection Plans

Each child whose name is placed on the Child Protection Register will have an individually written inter-agency child protection plan in line with his or her individual needs. The plan will be recorded and distributed to all members of the core group and other relevant persons; i.e. General Practitioner etc., within 5 calendar days of the conference. The child's family should also receive a copy of the plan.

The Child Protection Plan should include the following areas:

- Decisions of the Initial Child Protection Conference (or Review Child Protection Conference);
- Agreed outcomes for the child and family;
- Factors that need to change to achieve the outcomes;
- Assessed needs/risks and priorities of the plan;
- Key people involved, agreed tasks and responsibilities;
- Timescales for action;
- Support and resources required to take the plan forward;
- Process and monitoring of the plan;
- Assess needs of the child support/recovery.

The aim of the Child Protection Plan is to:

- Protect the child from further harm by setting out an inter-agency risk management strategy that minimises or reduces the potential risk of abuse or neglect;
- Promote the child's health and development;
- Improve outcomes for the child by supporting the family and wider family members.

The Child Protection Plan should be SMARTER (Specific, Measurable, Achievable, Realistic, Timely/Targeted, Evaluate and RE-EVALUATE) in character and set out what the areas of particular need and risk are:

- What work needs to be done;
- Why;
- When;
- By whom;
- And achieve what outcomes to what timescales;
- To ensure that the outcomes set in the plan are achieved.

The Child Protection Plan should:

- De prepared using the **GIRFEC wellbeing indicators**;
- Describe the identified needs of and risks to the child and any supportive services which are required.

It should also set out the need for any further actions that may be required;

- Set out any requirement for a comprehensive or specialist health assessment;
- Include specific, achievable, child-focused objectives intended to protect the child and promote his or her welfare, together with timescales for achieving these objectives;
- Make clear the role and responsibilities of the parents, the expectations they may legitimately have of agencies and what expectations agencies may reasonably have of them;
- Include realistic strategies and specific actions to achieve the objectives;
- Clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- State when progress will be reviewed and the means by which progress will be measured.

Contingency planning should run parallel with the Child Protection Plan

Progress can only be meaningfully measured if the action or activity has a positive impact on the child. The Wellbeing Indicators can help to measure this progress. The Child Protection Plan which is incorporated into the Child's Plan should include a detailed explanation of specific needs, risks, interventions and desired outcomes under each indicator.

All members of the core group have equal ownership of and responsibility for the Child Protection Plan and should co-operate to achieve its aims. All professionals working with children and/or families who have a child protection plan must be alert to indications that the plan may be failing to protect the child.

Any professional who is concerned about this should promptly inform the Chair of the Core Group and a re-appraisal of the plan by the core group should be considered without delay.

The core group must meet regularly within agreed timescales and revise the plan and collectively report back to the review case conference. Each review of the plan should consider the following:

Whether the child is still considered to be at risk and if so, what is the likelihood of future significant harm

An updated assessment of needs/risks and support/resource in place to address and manage and reduce these. It should also highlight any gaps.

The need to recommend to the Chair the convening of an early review case conference and possible recommendation of de-registration as a consequence of significant improvement or changes in circumstances e.g. perpetrator of abuse no longer in the household

The need to recommend to the Chair the convening of an early review case conference because of a significant deterioration in circumstances

Any emergency action e.g. child protection order, exclusion order. The need for a child protection conference should not preclude immediate action to safeguard the child where necessary.

Any member of the Core Group can request an additional meeting to consider new or emerging concerns.

The Chair should discuss the concern with the Core Group member and based on this decide on whether or not to grant this request. Record of this request and reasons for decisions should be recorded within appropriate agency records. If this is refused the Core Group member should be advised that he/she could discuss this with the designated Senior Social Work Manager.

Review Child Protection Case Conferences

1. Review Conferences

Once a child's name has been placed on the Child Protection Register and a Child Protection plan has been formulated, the implementation of this plan and its effectiveness in protecting the child should be reviewed at least every 4 weeks via the Core Group and 12 weekly via a Review Child Protection Conference. The situation should be reviewed for so long as the child's name remains on the Child Protection Register. A Review Child Protection Conference outwith agreed timescales should also be arranged when there has been a significant change in the circumstances of the case or another alleged incident of abuse or neglect requiring consideration.

Child protection conferences will be chaired by senior staff members, experienced in child protection, who are competent, confident and capable. It is critical that the chair has a sufficient level of seniority/authority within their own organisation and is suitably skilled and qualified to carry out the functions of the chair.

The chair, wherever possible, should not have any direct involvement with or supervisory function in relation to any practitioner who is involved in the case.

They should be sufficiently objective to challenge contributing services on the lack of progress of any agreed action, including their own.

While the chair will in the majority of instances be from social work services, where an individual could fulfil the required criteria, it is possible for a senior staff member from a different agency or service to undertake the role.

The chair should be able to access suitable training and peer support.

The Chair of the Review Child Protection Conference should consider bringing forward the date of a review conference where:

- The circumstances suggest need for early deregistration and the core group believes that risk to the child/ren has been satisfactorily reduced such that deregistration may be considered;
- There has been a further incident of serious harm to the child;
- It has not been possible to carry out a significant part of the child protection plan;
- A significant change takes place which has implications, or will have implications, for the safety of the child or another child in the household.

The Chair must give consideration to convening a Review Child Protection Conference at the request of any agency involved with the child whose name is on the Child Protection Register. The Chair must also give consideration to convening a Review Child Protection Conference at the request of a child, young person or a parent of a child whose name is on the Child Protection Register. If the Chair decides that it is not appropriate to convene a Review Child Protection Conference, they must give the reason for this in writing to the agency, professional, parent or child who made the request.

Participants in the review child protection conference should include all members of the core group, including family members, the child (where appropriate), and any other relevant agencies such as those present at the Initial Child Protection Conference. Prior to the conference the views of the child/ren and family should routinely be gathered.

The conference Chair, in consultation with the named person, lead professional and Senior Social Work manager is responsible for ensuring that the appropriate people are invited.

Where key professionals are absent from the conference and written information is not available, consideration should be given to postponing the conference. A Review Child Protection Conference will then be promptly reconvened so that they can attend, and their respective agency will be informed in writing of any failure to comply.

The required quorum for attendance is the same as that for Initial Child Protection Conferences, that is, a minimum of three agencies or professional groupings, or in exceptional circumstances and at the discretion of the conference Chair, two agencies or professional groupings.

Each Review Child Protection Conference will review the progress of the Child Protection Plan, consider all new information available and decide whether the child's name should remain on the Child Protection Register.

The extent to which each outcome within the Child Protection Plan has been achieved in respect of the child should be explored, with all partners in the plan held accountable for their contribution to progress or otherwise of each outcome.

The ongoing assessment and analysis of the needs and risks for each child must be fully examined in order to reach a collective view on whether the child remains at risk of significant harm. The integrated chronology of significant events will form a critical part of this analysis.

Where the child remains at risk of significant harm and therefore requires the continued support of a Child Protection Plan, their name will remain on the Child Protection Register. The list of individual areas of concern (risk factors) should be reviewed to determine whether these remain valid for the child or whether changes are required. The Review Child Protection Conference must decide what changes to make to the Child Protection Plan in order to meet the assessed needs and risks for the child.

Where the child is no longer at risk of significant harm and therefore a Child Protection Plan is no longer required, their name should be removed from the Child Protection Register. In many cases, the child and family will still require ongoing multi-agency support, and this should be managed through the Child's Plan. In such circumstances, consideration should be given as to whether a change of lead professional is appropriate.

Interpreters should be used where the family's first language is not English, or where anyone has needs because of a disability.

Professionals should advise the Chair of the conference as soon as possible any particular requirements for the conference, for example for sign or language communicators, separate attendance by family members and possible exclusions.

Attendance at a conference should be based on a professional's knowledge of or involvement with the child and family, or particular experience which may contribute to assessment, support and decision-making. If there are too many people present it can be intimidating for the family. Instead of attending, some people can contribute to a conference in writing, either separately or by being included in the lead professional's report.

Professionals invited to attend a child protection conference should prioritise attendance.

2. Reports

A written report should be provided by the lead professional to the Review Child Protection Conference which includes the contribution of the core group members, outlining the progress of the child protection plan. This report will also include a full assessment of future risks and needs. All professionals attending or invited to attend a conference should provide a written report of their involvement with the child and family and their professional view of the progress made. Parents and children should also be encouraged and supported to provide a written account of their views.

When another incident of alleged abuse or neglect has taken place regarding a child whose name is on the Child Protection Register, the senior social worker should ensure that a CP1 is completed and their social work manager should consider whether or not a Review Child Protection Conference is appropriate.

3. Decision Making a De-Registration

The review child protection conference will consider whether the child continues to be at risk of significant harm and therefore whether or not they require the support of a Child Protection Plan within the Child's Plan. If so, their name should remain on the child protection register.

The review child protection conference decision must be based on a careful and thorough analysis of all the available information, including the written reports provided by the core group, the integrated chronology and a discussion involving all members of the conference.

The child's name should only be removed from the Child Protection Register if they are no longer at risk of significant harm and no longer require the support of a Child Protection Plan.

Conference participants should base their decisions on:

- Whether the risk of harm has been reduced by action taken through the child protection plan;
- Whether the child and family's circumstances have changed;
- Whether ongoing assessment and analysis of the child and family indicates that a child protection plan no longer necessary.

The role of the chair is to provide an opportunity for those involved to share all the relevant information that will assist in the identification of the child's needs and risks and draw together the views of conference members to reach a conclusion as to the requirement for continued registration. The decision about de-registration lies with the reduction of risk to

the child and assessment of future risk. The chair will make the final decision regarding registration and any dissent will be recorded in the minutes. If dissent persists, it must not be allowed to prejudice any child's safety and wellbeing, which must remain the paramount consideration. The chair has the executive authority for registration and will make the final decision regarding registration. Any dissent will be recorded in the minutes. The Chair must bring dissent to the attention of the Head of Service immediately and agree a course of action. The Head of Service should respond to the dissenting person in writing within 28 days.

The views of parents and children are important to the conference, but it is the professionals who have ownership and responsibility for contributing to the decision regarding registration. The decision to remove a child's name from the Child Protection Register is taken by the Chair of the conference.

Children's names should not be on the register for longer than is necessary.

Where a child has already been referred to the Children's Reporter, and the review child protection conference believes that compulsory measures of care are no-longer required, the review child protection conference minutes 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.

Where a child has not been referred to the Children's Reporter, the review child protection conference should include consideration of whether this action is required in the current circumstances.

In all cases the decision to de-register can only be made at a review child protection conference.

The removal of a child's name from the child protection register should not in itself lead to a sudden or significant reduction or withdrawal in services or support to the child or family by any or all of the agencies.

Following the decision to de-register a child, the review child protection conference should agree the Child's Plan to address any wellbeing and/or support needs. This may require the multi-agency assessment to be updated. Following de-registration the lead professional should discuss with the parents and the child what services may be required.

Transfer Child Protection Case Conferences

Child on the child protection register moving across local authority boundaries - Transfer Child Protection Conferences

Definitions – the following definitions are intended to support consideration of the process that applies in dealing with the movement across local authority area boundaries of children who are on the Child Protection Register.

Originating authority: This is the local authority area where the child was initially placed on the Child Protection Register.

Receiving authority: This is the local authority area into which the child has moved or is moving.

Transfer Child Protection Conference: A Transfer Child Protection Conference is a multi-agency child protection meeting which considers the arrangements to transfer cases of children who are on the child protection register when a family moves from one local authority area to another. A child's name cannot be removed from the Child Protection Register at a Transfer Child Protection Conference, this can only be done at a Review Child Protection Conference.

When a child who is on the Child Protection Register moves to a known address (either suddenly or on a planned basis) in another local authority area, whether permanently or temporarily, the originating authority needs to assess this change in circumstances. Consideration must be given to both the impact on the continuing risk of significant harm and the need for ongoing management of the case. In every case it is the responsibility of a senior social worker (or equivalent) from the originating authority to consider the circumstances of the move and what action is required.

The senior social worker (or equivalent) from the originating authority must notify circumstances and changes to:

- A senior social worker (or equivalent) in the receiving authority. This will be done initially by telephone and followed up in writing either by secure mail or email. There is to be initial discussion regarding how the change may have affected the continuing risk of significant harm;
- The keeper of the child protection register for the receiving authority. This will be done following the established procedure for passing alerts. As an interim measure it is expected that the keeper of the child protection register in the receiving authority will record the circumstances as a temporary registration;
- The keeper of the child protection register for the originating authority. This will be done following the established procedure for passing alerts;
- The person in charge of the standby service covering the originating and receiving authority. This will be done following the established procedure for passing alerts;
- Where the child is subject to a supervision requirement or proceedings through, the Children's Hearing, the Reporter Manager covering the originating authority.

The senior social worker (or equivalent) from the originating authority must decide whether a Review Child Protection Conference or a Transfer Child Protection Conference is required, and they are responsible for ensuring interim arrangements for continued management of the case. Continued management can be carried on solely by the originating authority or with support from the receiving authority.

Where risk is believed to have reduced as a consequence of the move. - If the circumstances indicate that there has been a reduction in the risk of significant harm then arrangements should be taken forward in early course to convene a Review Child Protection Conference to consider the need for continued registration. Arrangements for this meeting will be the responsibility of the originating authority. An invitation to this meeting is to be extended to a social work manager and any other relevant agency/service representative from the receiving authority (this may include health and education). It is recommended that the senior social worker (or equivalent) arranging the invitation list has dialogue regarding this with their equivalent in the receiving authority. The meeting is to be held where possible within 14 calendar days and no later than 21 calendar days of the originating authority becoming aware of the move to another area. Responsibility for the continued management of the case lies with the originating authority. If the review child protection conference makes the decision to remove the child's name from the register, then notification of this is to be passed to the respective keepers of the register in the originating and receiving authorities and standby services.

If the decision is to de-register then the local authority area where the child is now residing will assume responsibility for addressing any care and wellbeing issues in line with local arrangements.

Where risk of significant harm is believed to remain – In these circumstances a Transfer Child Protection Conference is to be held.

It is the responsibility of a senior social worker (or equivalent) from the receiving authority to make arrangements for convening and chairing the transfer child protection conference. This should be held where possible within 14 calendar days and no later than 21 calendar days of notification that the child has moved into the area and the level of risk of significant harm remains unchanged or has escalated.

The senior social worker (or equivalent) from the receiving authority will liaise with their equivalent from the originating authority. They will share information on the case and arrange for transfer of relevant case information including copies of:

- The Child's Plan and child protection plan;
- The most recent assessment;
- An up to date chronology;
- A copy of the most recent Review Child Protection Conference minutes (or minutes of the initial or pre-birth child protection conference if no review child protection conference has yet taken place); and
- The initial child protection investigation report for the matter that resulted in registration.

This information is to be sent as soon as possible by secure email. Hard copies of the original social work case records and/or file are to be sent on in due course, by secure means. A copy should be retained by the originating authority.

The social work seniors (or equivalent) will discuss and agree arrangements for continued management of the case until the transfer child protection conference is held. At the Transfer child protection conference the receiving authority will assume responsibility for management of the case. In the event of any disagreement or dispute this should be referred immediately to the respective line managers to enable review and a consensus to be reached.

NB. A child's name cannot be removed from the register at a Transfer Child Protection Conference; this can only be done at a Review Child Protection Conference.

Removing a Child’s name from the Child Protection Register

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

Removal of a child's name from the register should not necessarily lead to a reduction or withdrawal of services or support to the child and family by any or all of the agencies. The risk of significant harm to the child may have receded, but the child may continue to require a range of support; this will form part of the single planning process for the child. At the point of deregistration, consideration should be given to whether a different Lead Professional should be appointed and, if so, arrangements made for the transfer to be agreed. Following de-registration, the child protection plan will be incorporated into the Child's Plan.

Children on the Child Protection Register who go Missing

If it comes to the attention of a professional or any other person that a child whose name is on the child protection register whereabouts are unknown, they should notify the social work department or police immediately.

The responsible Social Worker should:

- Endeavour to identify the circumstances of the child going missing;
- Notify the appropriate social work team manager and police immediately and try to locate the child;
- Notify the chair of the child protection conference and other relevant senior social work manager.

Where appropriate legal advice should also be sought.

The social worker should liaise closely with the police investigating officer to ensure that there is no duplication of effort, that a multi-agency risk assessment is carried out and that all enquiries are co-ordinated and documented. The senior social worker should then discuss the matter with their social work manager. Legal advice should be sought at the earliest opportunity.

If a child whose name is on the child protection register goes missing the social worker must immediately inform the senior social worker, who will immediately inform their designated social work manager. The social work manager must immediately inform the appropriate professionals who are involved with the child protection plan in an effort to trace the child. They should also inform their Head of Service and keeper of the register. It is the responsibility of the registering authority, in conjunction with partner agencies to make all attempts to locate and trace them.

When a missing person alert is received from outwith the authority, the keeper of the register will ensure that this information is passed to the appropriate social work manager and relevant professionals in the area. The social work manager will ensure that appropriate checks should be made on the computer information systems.

In addition, if the child goes missing the originating keeper of the child protection register should be informed by the social work manager whether to circulate details of the missing family to all keepers of child protection registers nationally throughout the country. Consideration should be given to using the **Child Rescue Alert scheme** if there is reasonable belief that a child is in imminent danger and there is sufficient information available to enable the public to assist the police in locating the child.

If the child is subject to a supervision order or current proceedings within the Children's Hearing system, the senior social worker should also immediately inform the Reporter.

The social worker should notify social work out of hours service that the child and family's current whereabouts is unknown.

The police will assist by conducting investigations in line with their Standard Operating Procedures.

Agreement has been reached between the Department of Work and Pensions (DWP) and COSLA that a search of DWP records will be made in a first step in tracing families in these circumstances. This will be the responsibility of the keeper of the child protection register.

In addition in the case of a school aged child consideration should always be given to following local Children Missing from Education (CME) procedures.

> *NHS Scotland has published Guidance for Health Professionals Responding to Missing Families & Unborn Babies For Whom There Are Concerns (October 2014)*. The designated nurse in the area where the child normally lives and was registered should be asked to circulate the missing child's details in accordance with the health board's procedures. Any outcome from this should be communicated to the social worker.

Social work services should maintain a record of missing children and/or families.

The social work manager must convene a review child protection conference to ensure that all information is made available and that all efforts are being made to trace the child and family and appropriate action being taken to safeguard their welfare.

When the child is found, the agency who locates the child will notify the social worker who will ensure that all other agencies are informed as well as the keeper of the register. If appropriate they will follow the procedure for the transfer of cases on the child protection register where appropriate. In all cases the child must be visited and seen to ensure they are safe and well. Intelligence should be gathered from the child and their parents/carers on the circumstances of them being missing and on any future risks identified.

All professionals and staff working with children should be aware of, and be alert to, the indicators of Child Sexual Exploitation, which includes, staying out late or episodes of being missing overnight or longer.

The following points are worthy of noting.

Children can be deemed 'missing' because they are absent from statutory care and/or absent from home or care.

'Missing' covers a range of scenarios, including children running away from home, abduction and the planned removal of children from statutory educational services through home education.

Where children are designated as 'missing', multi-agency risk assessment and co-ordination is essential for location of the child and any subsequent support, extending in some cases to the issuing of media alerts through the police.

If practitioners are concerned that a child or young person is 'missing', they should make every effort to visit and see that the child is safe and well.

Legislative Framework

Children (Scotland Act) 1995
The Children (Scotland) Act 1995 & Children's Hearings (Scotland) Act 2011

The **Children (Scotland) Act 1995** and the **Children's Hearings (Scotland) Act 2011** provide the main legislative framework for the protection of Children in Scotland. The Children's Hearings (Scotland) Act replaced those parts of the Children (Scotland) Act 1995 relating to the Children's Hearings system although many parts of the Children (Scotland Act 1995 ("the 1995" Act") remain in force and it will be referred to where relevant.

The 2011 Act contains the grounds of referral to the Children's Hearing system for those considered in need of compulsory supervision, and, along with the 1995 Act, they provide a number of mechanisms allowing for intervention in a child's life when they are considered to be suffering, or at risk of suffering, significant harm.

Beyond voluntary intervention with children and their families these mechanisms take the form of court orders, namely:

- Assessment Orders;
- Child Protection Orders;
- Exclusion Orders (1995 Act); and
- Compulsory Supervision Orders issued by a Children's Hearing.

Child Assessment Order

A child assessment order is an order of the court authorising an assessment of a child's health and development or of the way a child is being treated. A child assessment order can be used if parents continue to refuse access to a child for the purpose of establishing basic facts about the child's condition but concerns about the child's safety are not so urgent as to require a child protection order. The order enables the court to require the parents to co-operate with an assessment, the details of which will be specific. If specified in the order it can authorise the removal of the child but only for the purpose of the assessment. An assessment order can only last for a maximum of 3 days. The order does not take away the child's own right to refuse an assessment. The parents should be informed of the legal steps which could be used.

A **Sheriff** may make directions regarding the contact which the child should have with parents, other family members and any person named in the order. Any such direction must be complied with by the local authority.

Conditions to be satisfied

In the course of making inquiries into a child's circumstances in terms of Section 60 of the Children's Hearings (Scotland) Act 2011 (when it is considered that a child may be in need of protection, guidance, treatment or control and that it might be necessary for a compulsory supervision order to be made), a local authority may consider it necessary to seek a child assessment order.

In order to satisfy a sheriff that such an order is necessary; the following three conditions set out in Section 36 (2) require to be met:

- The local authority must have reasonable cause to suspect that the child in respect of whom the order is being sought has been or is being treated (or neglected) in such a way that he or she is suffering or is likely to suffer significant harm;
- Such assessment of the child is required in order to establish whether or not there is reasonable cause to believe that the child is so treated (or neglected); and
- Such assessment is unlikely to be carried out, or be carried out satisfactorily, unless the order is granted.

Steps to be taken

In considering whether an application for a child assessment order is appropriate, it is important to recognise that assessment will be the key to decision-making about the needs of children and their families. The assessment will also consider whether one of the child's needs should be addressed through protective measures. In keeping with the principles of the Act such an assessment should, wherever possible, be undertaken without the need for a statutory order, in co-operation with parents, and taking into account the views of the child.

The duty on local authorities 'to make all necessary inquiries" under Section 60 of the Children's Hearings (Scotland) Act 2011 should be explained to parents and the opportunity given for them to explain their point of view. Parents who continue to refuse to allow their child to be seen or assessed should be advised of the options open to the authority when there are concerns about a child's safety, including application for a child assessment order, and the effects of this and other child protection measures.

A child assessment order is not an emergency order although it may be made in an emergency situation, for example where it is not possible to say definitively that the Child Protection Order tests have been met until an assessment has been carried out. The decision to apply for it should however be planned, and in most circumstances should only be made after a process of consultation with other agencies.

When consideration is being given to the necessity for an application for an assessment order, this should be discussed with a social work manager.

Before making a decision about the need for a child assessment order, the social work manager, should, wherever possible, convene and chair a child protection case discussion to consider the matter. Case discussions should involve representatives of appropriate agencies; in particular health and education staff, and consideration should be given as to whether consultation with the Council's legal services is required at this stage. If appropriate and unless to do so may be contrary to the best interests of the child or contradict other responsibilities (e.g. in relation to data protection, safety matters for all involved), consideration may be given to including the child and their parents.

The case discussion should consider whether the criteria for a child assessment order are satisfied, pay particular attention as to whether co-operation may be obtained in any other way, take into account that the order – if made – would have to be enacted within a very quick timescale, and whether, in all the circumstances, the child assessment order is the most appropriate measure to be sought.

The case discussion should consider any difficulties likely to be encountered in implementing the order, if granted, and in particular should consider whether assistance may be required from the Police/Sheriff Officers to enforce the order.

The service manager, social work, should contact the authority's legal services to give notice of such a request for assistance.

Information required

The main determinants of the decision to seek an Order will be evidence of:

- The degree of harm suspected;
- The occurrence or likelihood of this harm;
- The extent to which attempts to proceed with parental co-operation have failed.

Where a decision has been made to seek an order, the case discussion should consider the need for the provision of information from each appropriate agency to support the application, who will do the assessment, where it will take place and timescale for completion.

This may include, for example, school or health visitor reports.

Where a decision has been made to seek an order the case discussion should consider the need for the involvement of relevant staff from each appropriate agency. This may range from the provision of information towards the assessment, to active involvement in the assessment process. The minute of the case discussion should record decisions made in this regard, and agencies should be requested to confirm their views and concerns in writing.

The minute should also record the views of the child and how they have been ascertained. If the views of the child have not been obtained the minute should indicate the reason for this.

Finally, the minute should record decisions of the case discussion regarding any directions or conditions that may require to be sought in terms of Section 35 of the Children's Hearings (Scotland) Act 2011.

If the local authority has concluded that the child may be in need of protection, guidance, treatment or control and that it might be necessary for a compulsory supervision order to be made a referral must also be made to the Reporter.

Procedure to be followed

Given that a child assessment order is not in itself an emergency order; the decision to apply for it is likely to be on a planned basis after consultation with other agencies in the form of a case discussion.

If the service manager, social work, or equivalent is satisfied that there are sufficient grounds for making the application and that all voluntary options have been considered, they will, during office hours, either consult directly or delegate any named individual to consult with legal services.

Copies of the minute of any case discussion and any other relevant information must be made available to the legal services representative with a minimum of delay, including reports from other agencies, e.g. school, health services.

It is the responsibility of the Local Authority to prepare an application for the Sheriff. This responsibility may lie with legal services or social work services, in consultation with legal services when possible.

The application should include details of any directions or conditions, which are being requested as part of the order.

Consideration also needs to be given at this stage as to whether, and if so, which social work personnel should accompany the solicitor making the application.

The application requires to be made on the appropriate form and should include any details of directions or conditions which should be applied to the order. The application should also be supported by written evidence in the form of a minute available from the case discussion along with any other relevant reports or statements from other agencies.

When appearing before the sheriff, the social worker should ensure that there are sufficient copies of Application Form for Child Assessment Order and the Child Assessment Order as well as any written evidence referred to in the previous paragraph.

When applying for a child assessment order you should be aware of the sheriff's power to grant a child protection order and should, therefore, have a plan prepared for this contingency.

Following Sheriff's Decision

Following the granting of a child assessment order, the order will be served on the appropriate parties.

The Social Work manager, will ensure that the assessment, with any conditions attached, is undertaken as a matter of priority, and in any event before the expiry of an order.

The Child Assessment Order must start no later than 24 hours after it is granted and will not exceed 3 days in duration.

If, at any point, information available suggests that the conditions for a child protection order or exclusion order are satisfied, then the appropriate order should be sought without delay.

The Service Manager should ensure that the family is notified of the results of the assessment at the earliest opportunity, and the action, if any, proposed by the department.

Serving Notice

A copy of the application form for a child assessment order should be served on:

- The child, in respect of whom the Order is sought (unless the Sheriff decides otherwise);
- Any relevant person within the meaning of Section 81(4)(d) of the Act;
- The Safeguarder (if any);
- The Principal Reporter;
- Any other person whom the Local Authority considers requires to be served a Notice of the Application, e.g. the person who is caring for the child at the time the application is made.

The local authority shall intimate the granting (or refusal) of an application to such persons, if any, as the Sheriff directs.

Child Protection Order

This is an emergency measure which aims to protect children and young people who are at risk of significant harm and should only be applied for when there is an urgent need for protective action. It authorises the applicant to remove a child from circumstances in which he or she is at risk or retain him or her in a place of safety. The reasons for decisions to apply for the order should be clearly recorded. A child protection order may also specify conditions (e.g. medical examination) attached to the order.

Only the police have statutory authority to use reasonable force in order to gain entry to premises. The police must therefore be involved in discussions about any case where access to the child has been refused.

The purpose of a child protection order is to ensure that, where it is necessary, urgent action can be taken to remove a child to a place of safety or to prevent the removal of a child from the place they currently are.

A child protection order can do any of the following:

- Require any person in a position to do so to produce the child to the applicant;
- Authorise removal of the child by the applicant to a place of safety, and the keeping of the child in that place;
- Authorise the prevention of the removal of the child from any place where he or she is being accommodated;
- Provide that the location of any place of safety in which the child is being kept should not be disclosed to any person or class of person specified in the Order itself;
- Authorise the carrying out of an assessment of the child's health, development or welfare or the way in which the child has been or is being treated or neglected.

A child subject to a child protection order is not technically a looked after child under the terms of the Children's Hearings (Scotland) Act 2011 however the Authority has the same obligations to such a child as they would to a looked after child. The Sheriff may make directions as to contact with the child for any parent, relevant person or other specified person or class of person. They may alternatively prohibit contact by such a person. They may also direct that medical or psychiatric examination or other assessment or interview of the child or treatment arising out of the examination or assessment take place.

The duration of the order is limited initially to a maximum of 2 working days. When a CPO Is implemented a Children's Hearing must be held on the 2nd working day after implementation or the CPO will fall. If the Children's Hearing continue the CPO then a further hearing must be held by the 8th working day. At this Hearing legal documents drafted by the Reporter and which set out the grounds for referral and supporting statements of the facts of the case will be put to the child and any relevant persons.

Conditions to be satisfied

There are two separate bases on which an application for a Child Protection Order can be made (Sections 38 and 39 of the 2011 Act). The grounds available under s38 only apply when the local authority is making the application. The grounds under s39 apply irrespective of who makes the application to the court.

In respect of an application made by a local authority under section 38, the sheriff may make a child protection order if satisfied:

a. That the authority has reasonable grounds to suspect that a child is being or will be so treated (or neglected) that he is suffering or will suffer significant harm;

b. That they are making, or causing to be made, enquiries to allow them to decide whether they should take any action to safeguard the welfare of the child; and

c. That those enquiries are being frustrated by access to the child being unreasonably denied and the authority has reasonable cause to believe that such access is required as a matter of urgency.

In terms of section 39 of the Children's Hearings (Scotland) Act 2011, a child protection order may be granted by the sheriff if he/she is satisfied that

a. There are reasonable grounds to believe that a child;

    i. Has been or is being so treated (or neglected) that he is suffering significant harm or is likely to suffer significant harm; or

    ii. Is likely to suffer such harm if he is not removed to and kept in a place of safety, or if he does not remain in the place where he is then being accommodated (whether or not he is resident there); and

b. An order under this section is necessary to protect that child from such harm (or such further harm).

Steps to be taken before Applying for an Order

Before deciding to apply for a child protection order, the social worker must consult with his or her team manager and the service manager, or equivalent.

There are a number of other matters which as far as is practicable should be considered:

- An assessment of the alternatives to an application for the order;
- The ascertainable wishes and feelings of the child having regard to the child's age and understanding;
- The child's physical, emotional and educational needs, including any special need during the period of the order, if made;
- The likely effect on the child of a change in circumstances which might result from an application for an order;
- The child's age, gender and family circumstances;
- The circumstances giving rise to the application; the need for any directions relating to, for example, contact and assessments and which the court may attach to the child protection order, if made;
- The nature and effect of any other orders or requirements already made in respect of the child, for example, a residence order, contact order, or supervision order.

Out of Hours

The social worker should contact the relevant social work manager. The home telephone numbers of these personnel can be obtained through their organisations. The following are the public numbers for stand by' or 'out of hours' services that cover selected local authority areas in the West of Scotland CP consortium area.

- Argyll and Bute Social Work Emergency Service - 01631 566491.
- Dumfries and Galloway – 01387 273766
- East, North and South Ayrshire - 0800 328 7758;
- East Dunbartonshire, East Renfrewshire, Glasgow, Inverclyde, Renfrewshire and West Dunbartonshire - 0800 811 505;
- North Lanarkshire - 0800 121 4114;
- South Lanarkshire - 0800 678 3282;

The procedures outlined above would then be followed by accessing the department's 'out with working hours emergency contact list' which contains details of how to access Legal Services, the Sheriff Clerk and the Sheriff.

It should be the Service Manager, Children and Families, or equivalent who will make a decision regarding the application, in consultation with legal services where possible.

Procedure for making an application

The investigating social workers will discuss the application with the social work manager, or equivalent, who will then make a decision about whether to proceed with the application and whether the application is to be made under Section 38 or 39. The social work manager will also liaise with the officer in charge of any investigation from the police family protection unit.

If they are satisfied that there are sufficient grounds for making the application, and that all voluntary options have been considered, they will, during office hours, either consult directly or delegate any named individual to consult with the Council's legal services.

Application will be made by the local authority through the Sheriff Clerk in the Civil Section at the appropriate Sheriff Court. He or she will make the necessary arrangements for a Sheriff to hear the Application. Contact should then be made by telephone with the Children's Reporter advising of the intention to apply for a child protection order.

The application should be made using the appropriate form and should include details of terms, conditions or directions which should apply to the Order. If there are concerns that disclosure of the child's address to any relevant person may prejudice the safety of the child or other member of the child's household, then an order should be sought from the Sheriff directing non- disclosure of the address, which consequently should not be included in the Form.

It is good practice for the application to be supported by written evidence in the form of a report.

Unless local practice directs otherwise, when appearing before the Sheriff, the social worker should also take copies of the Child Protection Order, Notice to Child, and Notice to a Named Person. Good practice suggests that in any event blank copies of the above should be taken.

Workers should ensure that they carry with them appropriate evidence of their entitlement to undertake the actions for which they seek authorisation in terms of the application. Sheriffs may well demand sight of evidence in this regard.

A Child Protection Order which contains an authorisation to remove a child will cease to have effect at the end of 24 hours if there have been no attempts to implement it during that period. If attempts have been made to implement it but without success (e.g. difficulties accessing child) then the Order ceases to have effect at the end of the period of 6 days.

Serving the order

The order needs to be lawfully served by the applicant. For officers of the local authority the rules specify that the standard methods of legal service available are by first class post, recorded delivery or by fax. However, the applicable rules (Act of Sederunt (Child Care and Maintenance Rules) 1997), also provide that where there is not sufficient time to employ any of the methods specified, service can be effected verbally or in such other manner as the Sheriff directs.

Social workers should accordingly ask the Sheriff to direct that they may affect service either by personal delivery and/or verbally. It is suggested that this request is included as a standard part of all applications for child protection orders.

NB Service on any person who might pose a threat of violence should be by Sheriff's Officer (name and address from Legal Services).

The applicant is responsible for giving notice of the Order using the appropriate forms:

- The appropriate form should be given to the child, along with copies of the application and the Order (unless otherwise specified). If a child is deemed to be too young, copies of the form should be given to the appropriate carer;
- The appropriate form should be given to any relevant person within the meaning of Section 81(4)(d) of the Act, along with copies of the application, the order and the explanatory leaflet which gives advice about legal rights.

In addition the following people should be given notice of the Order:

- The Safeguarder (if any);
- The Children's Reporter who must receive the original documents;
- Any other person whom the Local Authority considers has an interest in the application.

On being granted an order, the social worker should discuss with the child and the child's family how the order and any conditions should be managed.

The Social Worker should ensure that the case file retains:

- A copy of the application for an Order;
- The Interlocutor granting the Order;
- Any Certificate of Service of an Order.

Steps to be taken

In considering whether an application for a child assessment order is appropriate, it is important to recognise that assessment will be the key to decision-making about the needs of children and their families. The assessment will also consider whether one of the child's needs is to be protected. In keeping with the principles of the Act such an assessment should, wherever possible, be undertaken without the need for a statutory order, in co-operation with parents, and taking into account the views of the child.

The duty on local authorities 'to cause inquiries to be made' under Section 53 of the Act should be explained to parents and the opportunity given for them to explain their point of view. Parents who continue to refuse to allow their child to be seen or assessed should be advised of the options open when there are concerns about a child's safety, including application for a child assessment order and the effects of this and other child protection measures.

A child assessment order is not an emergency order. The decision to apply for it should be planned, and only be made after a process of consultation with other agencies. When consideration is being given to the necessity for an application for an assessment order, this should be discussed with a social work manager.

Before making a decision about the need for a child assessment order, the social work manager, should, wherever possible, convene and chair a case discussion to consider the matter. Case discussions should involve representatives of appropriate agencies; in particular health and education staff, and consideration should be given as to whether consultation with the Council's legal services is required at this stage. If appropriate and unless to do so may cause further harm, consideration may be given to including the child and their parents.

The case discussion should consider whether the criteria for a child assessment order are satisfied and should pay particular attention as to whether co-operation may be obtained in any other way, and whether, in all the circumstances, the child assessment order is the most appropriate measure to be sought.

The case discussion should consider any difficulties likely to be encountered in implementing the order, if granted, and in particular should consider whether assistance may be required from the Police/Sheriff Officers to enforce the order.

The service manager, social work, should contact the authority's legal services to give notice of such a request for assistance.

Varying or recalling the order

Where a CPO has been granted, it is open to the child or any relevant person to apply to the court to have it varied or recalled prior to the 2nd working day hearing or within 2 working days after a 2nd working day hearing where the CPO was continued.

If social work staff have information which suggests that the child or a relevant person intends to make application for variation or recall of the child protection order, Legal Service should be alerted immediately by the social work manager with responsibility for the case or equivalent, and provided with all appropriate background information and a copy of the order. A copy of the application for variation or recall should be passed to Legal Services as soon as it is received as the application has to be determined within three working days.

The local authority can apply to have a CPO varied. If social work staff consider that it is in the interests of the child that the CPO is varied in some way they should consult with Legal Services who will consider making such an application under Section 48.

A copy of the application should be served on the following parties together with the appropriate forms and a copy of the court's order fixing the hearing

- The child (unless otherwise specified). The child should also be given a copy of the Notice to Child of Application to Vary or Set Aside Child Protection Order;
- Any relevant person within the meaning of Section 81(4)(d) of the Act;
- The Safeguarder (if any);
- The Principal Reporter.

- Any other person the Local Authority considers has an interest in the application.

If, after calling, the application is granted the applicant is responsible for giving notice of the variation or recall of a Child Protection Order using copies of the appropriate forms to such persons as the sheriff directs.

Exclusion orders

An exclusion order is a statutory measure available to protect children from significant harm by excluding an alleged abuser from the family home. An exclusion order has the effect of suspending the named person's rights of occupancy (if any) to the family home in question.

The grounds for Exclusion orders remain those provided under the Children (Scotland) Act 1995. These provisions have not been affected by the 2011 Act.

The Exclusion order prevents the person, whether an occupier or not, from entering the home, except with the express permission of the local authority which applied for the order. A person named in an exclusion order may be the child's parent or a member of the child's family or anyone from whom it is considered necessary to protect a child because of the risk of significant harm or the threat of harm (for example, a visitor to the family home).

The Sheriff when making an exclusion order may do any of the following:

- Grant a warrant for the summary ejection of the named person from the home;
- Grant an interdict prohibiting the named person from entering the home without the express permission of the local authority;
- Grant an interdict prohibiting the removal by the named person of any relevant item specified in the interdict from the home except either.

With the written consent of the local authority, or an appropriate person; or by virtue of a subsequent order of the Sheriff

- Grant an interdict prohibiting the named person from entering or remaining in a specified area in the vicinity of the home;
- Grant an interdict prohibiting the taking by the named person of any step of a kind specified in the interdict in relation to the child make an order regulating the contact between the child and the named person.

An exclusion order lasts for 6 months unless it contains a direction by the Sheriff that it shall cease to have effect on an earlier date.

Conditions Required

In terms of Section 76(2) of the Act three conditions must be satisfied before the Sheriff may grant the order. These are that:

- The child has suffered, is suffering, or is likely to suffer significant harm as a result of any conduct, or any threatened or reasonably apprehended conduct of the named person.

- The order is necessary to protect the child, irrespective of whether the child is for the time being residing in the family home; and would better safeguard the child's welfare than removal of the child from the home
- There will be a person in the family home able to take responsibility for providing appropriate care for the child who is the subject of the order and any other family member who needs care.

Even when a sheriff decides that an exclusion order is necessary s/he will not make the order if it appears unjustified or unreasonable having regard to all the circumstances of the case. The circumstances that s/he will consider are:

- The conduct of the members of the child's family
- The needs and financial situation of the family members
- The extent to which the home is used for a family member's trade or profession and likely consequences.

The sheriff, when considering whether to make, vary or discharge an exclusion order must, taking into account the child's age and maturity, give them an opportunity to express their views if they so wish and the sheriff must have regard to any views expressed. In accordance with the Rules of Court, how the sheriff seeks the views of the child is for him/her to determine.

Steps to be Taken

When consideration is being given to the necessity for an application for an exclusion order, this should be discussed with a social work service manager.

Case discussions should involve representatives of appropriate agencies, in particular health, education and housing staff and also the local authority's legal services. Consideration should also be given to inviting the person who will be left responsible for giving continued care of the child.

The case discussion should consider whether the criteria for an exclusion order are satisfied and should pay particular attention as to whether co-operation may be obtained in any other way, and whether in all the circumstances an exclusion order is the most appropriate measure to be sought.

The case discussion should consider any difficulties likely to be encountered in implementing the order, if granted, and in particular should consider whether assistance may be required from the police/sheriff officers to enforce the order.

It is unlikely that an exclusion order will be used to provide emergency protection for a child. Where emergency protection is required an interim order should be sought. This has the same effect as an exclusion order but can be granted immediately by the sheriff before the court hearing takes place. If the court hearing is not held within three working days then the interim exclusion order will fall.

Exclusion orders may also be used when a child protection order has been granted. This is the case where it is in the best interests of the child to be returned home and the suspected adult perpetrator, who still poses a risk to the child, will not voluntarily leave the home.

Information Required

The main determinants of the decision to seek an Order will be evidence of:

- The degree of harm suspected;
- The occurrence or likelihood of this harm;
- The extent to which attempts to proceed with parental co-operation have failed.

Where a decision has been made to seek an order, the case discussion should consider the need for the provision of information from each appropriate agency to support the application, who will do the assessment, where it will take place and timescale for completion.

This may include, for example, school or health visitor reports.

Where a decision has been made to seek an order the case discussion should consider the need for the involvement of relevant staff from each appropriate agency. This may range from the provision of information towards the assessment, to active involvement in the assessment process. The minute of the case discussion should record decisions made in this regard, and agencies should be requested to confirm their views and concerns in writing.

The minute should also record the views of the child and how they have been ascertained. If the views of the child have not been obtained the minute should indicate the reason for this.

Finally, the minute should record decisions of the case discussion regarding any directions or conditions that may require to be sought in terms of Section 55 of the Act.

Procedure for Making an Application

The investigating social workers will discuss the application with both the team and service manager, social work, or equivalent, who will then agree arrangements concerning the application. The social work manager will also liaise with the appropriate police personnel in charge of any investigation into allegations of abuse.

Once it is clear that there are sufficient grounds for making an application and all other voluntary options have been considered, during office hours either consult directly or delegate any named individual to consult with Legal Services. A decision should also be made at this stage about whether, and if so, which social work personnel should accompany the solicitor making the application.

It is the legal section's responsibility to prepare an application for the sheriff. However, the team manager and the social worker will require to give details of any terms and conditions or directions which should be attached to the order to the appropriate solicitor in the legal section.

Serving the Order

The order needs to be lawfully served by the applicant. For officers of the local authority the rules specify that the standard methods of legal service available are by first class post, recorded delivery or by fax.

However, the applicable rules (Act of Sederunt (Child Care and Maintenance Rules) 1997), also provide that where there is not sufficient time to employ any of the methods specified, service can be effected verbally or in such other manner as the Sheriff directs.

Social workers should accordingly ask the Sheriff to direct that they may effect service either by personal delivery and/or verbally. It is suggested that this request is included as a standard part of all applications for child protection orders.

NB Service on any person who might pose a threat of violence should be by Sheriff's Officer (name and address from Legal Services).

The applicant is responsible for giving notice of the Order using the following forms:

- Form 50 should be given to the child, along with copies of the application and the Order (unless otherwise specified). If a child is deemed to be too young, copies of the form should be given to the appropriate carer.
- Form 51 should be given to any relevant person within the meaning of Section 93(2)(b) of the Act, along with copies of the application, the order and the explanatory leaflet which gives advice about legal rights.

In addition the following people should be given notice of the Order:

- The Safeguarder (if any);
- The Children's Reporter who must receive the original documents;
- Any other person whom the Local Authority considers has an interest in the application.

On being granted an order, the social worker should discuss with the child and the child's family how the order and any conditions should be managed.

The Social Worker should ensure that the case file retains:

- A copy of the application for an Order;
- The Interlocutor granting the Order;
- Any Certificate of Service of an Order.

Out of Hours

The social worker should contact the relevant social work manager. The home telephone numbers of these personnel can be obtained through their organisations. The following are the public numbers for stand by' or 'out of hours' services that cover selected local authority areas in the West of Scotland CP consortium area.

Covering

- Argyll and Bute Social Work Emergency Service - 01631 566491.
- Dumfries and Galloway – 01387 273766
- East, North and South Ayrshire - 0800 328 7758;
- East Dunbartonshire, East Renfrewshire, Glasgow, Inverclyde, Renfrewshire and West Dunbartonshire - 0800 811 505;
- North Lanarkshire - 0800 121 4114;
- South Lanarkshire - 0800 678 3282;

The procedures outlined above would then be followed by accessing the department's 'outwith working hours emergency contact list' which contains details of how to access legal services, the sheriff clerk and the sheriff.

In the absence of a legal representative, it should be the service manager, children and families, or equivalent who will make a decision regarding the application.

Compulsory Supervision Orders

Not all child protection matters will require to be managed on an emergency basis using emergency orders. The use of Compulsory Supervision Orders can allow for the protection of vulnerable children, including their removal from home, on a planned and longer term basis. Without a Compulsory Supervision Order or Interim Compulsory Supervision Order, agencies are reliant on the voluntary cooperation of families, even for children placed on the Child Protection Register. It is therefore important that all assessments consider whether a Compulsory Supervision Order might be necessary.

Section 60 of the Children's Hearings (Scotland) Act 2011 imposes on the local authority a duty to refer a child to the Reporter where the local authority consider (a) the child is in need of protection, guidance, treatment or control, and (b) it might be necessary for a compulsory supervision order to be made in relation to the child. When making such a referral the local authority must give any information that it has about the child to the Reporter. The Reporter must then make a decision as to whether, in his/her view, a compulsory supervision order is required.

It should be noted that the threshold for referral to the Reporter is **NOT** the "significant harm" threshold.

Factors to consider when deciding whether a compulsory supervision order might be necessary include:

- The seriousness of the concern / risk to the child;
- Whether the family understand and accept the areas for concern;
- Their motivation and capacity to address the areas of concern;
- Their willingness and ability to engage with and cooperate with supports;
- Whether supports offered on a voluntary basis have evidenced adequate improvements.

Criminal Injuries Compensation

Children who have suffered significant harm either within or outwith the family as a result of abuse may be eligible for criminal injuries compensation. Other children or non-abusing adults who have a relationship with the abused child may also be eligible for compensation if they are secondary victims.

Applications for a claim should be made within two years from the date of the crime but the time limit can be waived in any case if the Criminal Injuries Compensation Board thinks it is reasonable or it is in the interests of justice to do so Professionals should be aware of this scheme and should consider whether any child for whom they are responsible is eligible to apply. They should also ensure that applications are progressed timeously.

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

Negligence

It is crucial that scrutiny is given to the above as the Local Authority can be held liable if it fails to make a claim. Action may also be taken against the Local Authority if it accepts an inadequate offer of compensation on behalf of a child.

Children and young people who have been abused in residential care are also entitled to claim compensation.

Full details of the scheme including application forms and notes of guidance can be obtained direct from the **Criminal Injuries Compensation Authority**, Tay House, 300 Bath Street, Glasgow, G2 4JR (Tel 0141 331 2726 or 0800 3583601.

Practice Guidance

Child Sexual Exploitation

1. Introduction

Child sexual exploitation is a form of child sexual abuse in which person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity in return for something received by the child and/or those perpetrating or facilitating the abuse. As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.

If someone takes advantage of an imbalance of power to get a child/ young person to engage in sexual activity, it is CSE if:

1. The child/young person receives, or believes they will receive, something they need or want (tangible or intangible gain or the avoidance of harm) in exchange for the sexual activity;

   AND/OR

2. The perpetrator/facilitator gains financial advantage or enhanced status or power from the abuse.

Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (money, drugs or alcohol, for example) and intangible rewards (status, protection or perceived receipt of love or affection, for example). It is critical to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a child/young person does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

Where the gain is solely on the part of the perpetrator/facilitator, it must be something more than sexual gratification to constitute CSE (as opposed to another form of sexual abuse). This could be money, other financial advantage (reduced cost drugs/alcohol or discharge of a debt for example), status or power.

CSE can take a variety of different forms (see examples in **Child Sexual Exploitation: Definition and Practitioner Briefing Pape**r). It can take place in person or online and involve both contact and non-contact sexual activities. Although CSE is not a specific criminal offence in itself, it does encompass a range of sexual offences and other forms of serious criminal misconduct that can be used to disrupt and prosecute this form of abuse.

Any child under the age of eighteen, male or female, can be a victim of CSE, including those who can legally consent to have sex. The abuse most frequently impacts upon those of a post-primary age and can be perpetrated by adults or peers, on an individual or group basis.

2. Risks

Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances.

Sexual exploitation results in children and young people suffering harm and causes significant damage to their physical and mental health. It can also have profound and damaging consequences for the child's family. Parents and carers are often traumatised and under severe stress. Siblings can feel alienated and their self-esteem can be affected. Family members can themselves suffer serious threats of abuse, intimidation and assault at the hands of perpetrators.

There are strong links between children involved in sexual exploitation and other behaviours such as running away from home or care, bullying, self-harm, teenage pregnancy, truancy and substance misuse. In addition, some children are particularly vulnerable, for example, children with special needs, those in residential or foster care, those leaving care, migrant children, unaccompanied asylum-seeking children, victims of forced marriage and those involved in gangs.

There is also often a presumption that children are sexually exploited by people they do not know. However, evidence shows that this is often not the case and children are often sexually exploited by people with whom they feel they have a relationship, e.g. a boyfriend / girlfriend. Children are often persuaded that the boyfriend / girlfriend is their only true form of support and encouraged to withdraw from their friends and family and to place their trust only within the relationship.

Many children and young people are groomed into sexually exploitative relationships, but other forms of entry exist. Some young people are engaged in informal economies that incorporate the exchange of sex for rewards such as drugs, alcohol, money or gifts. Others exchange sex for accommodation or money as a result of homelessness and experiences of poverty. Some young people have been bullied, coerced and threatened into sexual activities by peers or gang members, which is then used against them as a form of extortion and to keep them compliant.

Due to the nature of the grooming methods used by their abusers, it is very common for children and young people who are sexually exploited not to recognise that they are being abused. Practitioners should be aware that particularly young people aged 16 and 17 may believe themselves to be acting voluntarily and will need practitioners to work with them so they can recognise that they are being sexually exploited. This is not an issue, which affects only girls and young women, but boys and young men are also exploited. However, they often may experience other barriers to disclosure.

Child sexual exploitation is a form of child sexual abuse. It can take many forms from the seemingly 'consensual' relationship where sex is exchanged for attention, accommodation or gifts, to serious organised crime and child trafficking. (Human trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone's vulnerability).

What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Technology such as mobile phones or social networking sites can play a part in sexual exploitation, for example, through their use to record abuse and share it with other like-minded individuals or as a medium to access children and young people in order to groom them.

Sexual exploitation has strong links with other forms of crime, for example, domestic violence and abuse, online and offline grooming, the distribution of abusive images of children and child trafficking.

The perpetrators of sexual exploitation are often well organised and use sophisticated tactics. They are known to target areas where children and young people gather without much adult supervision, e.g. parks, takeaway outlets or shopping centres or sites on the Internet.

Children and young people may have already been sexually exploited before they are referred to Children's Social Care; others may become targets of perpetrators whilst living at home or during placements. They are often the focus of perpetrators of sexual abuse due to their vulnerability. All practitioners and foster carers should therefore create an environment which educates children and young people about child sexual exploitation, involving relevant outside agencies where appropriate. They should encourage them to discuss any such concerns with them, or with someone from a specialist child sexual exploitation project, and also feel able to share any such concerns about their friends.

Consent

This extract from The Office of the Commissioner for Children (OCC) Inquiry into CSE in Gangs and Groups (Nov 2012) helps to consider issues around consent.

> "*The law not only sets down 16 as the age of consent, it also applies to whether a person has given their consent to sexual activity, or was able to give their consent, or whether sexual violence and rape in particular took place. In the context of child sexual exploitation, the term 'consent' refers to whether or not a child understands how one gives consent, withdraws consent and what situations (such as intoxication, duress, violence) can compromise the child or young person's ability to consent freely to sexual activity*."

Practitioners must also consider other factors which might influence the ability of the person to give consent, e.g. learning disability / mental ill health. Young people under the age of 16 cannot legally consent to sexual activity. Sexual intercourse with children under the age of 13 is statutory rape. A child under 18 cannot consent to their own abuse through exploitation.

3. Indicators

Anyone who has regular contact with children is in a good position to notice changes in behaviour and physical signs that may indicate involvement in sexual exploitation.

Parents carers and anyone in a position of responsibility with a child should also know how to monitor online activity and be prepared to - monitor computer usage where they are suspicious that a child is being groomed online.

The fact that a young person is 16 or 17 years old should not be taken as a sign they are no longer at risk of sexual exploitation.

Young people with a disability may have increased vulnerability as well as young people up to the age of 21 who were looked after for whom the local authority has statutory care leaver responsibility and / or where there may be child in need and/or child protection issues.

Practitioners should receive training on child sexual exploitation, and therefore be aware of the key indicators of child sexual exploitation. This list is not exhaustive, but they include:

Health

- Physical symptoms (bruising suggestive of either physical or sexual assault);
- Chronic fatigue;
- Recurring or multiple sexually transmitted infections;
- Pregnancy and/or seeking an abortion;
- Evidence of drug, alcohol or other substance misuse;
- Sexually risky behaviour.

Education

- Truancy/disengagement with education or considerable change in performance at school.

Emotional and Behavioural Issues

- Volatile behaviour exhibiting extreme array of mood swings or use of abusive language;
- Involvement in petty crime such as shoplifting, stealing;
- Secretive behaviour;
- Entering or leaving vehicles driven by unknown adults;
- Reports of being seen in places known to be used for sexual exploitation, including public toilets known for cottaging or adult venues (pubs and clubs).

Identity

- Low self-image, low self-esteem, self-harming behaviour, e.g. cutting, overdosing, eating disorder, promiscuity.

Relationships

- Hostility in relationships with staff, family members as appropriate and significant others;
- Physical aggression;
- Placement breakdown;
- Reports from reliable sources (e.g. family, friends or other professionals) suggesting the likelihood of involvement in sexual exploitation;
- Detachment from age-appropriate activities;
-
- Associating with other young people who are known to be sexually exploited;
- Known to be sexually active;
- Sexual relationship with a significantly older person, or younger person who is suspected of being abusive;
- Unexplained relationships with older adults;
- Possible inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet;
- Phone calls, text messages or letters from unknown adults;
- Adults or older youths loitering outside the home;
- Persistently missing, staying out overnight or returning late with no plausible explanation;
- Returning after having been missing, looking well cared for in spite of having no known home base;
- Missing for long periods, with no known home base;
- Going missing and being found in areas where they have no known links.

Please note: Whilst the focus is often on older men as perpetrators, younger men and women may also be involved and practitioners should be aware of this possibility.

Social Presentation

- Change in appearance;
- Going out dressed in clothing unusual for them (inappropriate for age, borrowing clothing from older young people).

Family and Environmental Factors

- History of physical, sexual, and/or emotional abuse; neglect; domestic violence; parental difficulties.

Housing

- Pattern of previous street homelessness;
- Having keys to premises other than those known about.

Income

- Possession of large amounts of money with no plausible explanation;
- Acquisition of expensive clothes, mobile phones or other possessions without plausible explanation;
- Accounts of social activities with no plausible explanation of the source of necessary funding.

Other Areas to Consider

Practitioners should be aware that many children and young people who are sexually exploited do not see themselves as victims. In such situations, discussions with them about concerns should be handled with great sensitivity. Seeking prior advice from specialist agencies may be useful. This should not involve disclosing personal, identifiable information at this stage.

In assessing whether a child or young person is a victim of sexual exploitation, or at risk, careful consideration should be given to the issue of consent. It is important to bear in mind that:

- A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching;
- Sexual activity with a child under 16 is also an offence;
- It is an offence for a person to have a sexual relationship with a 16 or 17-year old if they hold a position of trust or authority in relation to them;
- Where sexual activity with a 16 or 17-year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;
- Non-consensual sex is rape whatever the age of the victim; and
- If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent; therefore, offences may have been committed;
- Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group.

The child sexual exploitation training which practitioners receive should also include what information should be given to the police in such cases, for example vehicle registration numbers, names, physical descriptions. It may also include what action staff should take in the case of suspected sexual or physical abuse in order to protect potential evidence, which may be useful in the case of an alleged perpetrator being prosecuted.

4. Children and Young People who go Missing

A significant number of children and young people who are being sexually exploited may go Missing from home or care, and education. Some go missing frequently; the more often they go missing the more vulnerable they are to being sexually exploited. If a child does go missing, the Children Missing from Care, Home and Education (to follow) should be followed.

Independent Return Interviews with the child or young person can help in establishing why they went missing and the subsequent support that may be required, as well as preventing repeat incidents. Information gathered from return interviews can be used to inform the identification for Referral and Assessment of any child sexual exploitation cases.

5. Protection and Action to be Taken

Where the concerns about the welfare and safety of the child or young person are such that a referral should be made and the **Responding to Child Protection Concerns Procedure** must be followed.

6. Issues

Working with sexually exploited children is a complex issue which can involve serious crime and investigations over a wide geographical area.

Children may be frightened of the consequences of disclosure and may need to be given time to discuss their experiences.

The need to share information discreetly in a timely fashion has been shown to be vital in these cases.

Agencies and practitioners involved with a child or young person experiencing child sexual exploitation must consider disruption strategies which support the child or young person to leave the situation they find themselves in.

7. Supporting Children and Young People out of Child Sexual Exploitation

Practitioners from statutory agencies and voluntary sector organisations together with the child or young person, foster carers, and his / her family as appropriate, should agree on the services, which should be provided to them and how they will be coordinated. The types of intervention offered should be appropriate to their needs and should take full account of identified risk factors and their individual circumstances. This may include, for example, previous abuse, missing incidents, involvement in gangs and groups and/or child trafficking. Health services provided may include sexual health services and mental health services. Advice should be sought from the nearest specialist service, which works with children and young people involved in child sexual exploitation. A referral should be made as appropriate, if the child or young person is in agreement.

Because the effects of child sexual exploitation can last well into adulthood, support may be required over a long period of time. In such circumstances, effective links should be made between children and adult services and statutory and voluntary organisations. For young people who are Looked After, this should be incorporated into their Pathway Plan.

8. Identifying and Prosecuting Perpetrators

The police and criminal justice agencies lead on the identification and prosecution of perpetrators. All practitioners, however, have a role in gathering, recording and sharing information with the police and other agencies, as appropriate and in agreement with them.

Practitioners and foster carers should bear in mind that sexual exploitation often does not occur in isolation and has links to other crime types, including:

- Child trafficking (into, out of and within the UK);
- Domestic Violence and Abuse;
- Sexual violence in intimate relationships;
- Grooming (both online and offline);
- Abusive images of children and their distribution (organised abuse);
- Organised sexual abuse of children;
- Drugs-related offences (dealing, consuming and cultivating);
- Gang-related activity;
- Immigration-related offences;
- Domestic servitude.

9. Supporting Children and Young People through Related Legal Proceedings

Where alleged perpetrators are arrested and charged with offences against children or young people, allocated practitioners and foster carers should ensure they are supported throughout the prosecution process and beyond. Specialist agencies should be involved in supporting the child or young person, as required. This may include using special measures to protect them when giving evidence in court for example. Independent Sexual Violence Advisers or specialist voluntary sector services, if available, may also have an important role to play.

10. Further Information

Sexual Offences (Scotland) Act 2009

Protection of Children and Prevention of Sexual Offences (Scotland) Act 2004

National Guidance for Child Protection in Scotland

Child Sexual Exploitation Definition and Practitioner Briefing Paper

Child Sexual Exploitation Definition and Summary

Child Left Unattended

It is an offence under **Section 12 of the Children and Young Persons Act (Scotland) 1937**, if any person who has attained the age of 16 years has the custody, charge or care of any child or young person under that age and wilfully assaults, ill-treated, neglected, abandoned or exposed in a manner likely to cause him unnecessary suffering or injury to health (including injury to or loss of sight or hearing or limb or organ of the body and mental derangement), but that is much narrower and more specific than leaving unattended.

Leaving a child unattended is not an offence in itself, nor it child abuse in itself. For it to be child abuse there must be two elements of the definition present, significant harm and familial responsibility for that significant harm.

There needs to be evidence of real likelihood of suffering or likely injury to health. It is vital and essential part of childhood and growing up that children are left unattended. There needs to be considerable caution before any consideration of applying a label of child abuse to such situations.

Factors that would be relevant include the age of the child, the time of day or night, the existence of obvious hazards and the persistence of frequency of such behaviour.

Children left unattended generally become child abuse concerns where there is evidence of a pattern or patterns that expose the children to likelihood of significant harm. That is not to say that the patterns of children being regularly left attended should not be seen and dealt with as childcare concerns, ones that may even require compulsory measures of care in particularly serious. In themselves these incidents do not require to be investigated or dealt with as child abuse.

Abandonment is a separate and much more serious event which is more likely to qualify as potential child abuse. In the case of McGregor; VA, the Court defined abandonment as follows, ‘In my opinion ‘to abandon’ means to leave in a permanent way. It denotes an intention to depart from a person, a place or particular course of action in the sense that the departure, if not necessarily permanent, or quasi-permanent, will be final for the near future, and will not involve the perpetrator readily retracing his steps to the point of departure.’

Children and Young People who put themselves at risk

Some children and young people place themselves at risk of significant harm from their own behaviour.

Concerns about these children and young people can be just as significant as concerns relating to children who are risk because of their care environment. The main difference is the source of risk, though it should be recognised that at least some of the negative behaviour may stem from experience of abuse.

Where such risk is identified, as with other child protection concerns, it is important that a multi-agency response is mobilised, and a support plan identified to minimise future risk and that consideration is given to whether Compulsory Measures of Supervision might be required.

Concerns about these children and young people can be just as significant as concerns relating to children who are at risk because of their care environment. The main difference is the source of risk, though it should be recognised that at least some of the negative behaviour may stem from experience of abuse.

Where such risk is identified, as with other child protection concerns, it is important that a multi-agency response is mobilised, and a support plan identified to minimise future risk and that consideration is given to whether Compulsory Measures of Supervision might be required. The key test for triggering these processes should always be the level of risk to the individual child or young person and whether the risk is being addressed, not the source of risk.

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

- Self-harm and/or suicide attempts (see Self Harm and Suicidal Behaviour Procedure - to follow);
- Alcohol and/or drug misuse;
- Running away/going missing (see Children and Families that go Missing (Including Unborn Children) Procedure - to follow);
- Inappropriate sexual behaviour or relationships;
- Sexual exploitation (see **Child Sexual Exploitation Procedure**);
- Problematic or harmful sexual behaviour (see Sexually Harmful Behaviour Procedure - to follow);
- Violent behaviour (see **Domestic Abuse Procedure**);
- Criminal activity.

Children Living Away from Home with other Families

1. Definition

Everywhere children live should provide the same basic safeguards against abuse, founded on an approach that promotes their general welfare, protects them from harm and treats them with dignity and respect.

The following standards contain specific requirements for safeguarding and child protection for each particular regulated setting where children live away from home:

- **The National Care Standards: Foster Care and Family Placement Services**;
- **National Care standards: care homes for children and young people**;
- **Chapter 9 Kinship Care**.

2. Risks

Children living away from home are particularly vulnerable to being abused by adults and peers. Limited and sometimes controlled contact with family and carers may affect a child's ability to disclose what is happening to them. Given that many young people live away from home because of concerns about their home conditions, it is particularly important that their welfare is protected when they are being cared for by another agency or institution.

All settings must ensure that:

- Children feel valued and respected and their self-esteem is promoted;
- There is an openness on the part of the institution to the external world and to external scrutiny, including contact with families and the wider community;
- Staff and foster carers are trained in all aspects of safeguarding children, are alert to children's vulnerabilities and risks of harm, and knowledgeable about how to implement safeguarding children procedures;
- Children are listened to, and their views and concerns responded to;
- Children have ready access to a trusted adult outside the institution, e.g. a family member, social worker, independent visitor or children's advocate. Children should be made aware of independent advocacy services, external mentors and Child Line;
- Staff/carers recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
- Complaints procedures are clear, effective, and user–friendly and are readily accessible to children and young people including those with disabilities and those for whom English is not their preferred language;
- Bullying is effectively countered; Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers and there is effective supervision and support that extends to temporary staff and volunteers;

- Contracted staff are effectively checked and supervised when on site or in contact with children;
- Clear procedures and support systems are in place for dealing with expressions of concern by staff and carers about other staff or carers (a Whistle-blowing Policy);
- There is respect for diversity, and sensitivity to race, culture, religion, gender, sexuality and disability;
- Staff and carers are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.

3. Protection and Action to be Taken

The most important aspect is the need to listen to children to ensure that they have the mechanism for talking about concerns with people that they trust who are prepared to act on the child's concerns.

Where there is reasonable cause to believe that a child has been abused or may be at risk of actual or potential significant harm, a referral must be made, in accordance with the **Responding to Child Protection Concerns Procedure**.

Whether a child is in foster care, privately fostered, in a residential setting, hospital, custody or living in temporary accommodation with their family, the duty to protect is essentially the same.

4. Issues

In some instances, the type of accommodation may complicate this process; all draw a wider group of professionals into the matter. Specific issues to consider in different settings are as follows:

Foster Care

When the concerns relate to a child placed in a foster home outside the area of the responsible local authority.

Where there is reasonable cause to believe that a child in foster care has suffered or is likely to suffer Significant Harm in the foster placement, a Meeting will be held.

In these circumstances, enquiries should consider the safety of any other children living in the household, including the foster carers' own children, grand-children or any children cared for by the foster carers in their home as well as any children whom the foster carers may be caring for or working with outside their home in a voluntary or paid capacity e.g. teaching, faith or youth work, scouts or many other groups.

As foster care is undertaken in the privacy of the carers' own home, it is important that children have a voice outside the family. Social Workers are required to see children in foster care on their own and evidence of this should be recorded on the child's records.

Private Fostering

A private fostering arrangement is essentially one that is made without the involvement of a Local Authority for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative for 28 days or more. Privately fostered children are a diverse and sometimes vulnerable group which includes:

- Children sent from abroad to stay with another family, usually to improve their educational opportunities;
- Asylum-seeking and refugee children;
- Teenagers who, having broken ties with their parents, are staying in short–term arrangements with friends or other non-relatives;
- Children who stay with another family whilst their parents are in hospital, prison or serving overseas in the armed forces;
- Language students living with host families

Teachers, health and other professionals should notify the local authority of a private fostering arrangement that comes to their attention, where they are not satisfied that the arrangement has been or will be notified.

It is the duty of every local authority to satisfy itself that the welfare of the children who are privately fostered within their area is being satisfactorily safeguarded and promoted. The local authority must also arrange to visit privately fostered children at regular intervals. All arrangements and regulations in relation to Private Fostering are set out in the **Foster Children (Private Fostering) (Scotland) Regulations 1985**. Children should be given the contact details of the social worker who will be visiting them while they are being privately fostered.

Care Homes for Children and Young People

All residential settings where children and young people are placed, including children's homes and residential schools, whether provided by a private, charitable or faith based organisation, or a Local Authority, must adhere to the **National Care standards: care homes for children and young people**.

Children in Hospital

Children under 16 should not be cared for on an adult ward. Hospital admission data should include the age of children, so that hospitals can monitor whether children are being given appropriate care in appropriate wards.

Hospitals must have policies in place to ensure that their facilities are secure and regularly reviewed.

Any concerns about Significant Harm to a child within a hospital or health-based setting must be referred to the Children's social care in whose area the hospital is located.

When the child has been in hospital for three months or more, the appropriate health/hospital trust must notify the Responsible Authority i.e. the local authority for the area where the child is normally resident or, if this is unclear, where the child is Accommodated.

No child known to Children's social care who is an inpatient in a hospital and about whom there are Child Protection concerns should be discharged home without a Discharge Planning meeting and referral to assess and establish that the home environment is safe, the concerns by medical staff are fully addressed and there is a plan in place for the ongoing promotion and safeguarding of the child's welfare.

Children in Custody

The Local Authority has the same responsibilities towards children in custody as it does to other children in the Local Authority area.

Young Offenders Institutions which accommodate Juveniles (16-18) must have policies and procedures in place which set out their duties to safeguard and promote the welfare of the children and young people in their care.

Specific institutions in an area must ensure that there are links in place with the CPC and local authorities.

Children of Families Living in Temporary Accommodation

It is important that effective systems are in place to ensure that children from homeless families receive services from health and education, social care and welfare support services as well as any other specific services, because with frequent moves they may become disengaged from services. Where a child who needs specific treatment misses appointments due to moves, the problem may become an issue of Significant Harm.

Temporary accommodation, for example bed and breakfast accommodation or women's refuges, may be a location which is not secure and safe and where other adults are also resident who may pose a risk to the child.

Children of Parents with Learning Difficulties

1. Definition

A learning disability is a permanent life-long condition, which is defined by the Department of Health as:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence);
- A reduced ability to cope independently (impaired social functioning), which started before adulthood, with a lasting effect on development.

However, many people who have a diagnosed learning disability prefer to use the term 'learning difficulty'. They feel that the term 'learning disability' implies that they cannot learn at all.

There is a far wider group of parents with learning difficulties, who do not have a diagnosis and would not generally fit the eligibility criteria for support services in their own right. These parents often recognise that they need practical support and help to enable them to learn to be the best parents possible.

There is no direct link between IQ and parenting ability above the IQ level of 60. Parents with learning difficulties face a wide range of barriers to bringing up their children successfully.

The needs of parents with learning disabilities include the ability to meet a child's needs, as well as their own; personal care of the child; preparation of meals and drinks; attending to the child's health needs; parental involvement in indoor and outdoor play; support in education.

2. Risks

- Does the child take on roles and responsibilities within the home that are inappropriate?
- Does the parent/carer neglect their own and their child's physical and emotional needs?
- Does the learning disability result in chaotic structures within the home with regard to meal and bedtimes, etc.?
- Is there a lack of the recognition of safety for the child?
- Does the parent/carer misuse alcohol or other substances?
- Does the parent/carer's learning disability have implications for the child within school, attending health appointments etc?
- Does the parent/carer's learning disability result in them rejecting or being emotionally unavailable to the child?
- Does the child witness acts of violence or is the child subject to violence?
- Does the wider family understand the learning disability of the parent/carer, and the impact of this on the parent/carer's ability to meet the child's needs?

- Is the wider family able and willing to support the parent/carer so that the child's needs are met?
- Does culture, ethnicity, religion or any other factor relating to the family have implications on their understanding of the learning disability and the potential impact on the child?
- How the family functions, including conflict, potential family break up etc.
- Is the parent/carer vulnerable to being exploited by other people e.g. financially, providing accommodation?
- Does the parent/carer have difficulty developing and sustaining relationships or have relationships that may present a risk to the child?
- Does the parent have a limited understanding of the child's needs and development including pregnancy, childbirth, and caring for an infant?
- Does the parent/carer have poor parenting experiences from their own parents as a child?
- Does the parent/carer have difficulty accessing health care and other support for themselves or the child?
- In relation to pregnant women, should a pre-birth assessment be arranged?

Professionals undertaking assessments must recognise that a learning disability is a lifelong condition. Assessments must therefore consider the implications for the child as they develop throughout childhood and will need to re-evaluate the child's circumstances from time to time. Children may exceed their parent's intellectual and social functioning at a relatively young age.

3. Indicators

Parents with learning disabilities are at risk of falling through the gap between the provision of services for children and the provision of services for adults, if the services fail to coordinate effectively. As a result, some parents may miss out on support services that they need in order to prevent problems from arising. Early help and family support services should be considered at an early stage in order to prevent future risks to the child and to promote the child's welfare.

The context in which people with learning disabilities have children is one that has been dominated by the perception of risk and the assumption that parenting will not be good enough. Adults with learning disabilities may need support to develop the understanding, resources, skills and experience to meet the needs of their children. This will be particularly necessary if they are experiencing additional difficulties such as domestic violence, poor physical or mental health, having a disabled child, substance misuse, social isolation, poor housing or poverty.

Neglect through acts of omission rather than commission is a frequently stated concern, ultimately it is the quality of care experienced by the child which determines whether the parenting capacity can be regarded as sufficient and whether or not a referral should be made for an assessment by Children's social care.

Similarly, women with learning disabilities may be Adults at Risk and targets for men who wish to gain access to children for the purpose of sexually abusing them.

Children may end up taking increasing responsibility for caring for themselves and, at times, for their siblings, parents and other family members.

4. Protection and Action to be Taken

Where a parent with learning disabilities appears not to be able to meet her/his child's needs, a referral should be made in line with the **Responding to Child Protection Concerns Procedure**, and they have a responsibility to assess need and where necessary, offer supportive or protective services.

Children's social care, Adult Services and other agencies must undertake a multi-disciplinary assessment using the Assessment Framework triangle, including specialist learning disability and other assessments, to determine whether or not the parents with learning disabilities require support to enable them to care for the child or whether the level of learning disability is such that it will impair the health or development of the child for an adult with learning disabilities to be the primary carer.

All agencies must recognise that their primary concern is to ensure the promotion of the child's welfare, including their protection.

5. Issues

Parents with learning difficulties may need long-term support, which will need to change and adapt as the developmental needs of a child changes as they grow.

Resources will need to be adapted to work with parents may find it difficult to use written information. They may face a multiplicity of other difficulties and there is the potential for a wide range of professionals to be involved in their lives.

The safeguarding system can appear very daunting for parents with learning difficulty, and consideration should therefore be given to supporting them throughout this process, including the use of an advocate.

Children of Parents with Mental Health Problems

1. Definition

Mental health problems are proportionately common in the overall population, the term does not in itself have one clear definition, and therefore the existence of mental health problems should not be taken as a risk factor without contextual information.

The state of a person's mental health is usually not static and can vary according to several factors, correspondingly their capacity to parent safely may also be variable, and therefore, an understanding of the factors which may increase risk is an important part of any assessment.

Many adults who suffer from mental health problems also have substance misuse problems, which is described as Dual Diagnosis and there may be several agencies and services, for both adults and children, who are working with the family.

National Serious Case Reviews and Domestic Homicide Reviews have identified domestic abuse, parental mental ill health and drug and alcohol misuse as significant factors in families where children have died or been seriously harmed. Where all three concerns are present, they have been described as the 'toxic trio', which practitioners should be alert to and consider in any assessments.

2. Risks

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

A number of features can contribute to the risk experienced by a child or young person living with a parent or carer who has mental health problems including that:

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

There are also factors which may impact on parenting capacity including:

- Maladaptive coping strategies or misuse of alcohol and/or drugs;
- Lack of insight into the impact of the illness (on both the parent/carer and child); and
- Poor engagement with services of non-compliance with treatment.

The list is not exhaustive and a number of other factors can also impact on these situations, for example, issues impacting on the attachment relationship or domestic abuse.

3. Indicators

To determine how a parent/carer's mental problem may impact on their parenting ability and the child's development the following questions need to be considered within an assessment:

- Does the child take on roles and responsibilities within the home that are inappropriate?
- Does the parent/carer neglect their own and their child's physical and emotional needs?
- Does the parent's mental health problem affect the development of a secure attachment with the child?
- Does the mental health problem result in chaotic structures within the home with regard to meal and bedtimes, etc?
- Does the parent/carer's mental health have implications for the child within school, attending health appointments etc?
- Is there a lack of the recognition of safety for the child?
- Does the parent/carer have an appropriate understanding of their mental health problem and its impact on their parenting capacity and on their child?
- Are there repeated incidents of hospitalisation for the parent/carer or other occasions of separation from the child?
- Does the parent/carer misuse alcohol or other substances?
- Does the parent/carer feel the child is responsible in some way for their mental health problem?
- Is the child included within any delusions of the parent/carer?
- Does the parent/carer's mental health problem result in them rejecting or being unavailable to the child?
- Does the child witness acts of violence or is the child subject to violence?
- Does the wider family understand the mental health problem of the parent/carer, and the impact of this on the parent/carer's ability to meet the child's needs?
- Is the wider family able and willing to support the parent so that the child's needs are met?
- Does culture, ethnicity, religion or any other factor relating to the family have implications on their understanding of mental health problems and the potential impact on the child?
- How the family functions, including conflict, potential family break up etc.

4. Protection and Action to be Taken

Where it is believed that a child of a parent with mental health problems may have suffered, or is likely to suffer significant harm, a referral should be made in accordance with the **Responding to Child Protection Concerns Procedure**. If there are concerns, it may be the case that the child and family will find early help services supportive and an assessment of the needs of the child should take place at an early stage.

It is essential that staff working in adult mental health services and Children's social care work together collaboratively to ensure the safety of the child and management of the adult's mental health.

Joint work will include mental health workers providing all information with regard to:

- Treatment plans;
- Likely duration of any mental health problem;
- Effects of any mental health problem and medication on the carer's general functioning and parenting ability.

Children's social care must assess the individual needs of each child and within this incorporate information provided by mental health workers.

Mental health practitioners working in hospitals have a duty to children affected by parental mental health **(Mental Health (Care and Treatment) (Scotland) Act 2003**.

Mental health professionals should be invited to and must attend to provide information to any meeting concerning the implications of the parent/carer's mental health difficulty on the child including Child Protection Conferences and Child in Need meetings. Children's social care professionals should be invited to and must attend Care Programme Approach (CPA) and other meetings related to the management of the parent's mental health.

All plans for a child including Child Protection Plans and Child in Need Plans will identify the roles and responsibilities of mental health and other professionals. The plan will also identify the process of communication and liaison between professionals. All professionals should work in accordance with their own agency procedures / guidelines and seek advice and guidance from line management or the organisation safeguarding lead, when necessary.

5. Issues

Contingency Planning. Childcare and mental health professionals should always consider the future management of a change in circumstances for a parent/carer and the child and how concerns will be identified and communicated.

If a parent/carer disengages from mental health services or is non-compliant with Treatment and the professional judgment is that there is on-going risk to the child in these circumstances, this should be referred to Children's social care.

Professionals need to consider carefully the implications for children when closing their involvement with parents with a mental health problem. Consideration should be given to informing the appropriate Children's social care team in order that the implications for the child are assessed.

Mental health services should always use ‘respectful uncertainty’ and not readily accept parent / carer’s assertions that their mental health problems are not affecting the care they provide to their children. Where there is any doubt in these situations, services should always err on the side of caution.

Confidentiality is important in developing trust between parents with mental health problems and practitioners in agencies working with them, however, practitioners must always act in the best interest of the child and not prioritise their therapeutic relationship with the adult.

Children of Parents who Misuse Substances

1. Definition

Substance misuse refers to the abuse of drugs and/or alcohol. Whilst there may be different treatment methodologies for adults with these problems, they are considered together because the consequences for the child are quite similar. Substance misuse refers to both illicit drugs, alcohol, prescription drugs and solvents, the consumption of which is either dependent use, or use associated with having harmful effect on the individual or the community.

Many substance misusing adults also suffer from mental health problems, which is described as Dual Diagnosis and there may be several agencies, from both Adult and Children's social care, who are working with the family.

National Serious Case Reviews and Domestic Homicide Reviews have identified domestic abuse, parental mental ill health and drug and alcohol misuse as significant factors in families where children have died or been seriously harmed. Where all three issues are present, they have been described as the 'toxic trio'.

2. Risks

Substance misuse can consume a great deal of time, money and emotional energy, which will unavoidably impact on the capacity to parent a child. This behaviour also puts the child at an increased risk of neglect and emotional, physical or sexual abuse, either by the parent or because the child becomes more vulnerable to abuse by others.'

Children's physical, emotional, social, intellectual and developmental needs can be adversely affected by their parent's misuse of substances. These effects may be through acts of omission or commission, which have an impact on the child's welfare and protection.

Children may be introduced to drug and alcohol misuse at an early age by the behaviour of the parents and the availability of the substances within the home.

All agencies need to work together in tackling the problems caused by substance misuse in families in order to safeguard children and promote their well being. Parents who misuse drugs and/or alcohol may be good enough parents who do not abuse or neglect their children. It is important not to generalise or make assumptions about the impact on a child of parental/carer drug and/or alcohol use. It is, however, important that the implications for the child are properly assessed having full regard to the parents/carers ability to maintain consistent and adequate care. Equal regard should be given to each and every child's level of dependence, vulnerability and any special needs.

Where there is concern that a parent is involved in substance misuse, the impact on the child needs to be considered, including:

- The child's physical safety when the parent is under the influence of drugs and/or alcohol;
- Children can suffer chronic neglect, from before birth and throughout childhood;

- Possible trauma to the child resulting from changes in the parent's mood or behaviour, including exposure to violence and lower tolerance levels in the parent;
- The impact of the parent's behaviour on the child's development including the emotional and psychological well-being, education and friendships;
- The impact on newborn babies who may experience foetal alcohol syndrome or other drug withdrawal symptoms;
- The extent to which the parent's substance misuse disrupts the child's normal daily routines and prejudices the child's physical and emotional development;
- The impact on the child of being in a household where illegal activity is taking place particularly if the home is used for drug dealing and the children may come in to contact with risky adults;
- How safely the parent's alcohol and/or drugs and equipment are stored as children can be at risk of ingesting substances or injuring themselves on drug paraphernalia;
- Children are particularly vulnerable when parents are withdrawing from drugs;
- Dangerously inadequate supervision and other inappropriate parenting practices;
- Intermittent and permanent separation;
- Inadequate accommodation and frequent changes in residence;
- Children being forced to take on a caring role and feeling they have the responsibility to solve their parent's, alcohol and drug problems.

The circumstances surrounding dependent, heavy or chaotic substance misuse may inhibit responsible childcare, for example, drug and / or alcohol use may lead to poor physical health or to mental health problems, financial problems and a breakdown in family support networks.

3. Indicators

There are many reasons why adults take drugs or drink alcohol. If doing so has negative consequences then it may be regarded as misuse. Parents may be aware that their behaviour has a negative impact on their child; there is a risk in focusing on the adult's difficulty and in supporting their attempts to control their behaviour. The real impact on the child can be overlooked or seen as a secondary consideration.

To be healthy and to develop normally, children must have their basic needs met. If a parent is more concerned with funding an addiction, or is under the influence of drugs or alcohol, they are unlikely to be able to achieve this consistently. A disorganised lifestyle is a frequent consequence of substance misuse. Parents may fail to shop, cook, wash, clean, pay bills, attend appointments etc.

Substance misuse may affect a parent's ability to engage with their child. It may also affect a parent's ability to control their emotions. Severe mood swings and angry outbursts may confuse and frighten a child, hindering healthy development and control of their own emotions. Such parents may even become dependent on their

own child for support. This can put stress on a child and mean they miss out on the experiences of a normal childhood.

Other consequences of substance misuse – lost jobs, unsafe homes (littered with half empty bottles or discarded syringes), broken marriages, severed family ties and friendships, and disruption of efforts made by a local authority to help – are also likely to negatively affect a child.

Any professionals, carers, volunteers, families and friends who are in contact with a child in a drug / alcohol-misusing environment must ask themselves "What is it like for a child in this environment?"

4. Protection and Action to be Taken

Where there are concerns by practitioners involved with a family about a child living in the environment of substance misuse an assessment of the parent's capacity to meet the child's needs should take place to establish the impact on the child of the parent's lifestyle and capacity to place the child's needs before those of their own. A referral in line with the **Responding to Child Protection Concerns Procedure** should be made and the practitioners from adult services, or other relevant agencies, should work in collaboration with Children's social care.

Where any agency encounters a substance user who is pregnant and whose degree of substance misuse indicates that their parenting capacity is likely to be seriously impaired, they must make a referral to Children's social care.

The majority of pregnant substance misusing women will have been identified by maternity services and referred to the Substance Misuse Team. The **Care Planning Approach / Care Co-ordination Approach** will apply including input from the link midwives and a social worker from Children's social care, who will be invited to any meetings taking place in respect of the child/ren.

Where a newly born child is found to need treatment to withdraw from substances at birth, an assessment and a pre-discharge discussion should take place and consideration should be given to making a referral in line with the **Responding to Child Protection Concerns Procedure** before the child is discharged home.

Specialist Substance misuse services should be invited to and should attend and provide information to any meeting concerning the implications of the parent/carer's substance misuse problems for the child, including Child Protection Conferences and Child in Need meetings.

There is a clear need to assess the impact of the behaviour on the child as well as the wider family and community context. Some adult services may be reluctant to share information because of concern about confidentiality. However, the needs to safeguard children should be paramount and agencies with information regarding the parent will have a valuable contribution to make. In these circumstances, practitioners should seek advice from the Safeguarding leads in their organisation, if they are unsure as to what information should be shared, or what action should be taken.

When practitioners make a decision to end their involvement with a parent/carer with substance misuse problems, or a child who is living with a parent/carer with substance misuse problems, they should always discuss their plans with the other services who are working with the family, before the case is closed. This is to ensure that any on-going needs can be addressed.

5. Issues

Parents' own needs will need to be addressed and supported. Sometimes access to appropriate treatment resources is limited which may cause delays in providing services however the child's needs must not be put on hold without a contingency plan.

Confidentiality is important in developing trust between drug using parents and staff in agencies working with them in relation to their substance misuse, however, practitioners must always act in the best interests of the child and not prioritise their therapeutic relationship with the adult.

When a woman with a substance misuse and/or problem attends for antenatal care, she should be encouraged to contact the Substance Misuse Team for assessment and advice on the treatment options available to her.

Children with Disabilities

1. Definition

Children with a disability are children first and foremost, and deserving of the same rights and protection as other children. By definition, any child with a disability should also be considered as a child in need. A child can be considered to be disabled if he or she has significant problems with communication, comprehension, vision, hearing or physical functioning.

***Note**: The '**Child Protection and Disability Toolkit**' has been produced in partnership by With Scotland and the Scottish Government's Ministerial Working Group on Child Protection and Disability. It is aimed at practitioners and managers in child and family and disability services and it's the only toolkit of its kind available to practitioners in Scotland.*

2. Risks

Many factors can made a disabled child more vulnerable to abuse than a non-disabled child of the same age. Safeguarding disabled children demands a greater awareness of their vulnerability, individuality and particular needs.

Disabled children may be especially vulnerable to abuse for a number of reasons. Some disabled children may:

- Have fewer outside contacts than other children;
- Receive intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
- Have an impaired capacity to resist or avoid abuse;
- Have communication difficulties that may make it difficult to tell others what is happening;
- Be inhibited about complaining for fear of losing services;
- Be especially vulnerable to bullying and intimidation;
- Be more vulnerable than other children to abuse by their peers.

Additional factors may be:

- The child's dependence on carers could result in the child having a problem in recognising what is abuse. The child may have little privacy, a poor body image or low self-esteem;
- Carers and staff may lack the ability to communicate adequately with the child;
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed;
- Lack of access to 'keep safe' strategies available to others;
- Disabled children living away from home (see **Children Living Away from Home with Other Families**) in badly managed settings are particularly vulnerable to over-medication, poor feeding and toileting arrangements, issues around control of challenging behaviour, lack of stimulations and emotional support;

- Parents'/carers' own needs and ways of coping may conflict with the needs of the child;
- Some adult abusers may target disabled children in the belief that they are less likely to be detected;
- Signs and indicators can be inappropriately attributed to disability;
- Disabled children are less likely to be consulted in matters affecting them and as a result may feel they have no choice about whether to accept or reject sexual advances.

3. Indicators

In addition to the universal indicators of abuse/neglect, the following abusive behaviours must be considered:

- Force feeding;
- Unjustified or excessive physical restraint;
- Rough handling;
- Extreme behaviour modification including the deprivation of food medication, or clothing;
- Misuse of medication, sedation, heavy tranquillisation;
- Invasive procedures against the child's will;
- Deliberate failure to follow medically recommended regimes;
- Non- compliance with programmes or regimes;
- Failure to address ill-fitting equipment e.g. callipers, sleep boards which may cause injury or pain, inappropriate splinting;
- Misappropriation/misuse of a child's finances.

4. Protection and Action to be Taken

It should be remembered that children with disabilities are children first and foremost and have the same rights to protection as any other child. People caring for and working with disabled children need to be alert to the signs and symptoms of abuse. See **Responding to Child Protection Concerns Procedure**.

Where there are concerns about a child with disabilities a referral should be made in accordance with the **Responding to Child Protection Concerns Procedure**.

Children with disabilities should not be left in situations where there is a high level of neglect or other forms of abuse, because a practitioner feels that the parent, carer or service "is doing their best". Carers will need to be challenged in the same way as carers of non-disabled children.

Throughout any Assessment (see **Responding to Child Protection Concerns Procedure**), including a Section 47 Enquiry, all service providers must ensure that they communicate clearly with the child with the disability and the family and with one another as there is likely to be a greater number of services and practitioners involved than for a non-disabled child. All steps must be taken to avoid confusion so

that the welfare and protection of the child remains the focus. Where there are communication impairments or learning difficulties, particular attention should be paid to the communications needs of the child to ascertain the child's perception of events and his or her wishes and feelings.

Safeguards for disabled children are essentially the same as all other children:

- Make it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment;
- Ensure that disabled children receive appropriate personal, health and social education (including sex education);
- Make sure that all disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication;
- Recognise and utilise key sources of support including staff in schools, friends and family members where appropriate;
- Develop the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services;
- Ensure that guidance on good practice is in place and being followed in relation to: intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; sexuality and safe sexual behaviour among young people; monitoring and challenging placement arrangements for young people living away from home.

5. Issues

Carers are relied upon (whether family or paid carers) as a source of information about disabled children and to interpret and explain behaviour or symptoms. Professional staff can potentially feel out of their depth in terms of knowledge of a disabled child's impairment, where the familiar developmental milestones may not apply.

Disabled children should not be left in situations where there is a high level of neglect or other forms of abuse, because a professional feels the parent, carer or service is 'doing their best'.

Carers will need to be challenged in the same way as carers of non-disabled children.

Where there are communication impairments or learning difficulties, particular attention should be paid to the communications needs of the child to ascertain the child's perception of events and his or her wishes and feelings.

Children's social care and the Police should be aware of non-verbal communication systems and should contact suitable interpreters and facilitators.

Agencies must not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the Court process.

Each child should be assessed carefully and supported where relevant to participate in the criminal justice system when this is in their interests as set out in **Achieving Best Evidence in Criminal Proceedings: Guidance on Vulnerable and Intimidated Witnesses** (Home Office 2011) which includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing disabled children.

Participation in all forms of meetings such as Child Protection Conferences and Core Groups must be encouraged and facilitated. The use of specialist advocates should be considered.

Further Information

Further helpful information can be found in the following publications or on the links noted below.

Department for Children Schools and Families, 2009. Safeguarding Disabled Children: Practice Guidance.

Triangle is an independent organisation that works directly with children and their families but also offers training and consultancy to practitioners and agencies

AFASIC is a UK charity representing parents of children and young adults with communication impairments, working for their inclusion in society.

Capability Scotland is a third sector services which provide education, employment opportunities and support for disabled people.

Scottish Good Practice Guidelines for Supporting Parents with Learning Disabilities, which provides practical guidance to agencies that support people with learning disabilities who become parents.

Domestic Abuse

1. Definition

In Scotland there is no statutory criminal offence of 'domestic abuse' or statutory definition of what constitutes domestic abuse. However, in 2003, the then Scottish Executive's Strategy to Address Domestic Abuse defined it as:

" – Domestic abuse (as gender-based abuse), can be perpetrated by partners or ex-partners and can include;

- Physical abuse (assault and physical attack involving a range of behaviour);
- Sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse);
- Withholding money and other types of controlling behaviour such as isolation from family or friends)."

Police Scotland and the COPFS work to a nationally agreed definition of domestic abuse for the purpose of investigating and prosecuting such conduct. This definition, which is contained within their published Joint Protocol entitled 'In partnership challenging domestic abuse' defines domestic abuse as:

"Any form of physical, sexual or mental and emotional abuse which might amount to criminal conduct and which takes place within the context of a relationship.

"The relationship will be between partners (married, co-habiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere."

2. Risks

Children and young people living with domestic abuse are at increased risk of significant harm, potentially as a result of direct abuse from the perpetrator as well as from witnessing harm to other members of the family. It is not necessary, however, for children to witness directly or be subject to abuse to be affected by it. Domestic abuse can profoundly disrupt a child's stable and nurturing environment and affect their physical, mental and emotional health. The impact of domestic abuse on any one child will vary, depending on a number of factors, including the frequency, severity and length of exposure to abuse and the ability of others in the household (particularly the non-abusive parent/carer) to provide parenting support under such adverse circumstances. If the non-abusive parent/carer; most frequently the mother; is not safe, it is unlikely that the children will be. Indeed, children frequently come to the attention of practitioners at a point when the severity and length of exposure to abuse has compromised the non-abusing parent's/carer's ability to nurture and care for the children. The best way to keep both children and the non-abusive parent/carer safe is to focus on early identification, assessment and intervention through skilled and attentive staff in universal services. Domestic abuse is widely under-reported to the police. Given the reticence of victims to come forward unless directly questioned, it is crucial that staff routinely are aware of any indications of domestic abuse and make appropriate enquiries. When undertaking assessment or planning for any child affected by domestic abuse, it is crucial that practitioners

recognise that domestic abuse involves both an adult and a child victim. The impact of domestic abuse on a child should be understood as a consequence of the perpetrator choosing to use violence in the environment of the child, rather than of the non-abusing parent's/carer's failure to protect. Whilst support to the non-abusing parent/carer is essential to re-establishing a stable and nurturing home for the child in the longer term, there may be occasions when, as a consequence of domestic abuse, they are unable to provide this in the present. Appropriate steps may need to be taken to protect the child, which can mean the child living apart from the non-abusing parent/carer for a period of time. In such circumstances, placement within the wider family network should always be the first option as this will provide some degree of continuity and stability for the child. Agencies should always work to ensure that they address the protection of children in parallel to the protection of their non-abusing parents/carers. Updated West of Scotland Inter-agency Child Protection Procedures (February 2016) Page 118 of 141. Protection needs to be long-term and should not cease after separation between the abuser and the non-abusing parent/carer. Indeed, separation is frequently a time of increased risk for children and their non-abusing parent/carer, when violence may escalate rather than abate. One area of critical concern is the child's contact with the perpetrator, which can be used to continue the domestic abuse. Any decisions made in regard to contact by both social work services and the civil courts should be based on an appropriate risk assessment of the potential danger to both the non-abusing parent/carer and the children.

The emotional responses of children who witness domestic abuse may include fear, guilt, shame, sleep disturbances, sadness, depression, and anger (at both the abuser for the violence and at the other parent for being unable to protect).

Physical responses may include stress-induced aches and pains, bedwetting, and inability to concentrate. Some children are the direct victims of other types of abuse or injured while trying to intervene on behalf of their parent or sibling.

The behavioural responses of children who witness domestic abuse may include acting out, withdrawal, or anxiousness to please. A change in achievement or behaviour at school can be an indicator of problems at home.

Domestic abuse may have a long term psychological and emotional impact in a number of ways:

- Children may be greatly distressed by witnessing (seeing or hearing) the physical and emotional suffering of a parent, or witnessing the outcome of any assault;
- Children may be pressurised into concealing assaults, and experience the fear and anxiety of living in an environment where abuse occurs;
- The domestic abuse may impact negatively on an adult victim’s parenting capacity;
- Children may be drawn into the violence and themselves become victims of physical abuse.

The impact of domestic abuse on any one child will vary, depending on a number of factors, including the frequency, severity and length of exposure to abuse and the ability of others in the household (particularly the non-abusive parent/carer) to provide parenting support under such adverse circumstances. If the non-abusive parent/carer; most frequently the mother; is not safe, it is unlikely that the children will be.

For children living in situations of domestic abuse, the effects may result in behavioural issues, absence from school, difficulties concentrating, lower school achievement, ill health, bullying, substance misuse, self-harm, running away, anti-social behaviour and physical injury.

During pregnancy, domestic abuse can pose a threat to an unborn child as assaults on pregnant women often involve punches or kicks directed at the abdomen, risking injury to both the mother and the foetus. In almost a third of cases, domestic abuse begins or escalates during pregnancy and it is associated with increased rates of miscarriage, premature birth, foetal injury and foetal death. The mother may be prevented from seeking or receiving anti-natal care or post-natal care. In addition, if the mother is being abused this can affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.

Young people themselves can be subjected to domestic abuse perpetrated in order to force them into marriage or to punish him/her for 'bringing dishonour on the family'. This abuse may be carried out by several members of a family increasing the young person's sense of isolation and powerlessness.

3. Indicators

Professionals should be alert to the signs that a child or adult may be experiencing domestic abuse, or that a partner may be perpetrating domestic abuse. Professionals should always consider during an assessment the need to offer children and adults the opportunity of being seen alone and ask whether they are experiencing, or have previously experienced, domestic abuse.

When undertaking assessment or planning for any child affected by domestic, it is crucial that practitioners recognise that domestic abuse involves both an adult and a child victim. The impact of domestic abuse on a child should be understood as a consequence of the perpetrator choosing to use violence in the environment of the child, rather than of the non-abusing parent's/carer's failure to protect.

Professionals who are in contact with adults who are threatening or abusive to them need to be alert to the potential that these individuals may be abusive in their personal relationships and assess whether domestic abuse is occurring within the family.

Considerations in assessments where domestic abuse may be present include:

- Checking whether domestic abuse has occurred whenever child abuse is suspected and considering the impact of this at all stages of assessment, enquiries and intervention this should include checks with the Police unit responsible for vulnerable people and any domestic abuse screening process;
- Identifying those who are responsible for domestic abuse, in order that relevant family law or criminal justice responses may be made;

- Providing victims with full information about their legal rights, and about the extent and limits of statutory duties and powers;
- Helping victims and children to get protection from violence, by providing relevant practical and other assistance;
- Supporting non-abusing parents in making safe choices for themselves and their children;
- Taking into account that there may be continued or increased risk of domestic abuse towards the abused parent and/or child **after separation** especially in connection with post-separation child contact arrangements;
- Working separately with each parent where domestic abuse prevents non-abusing parents from speaking freely and participating without fear of retribution;
- Working with parents to help them understand the impact of the domestic abuse on their children.

4. Protection and Action to be Taken

Protection needs to be long term and should not cease after separation between the abuser and the non-abusing parent carer. Indeed, separation is frequently a time of increased risk for children and their non-abusing parent/carer, when violence may escalate rather than abate. One area of critical concern is the child's contact with the perpetrator, which can be used to continue the domestic abuse. Any decision made in regard to contact by both social work services and the civil courts should be based on an appropriate risk assessment of the potential danger to both the non-abusing parent/carer and the children.

5. Issues

There are many risk assessment models and 'tools' available. Practitioners need to be confident that the use of a particular tool has been adopted and supported by the agencies in their area. Also, that the risk assessment tool is both culturally sensitive and also explicitly considers the risks to children and is not exclusively adult focused.

The full extent of the impact on children of exposure to domestic abuse is often not fully understood until a child feels safe; they will need several opportunities over a period of time to talk about their experiences.

Children can also experience domestic abuse within their own relationships. Girls are more likely than boys to report experiencing abuse in their intimate relationships, and younger adolescents are just as likely as older adolescents to experience it. Most children do not tell an adult about this abuse.

The issue of domestic abuse should only ever be raised with a child or mother when they are safely on their own and in a private place; and separation does not ensure safety, it often at least temporarily increases the risk to the child/ren or mother.

Information from the public, family or community members must be taken sufficiently seriously by professionals in statutory and voluntary agencies. Recent research evidence indicates that failure to do so has been a contributory factor in a significant number of cases where a child has been seriously harmed or died.

Risk of abuse towards professionals should be considered by all agencies who work in the area of domestic abuse and assessments of risk should be undertaken when necessary. It is acknowledged that intimidatory or threatening behaviour towards professionals may inhibit the professional's ability to work effectively. The importance of effective supervision and management is highlighted, and agencies should take account of the impact or potential impact on professionals in planning their involvement in situations of domestic abuse.

Further Information

Equally Safe (2013)

E-Safety: Children Exposed to Abuse through the Digital Media

1. Definition

‘Internet Abuse’ relates to four main areas of abuse to children:

- Abusive images of children (although these are not confined to the Internet);
- A child or young person being groomed for the purpose of Sexual Abuse;
- Exposure to pornographic images and other offensive material via the Internet; and
- The use of the internet, and in particular social media sites, to engage children in extremist ideologies.

The term digital (data carrying signals carrying electronic or optical pulses) and interactive (a message relates to other previous message/s and the relationship between them) technology covers a range of electronic tools. These are constantly being upgraded and their use has become more widespread through the Internet being available using text, photos and video. The internet can be accessed on mobile phones, laptops, computers, tablets, webcams, cameras and games consoles.

Social networking sites are often used by perpetrators as an easy way to access children and young people for sexual abuse. In addition radical and extremist groups may use social networking to attract children and young people into rigid and narrow ideologies that are intolerant of diversity: this is similar to the grooming process and exploits the same vulnerabilities. The groups concerned include those linked to extreme Islamist, or Far Right/Neo Nazi ideologies, Irish Republican and Loyalist paramilitary groups, extremist Animal Rights groups and others who justify political, religious, sexist or racist violence.

Internet abuse may also include cyber-bullying or online bullying. This is when a child is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child using the Internet and/or mobile devices. It is essentially behaviour between children, although it is possible for one victim to be bullied by many perpetrators. In any case of severe bullying it may be appropriate to consider the behaviour as child abuse by another young person.

Sexting describes the use of technology to generate images or videos made by children under the age of 18 of other children; images that are of a sexual nature and are indecent. The content can vary, from text messages to images of partial nudity to sexual images or video. These images are then shared between young people and/or adults and with people they may not even know. Young people are not always aware that their actions are illegal, and the increasing use of smart phones has made the practice much more common place.

E-Safety is the generic term that refers to raising awareness about how children, young people and adults can protect themselves when using digital technology and in the online environment, and provides examples of interventions that can reduce the level of risk for children and young people.

2. Risks

There is some evidence from research that people found in possession of indecent images/pseudo images or films/videos of children may currently, or in the future become, involved directly in child Abuse themselves.

In particular, the individual's access to children should be established during an assessment and investigation to consider the possibility that they may be actively involved in the abuse of children including those within the family, within employment contexts or in other settings such as voluntary work with children or other positions of trust.

Any indecent, obscene image involving a child has, by its very nature, involved a person, who in creating that image, has been party to abusing that child.

Similarly, children may be drawn to adopt a radical ideology through a failure to appreciate the bias in extremist material; in addition, by repeated viewing of extreme content they may come to view it as normal.

3. Indicators

Often issues involving child abuse come to light through an accidental discovery of images on a computer or other device and can seem to emerge 'out of the blue' from an otherwise trusted and non-suspicious individual. This in itself can make accepting the fact of the abuse difficult for those who know and may have trusted that individual. Partners, colleagues and friends often find it very difficult to believe and may require support.

The initial indicators of child abuse are likely to be changes in behaviour and mood of the child victim. Clearly such changes can also be attributed to many innocent events in a child's life and cannot be regarded as diagnostic. However, changes to a child's circle of friends or a noticeable change in attitude towards the use of computer or phone could have their origin in abusive behaviour. Similarly, a change in their friends or not wanting to be alone with a particular person may be a sign that something is upsetting them.

Children often show us rather than tell us that something is upsetting them. There may be many reasons for changes in their behaviour, but if we notice a combination of worrying signs it may be time to call for help or advice.

4. Protection and Action to be Taken

Where there is suspected or actual evidence of anyone accessing or creating indecent images of children, this must be referred to the Police and in line with the **Responding to Child Protection Concerns Procedure**.

Where there are concerns about a child being groomed, exposed to pornographic material or contacted by someone inappropriately, via the Internet or other ICT tools like a mobile phone, referrals should be made to the Police and to Children's Social Care in line with the **Responding to Child Protection Concerns Procedure**.

The **Serious Crime Act (2015)** has introduced an offence of 'sexual communication with a child'. This applies to an adult, who communicates with a child and where the communication is sexual or, if it is intended to elicit from the child a communication, which is sexual and the adult reasonably believes the child to be under16 years of age. The Act also amended the Sex Offences Act 2003 so it is now an offence for an adult to arrange to meet with someone under 16 having communicated with them on just one occasion, previously it was on at least two occasions.

Due to the nature of this type of abuse and the possibility of the destruction of evidence, the referrer should first discuss their concerns with the Police and Children's Social Care before raising the matter with the family. This will enable a joint decision to be made about informing the family and ensuring that the child's welfare is safeguarded.

All such reports should be taken seriously. Most referrals will warrant a Strategy Discussion to determine the course of further investigation, enquiry and assessment. Any intervention should be continually under review especially if further evidence comes to light.

Where there are concerns in relation to a child's exposure to extremist materials, the child's school may be able to provide advice and support: all schools are required to identify a Prevent Single Point of Contact (SPOC) who is the lead for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism.

Suspected online terrorist material can be reported through **www.gov.uk/report-terrorism**. Content of concern can also be reported directly to social media platforms – see **Safety features on Social Networks**.

5. Issues

When communicating via the internet, young people tend to become less wary and talk about things far more openly than they might when communicating face to face.

Both male and female adults and some young people may use the internet to harm children. Some do this by looking at, taking and/or distributing photographs and video images on the internet of children naked, in sexual poses and/or being sexually abused.

Children and young people should be supported to understand that when they use digital technology they should not give out personal information, particularly their name, address or school, mobile phone numbers to anyone they do not know or trust: this particularly includes social networking and online gaming sites. If they have been asked for such information, they should always check with their parent or other trusted adult before providing such details. It is also important that they understand why they must take a parent or trusted adult with them if they meet someone face to face whom they have only previously met on-line.

Children and young people should be warned about the risks of taking sexually explicit pictures of themselves and sharing them on the internet or by text. It is essential, therefore, that young people understand the legal implications and the risks they are taking. The initial risk posed by sexting may come from peers, friends and others in their social network who may share the images. Once an image has been sent, it is then out of your control. it could be shared with others or posted

elsewhere online. The Criminal Justice and Courts Act (2015) introduced the offence of Revenge Porn where intimate images are shared with the intent to cause distress to the specific victim.

In some cases adults may also groom a young persons into sending such images which can then be used to blackmail and ensnare them – see **Child Sexual Exploitation**.

Neglect

1. Definition

Neglect is defined in Working Together to Safeguard Children 2015 as "the persistent failure to meet a child's basic physical, emotional and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. When the child is born, neglect may involve the parents or carers failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect the child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years".

Neglect can be defined from the perspective of a child's right not to be subject to inhuman or degrading treatment, for example in the European Convention on Human Rights, Article 3 and the United Nations Convention on the Rights of the Child (UNCRC), Article 19.

2. Risks

The impact of Neglect during the first two years of a child's life can have profound and lasting effects on the development of the brain, leading to later problems with self-esteem, emotional regulation and relationships.

Neglect during the first five years of a child's life is likely to damage all aspects of the child's development. A neglected child is likely to have difficulties with:

- Basic trust;
- Self-esteem;
- Ability to control their behaviour;
- Social interaction;
- Educational attainment; and
- Problem-solving.

Neglect in childhood is also likely to lead to problems with aspects of adult life such as:

- Independent living in the community;
- Accepting adult responsibilities;

- Anti-social behaviour such as criminality, substance misuse;
- Increased vulnerability to being in abusive relationships (including the risk of sexual exploitation and being trafficked);
- Life chances and opportunities such as employment and education;
- Parenting - children who experience neglect lack a role model for good parenting, and so are vulnerable to becoming neglectful or abusive parents; and
- Self-care - for example nutrition, general health, risk-taking behaviour.

A particularly damaging combination for children is growing up in an environment of low warmth and high criticism – that is, parents/carers who switch unpredictably between helpless (neglectful) and hostile (abusive) care.

Neglect can affect children of all ages.

Where parents/carers have specific beliefs, which may involve how the child receives health care and treatment or general nutrition, the outcome can be that the child's health and well-being can be dangerously compromised.

It is important to remember that neglect can be fatal to the child.

"The majority of neglect related deaths of very young children involve accidental deaths and sudden unexpected deaths in infancy where there are pre-existing concerns about poor quality parenting and poor supervision and dangerous, sometimes unsanitary, living circumstances which compromise the children's safety …. these issues include the risks of accidents such as fires and the dangers of co-sleeping with a baby where parents have substance and/or alcohol misuse problems (Brandon et al, 2013).

3. Indicators

Neglect differs from other forms of abuse in that there is rarely a single incident or crisis that draws attention to the family. It is repeated, persistent neglectful behaviour that causes incremental damage over a period of time.

It is important to avoid 'start again' syndrome. Neglect should not only be measured by the most recent set of events but should be judged by the cumulative impact on the child of any previous incidents.

There is no set pattern of signs that indicate neglect other than that the child's basic needs are not adequately met. In this context:

- The child's basic needs are for food, shelter, clothing, warmth, safety, stimulation, protection, nurture, medical care, education, identity and play;
- Adequately means sufficient to avoid harm or the likelihood of significant harm;
- Failure to meet the child's needs does not necessarily mean that the parents/carers are intentionally neglectful, but it points to the need for intervention;
- It is essential to monitor the outcome of intervention – are the child's needs being adequately met after the intervention and is there a sustainable improvement?

The essential factors in demonstrating that a child is being neglected are:

- The child is suffering, or is likely to suffer, Significant Harm;
- The harm, or risk of harm, arises because of the failure of parents or carers to meet the child's needs;
- Over time, the harm or risk of harm has become worse, or has not improved to the point at which the child is consistently receiving a "good enough" standard of care;
- Persistent, severe neglect indicates a breakdown or a failure in the relationship between parent and child.

4. Protection and Action to be Taken

In supporting a family in which neglect is an issue, the greatest of care must be taken to resist the pressure to focus on the needs of the parents/carers: intervention should concentrate on ensuring that the child's needs are being met. This may require action to ensure that the parents/carers have access to specialist (and if necessary independent) advice and assistance, including assistance in communicating with professionals.

Neglect may arise from lack of knowledge, competing priorities, stress or deprivation. It may also be linked to parents/carers who retain cultural behaviours which are inappropriate in the context in which the family is living.

When a child's needs are unmet because the parents/carers lack knowledge or skill the first choice for intervention should generally be the provision of Early Help services such as information, training and support services. If there is no progress and the assessment by professionals is that progress is unlikely without more proactive intervention a referral in line with the **Responding to Child Protection Concerns Procedure** should be considered.

Neglect often occurs in a context in which parents/carers are dealing with a range of other problems such as substance misuse, mental ill-health, learning disability, domestic violence, and lack of suitable accommodation.

On many occasions the birth of an additional child may add to the pressure on the family. The parents/carers may provide an acceptable standard of care until a new pressure or an unexpected crisis arises, then they lose sight of their child's needs. In this situation the first choice for intervention should be the provision of support in dealing with the competing pressures. This may require referral to appropriate adult services or family support services.

Messages for Good Practice

- Practical resources are often beneficial but their impact on meeting the child's needs must be kept under review;
- Relieving financial poverty does not necessarily relieve emotional poverty;
- Neglectful families are more likely to be isolated and to have weak informal networks. Providing volunteer support, and facilitating better relationship with family and in the community, can be effective in raising standards of care;

- Dealing with neglect can be overwhelming for professionals: support and regular supervision are crucial;
- It is important to carry out regular reviews of the rate at which the required change is being achieved in terms of the child's improved health and development.

5. Issues

Neglect is characterised by a cumulative pattern rather than discrete incidents or crises, and so drift is always a potential problem. Drift may result in a loss of focus on the needs of the child, and a change in professional expectations of what an acceptable level of care might be.

Accurate, detailed and contemporaneous recording by all professionals, and sharing of this information, are crucial to the protection of the child. In any service, professionals should work from a single set of records for each child. All entries in case notes should:

- Be factual and evidence based;
- Rigorously separate fact and opinion;
- Be dated and timed;
- Give names and agencies in full; and
- State agreed responses and outcomes.

Records should include a detailed Chronology of what has been tried, and to what effect.

There is a risk of confusion about the difference between style of care and standard of care. Styles of appropriate care vary widely, influenced by gender, class, culture, religion, age etc. It may be difficult to see why the care offered by a particular family does not lie within this range. The common factor in all styles of appropriate care is that they address the needs of the child. Neglectful care may have a host of common factors with various styles of appropriate care, but it fails to address the child's needs and falls below an acceptable standard.

Non-attendance at or repeated cancellations of appointments and lack of access to the child on visits are indicators that should increase concern about the child's welfare.

All agencies should be aware of the need for supervision of staff who are monitoring cases of chronic neglect:

- Professionals often want to think the best of the families with whom they work, and interpret events accordingly;
- Familiarity with the family's lifestyle may cause professionals to minimise concerns and accept that the observed standards are normal for this family;
- Changing the worker also carries risks as it takes time to see the pattern of events that identifies care as neglectful.

Supervision must provide an independent review, keeping the focus on the child's needs and the adequacy of parenting over time.

If the child appears resilient, professionals should not accept this at face value, but should check for evidence of unmet needs and impaired health and development.

When reviewing progress in cases of neglect it is important to look for evidence of **sustained** improvement in the child's health and development. Where there is a pattern of short-lived improvements, the overall situation remains unsatisfactory - if adequate standards of care cannot be sustained, the child remains at risk of significant harm.

Professionals must resist the temptation to "start again" at key points such as the birth of a new child or a change of worker. It is important to see current events in the light of the full history of child protection issues, including previous responses to support. The family histories of neglectful families are often complex and confusing, and professionals may be tempted to set them aside and concentrate on the present. This can result in an over-optimistic approach to a family with deeply entrenched problems.

As noted above, neglectful adults are often enmeshed in a complex network of problems. The clamour of the parents'/carers' needs tends to draw professional attention away from the unmet needs of the children. When addressing the needs of neglectful parents/carers, it is necessary to ask repeatedly:

- Do they understand what action is needed and within what timescales?
- Are they able and willing to meet the child's needs?
- Are they doing so?
- Are they able to access appropriate support services?
- Is anything changing for the child? Is the change enough to bring the standard of care up to an acceptable level?

If adult services are supporting the parents/carers, it is important to stress the need for them to notify children's practitioners if the parents/carers fail to engage with the services offered.

If there is a vulnerable adult living in the same household as a child whose needs are neglected, then their needs may also be neglected or unmet. Practitioners should report any concerns about the welfare of vulnerable adults to adult social care.

Intentional Neglect

Where there is strong evidence that the parents/carers know and understand the likely effect of their actions or inaction on the child, but intend to cause harm or are reckless as to whether harm is caused to the child, this should be regarded as serious physical and/or emotional abuse. In these cases, support is unlikely to reduce the risk to the child. Unintentional neglect should not be confused with deliberate or malicious failure to meet the child's needs in the full knowledge of the potential effects on the child.

One Child Singled Out

Serious Case Reviews have demonstrated that in some instances a child in a family may be singled out and cared for in a manner which amounts to serious neglect. Where a school or other agency raises concerns about the child the parent's response and first assessments of the family may mask the particular treatment in the home of that child, particularly if the siblings appear well and cared for. Assessments where there are concerns of neglect should include speaking to the specific child on their own and viewing their sleeping arrangements for example.

Neglect by Secondary Carers

This guidance relates only to the child's primary carers. Neglectful care may also be found in secondary carers such as childminders, foster carers, day care or residential settings. In this situation concerns should be reported to:

- The child's primary carers, so that they can take appropriate action to protect their child;
- The registration authority for the secondary carer, who can consider the possible implications for other children;
- In the case of emergencies see **Responding to Child Protection Concerns Procedures**.

Non-Engaging Families

Evidence shows that some adults will deliberately evade practitioner interventions aimed at protecting a child. In many cases of child abuse and neglect, this is a clear and deliberate strategy adopted by one of the adults with responsibility for the care of the child. It is also the case that the nature of child protection work can result in parents/carers behaving in a negative and hostile way towards practitioners.

The terms 'non-engagement' and 'non-compliance' are used to describe a range of deliberate behaviours and attitudes, such as:

- Failure to enable necessary contact (for example, missing appointments) or refusing to allow access to the child or the home;
- Active non-compliance with the actions set out in the Child's Plan (or Child Protection Plan) contained therein;
- Disguised non-compliance, where the parent/carer appears to cooperate without actually carrying out actions or enabling them to be effective; and
- Threats of violence or other intimidation towards practitioners.

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

When considering non-engagement, practitioners should check that the child protection concerns and necessary actions have been explained clearly, taking into account issues of language, culture and disability, so that parents or carers fully understand the concerns and the impact on themselves and their child.

If there are risk factors associated with the care of children, risk is likely to be increased where any of the responsible adults with caring responsibilities fail to engage or comply with child protection services.

Non-engagement and non-compliance, including disguised compliance, should be taken account of in information collection and assessment. Non-engagement and non-compliance may point to a need for compulsory or emergency measures. In what will often be challenging situations, staff may need access to additional or specialist advice to inform their assessments and plans.

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

Core groups need to work effectively and collaboratively to deal with a counter non-engagement.

Different agencies and practitioners will have different responsibilities. Effective multi-agency approaches provide flexibility so that, for example, responsibility for certain actions can be given to those practitioners or agencies that are most likely to achieve position engagement. All services should be ready to take a flexible approach.

Given the nature of child protection work, non-engagement can sometimes involve direct hostility and threats or actual violence towards staff. All agencies should have protocols to deal with this, including practical measures to promote the safety of staff who have direct contact with families. In addition, staff should have the opportunity for debriefing after any incidents.

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

Key Message for Practice

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

(National Guidance for Child Protection in Scotland (2014))

Child Protection Committees

1. Introduction

Child Protection Committees were first established in each local authority area in Scotland in 1991.

The Nation Guidance for Child Protection Committees was published in 2005 (amended 2014).

For further information see: **National Guidance for Child Protection in Scotland 2014**.

Child Protection Committees are locally-based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Their role, through respective local structures and memberships, is to provide individual and collective leadership and direction for the management of child protection services across Scotland. Child Protection Committees are responsible to their Chief Officers' Group (COG) and work in partnership with the Scottish Government.

2. Chief Officers

Each locality has a Chief Officers' Group (COG) with representation from all statutory agencies. COGs key functions are to ensure their Child Protection Committee is properly constituted and resources, has a clear vision and shared values and aims which are relevant to all members of the Child Protection Committee as well as any sub-committees, partner agencies and the wider public.

COGs are responsible for ensuring their Child Protection Committee is working within the wider planning framework so that their work is fully integrated with other planning fora and is as effective as possible.

COGs are responsible for ensuring dedicated resources, including finance, are available to support the collective work, specific core functions and activities of their Child Protection Committee.

For further information see: **The Scottish Government website - Protecting Children and Young People: Child Protection Committees**.

3. Lead Officer

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

4. Membership of the Child Protection Committee

Membership of the Child Protection Committee will be representative and inclusive, and all members must fully understand their role, remit and purpose. Chief Officers' Groups will appoint or agree the appointment of the chair of their Child Protection Committee, including their contractual arrangements and/or terms of reference, role and remit. Chief Officers may appoint a chair from a single representative service or agency or appoint an independent chair. This remains at local discretion. Chief Officers will appoint, or agree the appointment of, a vice chair and the rest of the committee members.

Chief Officers will ensure that the chair and vice chair fully understand their specific role, responsibilities and remit, and that they have an in-depth knowledge of child protection. Chief Officers will agree their working arrangements, terms of office and reporting and accountability arrangements.

Chief Officers will make certain that all members of their Child Protection Committee are properly inducted, have access to child protection training (particularly inter-agency child protection training) and have protected time in which to fulfil their responsibilities before, during and after meetings. They will also ensure that the work of the Child Protection Committee is transmitted widely, so that it is understood and embedded into their respective service or agency's child protection policy and practice arrangements. Work arising from the Child Protection Committee must be properly implemented and monitored effectively so as to measure impact and outcomes.

5. Reporting

Chief Officers will decide on the local reporting arrangements for their Child Protection Committee and their requirement for an annual report and/or annual plan, in addition to any other national and/or local planning and reporting requirements.

Functions of a Child Protection Committee

The function of a Child Protection Committee is:

- Continuous improvement;
- Strategic Planning;
- Public Information;
- Communication.

The work of the Child Protection Committee must be reflected in local practice and meet local needs. The following describes in more detail the core business functions of the Child Protection Committees and provides a working framework. They are presented here in no particular order of priority or importance. This list is not considered all inclusive or exhaustive.

Continuous Improvement

Child Protection Committees have a key role to play in the continuous improvement of child protection policy and practice. A number of functions relate directly to this key role including the following.

Policies, Procedures and Protocols

Child Protection Committees will design, develop, publish, distribute, disseminate, implement and regularly review and evaluate clear and robust inter-agency child protection policies, procedures, protocols and guidelines. This may be done in conjunction with other Child Protection Committees or a part of cross-authority consortia. Each Child Protection Committee will:

- Encourage constituent services and agencies to have in place their own up to date child protection policies, procedures and protocols, guidelines and other relevant materials;
- Ensure all services and agencies have robust whistle-blowing policies in place and that these are sufficiently disseminated and understood by all practitioners and managers;
- Ensure child protection policies, procedures and protocols, and guidelines are developed around agreed key issues. Specific areas of development may include disability, child trafficking, child sexual exploitation, online and mobile phone safety and children and young people who are missing; and
- Publish and regularly review their own inter-agency child protection guidelines, which must reflect national and local policy developments, including GIRFEC and the arrangements for the management of Child's Planning meetings.

The importance of self-evaluation and quality assurance in improving services to protect children

Self-evaluation is central to continuous improvement and is supported by good approaches to quality assurance. It is a reflective process through which Child Protection Committees and strategic planning groups for services for children and young people get to know how well they are doing and identify the best way to improve their services. Relevant frameworks of quality indicators are designed to assist this process by:

- Encouraging reflection upon practices to identify strengths and areas for improvement;
- Recognising work which is having a positive effect on the protection of children;
- Identifying where quality needs to be maintained, where improvement is needed and where services should be working towards achieving excellence; and
- Allowing services to inform stakeholders about the quality of services to protect children.

Self-evaluation is about change and improvement, leading to well considered innovation in service delivery. It is based on professional reflection, challenge and support and involves informed decision about what actions need to be taken. It is a continuous, dynamic process which establishes a baseline from which to plan and set priorities for improvement. Used effectively, continuous self-evaluation helps to monitor progress and impact.

Agency Roles and Responsibilities

1. Agency Roles and Responsibilities

The following sections describe the roles of individual agencies within child protection. All agencies have a role to play in protecting children and promoting, supporting and safeguarding their wellbeing. Workers in all agencies must report all suspected cases of abuse to social work services without delay using locally agreed procedures. Social work services and the police have a lead role to play in coordinating and undertaking any investigation or enquiries into possible abuse; social work children and families services carry out these inquiries on behalf of the local authority.

The primary objective of a child protection investigation is to identify if there is a need to take protective action. As part of this process, workers will consider safety and other wellbeing needs of the child. There must include discussion with an appropriately trained health professional to determine if a child requires a medical examination or assessment. The Social Worker will also gather information for the Reporter to the Children's Hearing which might determine whether there is need for compulsory measures of care.

Should there be reason to believe a crime may have been committed, or for the prevention of crime, the police will undertake these inquiries jointly with social work. Information gathered by the police will also be sent to the Children's Reporter (SCRA) and, where a crime may have been committed and person detected a report will also be sent to the procurator fiscal.

2. Social Work Services of Local Authorities

Local Authorities have a duty to promote, support and safeguard the wellbeing of all children in their area. Social Work Children and Families services have specific responsibility for:

- Supporting families to maintain children within their own home and community where appropriate;
- Investigating allegations of child abuse;
- Where necessary, providing appropriate care placements for children.

When the local authority receives information, which suggests a child may be in need of compulsory measures of supervision, social work services will make enquiries and give the Children's Reporter (SCRA) any information they have about the child. **The Role of the Registered Social Worker in Statutory Interventions: Guidance for Local Authorities (Scottish Government, 2010)** stipulates that, where children are in need of protection and/or in danger of serious exploitation or significant harm, a registered social worker will be accountable for:

- Carrying out enquiries and making recommendations where necessary as to whether or not the child or young person should be the subject of compulsory protection measures;

- Implementing the social work component of a risk management plan and take appropriate action where there is concern that a multi-agency plan is not being actioned;
- Make recommendations to a children's hearing or court as to whether the child should be accommodated away from home.

All social work services staff have responsibilities to respond to the needs of children who may be vulnerable and/or at risk of abuse, this includes those working in Criminal Justice, mental health workers, substance abuse workers, hospital social workers and child and adolescent mental health workers.

All staff must work in close collaboration with their colleagues in children and families services to protect children who may be at risk of abuse.

All staff across Social Work Services have a duty to contribute to the assessment of risk of all children.

All social work services staff must report any actual, suspicion or risk of abuse to the Duty Social Worker or Children and Families allocated Social Worker. All referrals received that suggest that a child may be in need of protection, will be dealt with as a matter of the highest priority on the same working day unless the appropriate Senior Social Worker decides otherwise.

Social Work Criminal Justice services alongside Police have a statutory responsibility for supervising and managing risk from adults who have committed offences against children.

3. Police

Police have a general duty to protect the public and to investigate matters on behalf of the 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.

In many child abuse enquiries, a criminal offence will have been committed. In these cases, the Police have a responsibility to investigate the circumstances, gather evidence and report such cases to the Procurator Fiscal.

Police officers have a statutory duty to refer all children who may be in need of Compulsory Measures of Supervision, to SCRA. They will provide information, as appropriate, to other agencies, where they have concerns about a child’s safety or wellbeing.

The police role in Child Protection is one of:

- Prevention;
- Identification and reporting of child abuse;
- Protection of the victim and other potential victims;
- Detection of the offender.

Within Police Scotland, the Public Protection Unit provides assistance in the investigation of crimes and incidents involving adults and children. Unit staff will be directly involved in all investigations of allegations of neglect, physical, sexual abuse and domestic abuse.

The investigation of all Child Protection cases will be carried out as far as possible by an officer/s of the Public Protection Unit, but in an emergency, this does not preclude the attendance of a uniformed officer.

All Police officers are trained to develop understanding that Child Protection is a fundamental part of their duties.

The Police have emergency powers under the **Children's Hearings (Scotland) Act 2011** to ensure the immediate protection of children believed to suffering from, or at risk, of significant harm. It should be borne in mind that these measures are used in emergency situations and only last for 24 hours. Should a child be removed to a place of safety, the constable must inform the Principal Reporter as soon as is practical thereafter. Where a child is removed to a place of safety, the local authority may seek a Child Protection Order to ensure the ongoing protection and safety of that child.

In order to fulfil their responsibilities, the police may:

- Assist in education and awareness programmes;
- Liaise with partner agencies;
- Investigate allegations of crime;
- Gather evidence;
- Attend case discussions and/or case conferences;
- Carry out joint investigative interviews;
- Make joint enquiries with social work services;
- Discuss the need to arrange medical examinations as necessary;
- Interview suspects;
- Detect offenders;
- Utilise emergency powers where appropriate and necessary;
- Attend court to give evidence.

Police staff should also refer to the specific guidance contained within Police Scotland Standard Operating Procedures.

4. Health

Health staff make a significant contribution to promoting the wellbeing of children and the prevention and detection of abuse.

Health practitioners who see children and families (including GPs, health visitors, hospital and community-based doctors and nurses, psychiatrists, psychologists, midwives, school nurses, mental health practitioners, and other health care staff) have a duty of care to consider the wellbeing of their patients and to work with statutory agencies when there are concerns about the risk to the wellbeing of a child. Health staff have the following specific responsibilities:

- The physical and psychological wellbeing of their patients; and
- The provision of specialist skills in relation to forensic examination of children.

The role of the Named Person in Health will be key to the identification of wellbeing concerns and the assessment and planning to improve outcomes.

When Health staff have concerns about a child and feel they require advice about this, they should make contact and seek guidance from their designated Child Protection Advisor who will have knowledge and experience in dealing with Child Protection cases. Where there are child protection concerns, this information must be shared with Social Work services or Police and named person.

The role of Health staff in Child Protection can include the following;

- Early identification of concerns or suspicion of abuse;
- Assessment of and support for vulnerable children;
- Identification of grounds for concern;
- Reporting and recording of concerns;
- Assist with investigations into reported or suspected abuse or neglect;
- Co-operation and assistance in interagency assessment and meeting of wellbeing needs;
- Undertaking medical examinations including comprehensive health assessments and joint paediatric forensic examinations;
- Attendance at case discussions/child protection conferences;
- Monitoring of children on Child Protection register;
- Assistance in developing and taking forward the child protection plan.

Research and practice indicates that it is in the best interests of the child to bring any concern or suspicion of child abuse to the attention of the investigative agencies. Sharing of information and early discussion on an interagency basis are necessary to decide whether there is a Child Protection concern. Health staff should contribute to inter-agency plans to protect a child and provide support and assistance to families.

All Health staff should also refer to the **Child Protection Guidance for Health Professionals (2013)** and should be aware of their responsibilities in identifying and sharing concerns about a child's care or protection.

5. Education Services Provided by Local Authorities

Education staff have a key role in promoting the wellbeing of children. They play an important part in the prevention of abuse and neglect through creating and maintaining a safe environment for children and young people. They teach them about staying safe from harm, and how to speak up if they have worries or concerns. The role of the Named Person in Education will be key to the identification of wellbeing concerns and the assessment and planning to improve outcomes.

Education and school staff are well placed to observe physical and psychological changes in a child which may indicate abuse. Teachers and Nursery staff are likely to have the greatest level of day to day contact with children and they are able to contribute a great deal to the assessment of children in need of protection.

All children, including children subject to Child Protection measures, have the right to an education. Responsibilities extend beyond reacting to concerns about abuse to include the prevention of abuse, support for children and multidisciplinary co-operation. Children who have been abused or are at risk of abuse require support from the beginning of Child Protection investigations to beyond the close of the Child Protection process. Education staff who have ongoing contact with children can play a key role in providing this support.

All schools will have a designated member of staff with the responsibility for Child Protection. This person will act as the source of support and advice. The designated person or Head/Deputy Head Teacher will have responsibility to ensure that all staff are aware of the Education Standard circular for Child Protection and where to obtain advice and with whom to share their concerns.

Where a child goes missing from education, where school staff are concerned about any aspect of a child's transfer to or from school or are concerned about the non-attendance of a child, education services will conduct investigations in line with their local policy. This will be a collaborative approach, sharing information across services and agencies to re- establish contact with the missing child. Each local authority has a Children Missing from Education (CME) co-ordinator that can provide further guidance; more details of children missing from education in Scotland can be found on the dedicated **Scottish Government website**. Where it is considered a child may be in need of compulsory measures of supervision, education staff have statutory responsibilities to refer a child to SCRA as well as referring to social work service or the police.

Education staff must cooperate with, and assist Social Work services, Police and other relevant agencies in the Child Protection process. They can contribute a great deal to the assessment of vulnerable children and can assist Social Workers and Police in the investigation process and longer-term support planning. They can contribute to Child Protection conferences including assisting in attempts to establish whether or not child abuse has taken place, as well as assisting with support and recovery intervention and the monitoring of children who are on the child protection register.

Where the concerns do not constitute a child protection concern but a child needs extra help that cannot be provided by their family and universal services, the Named Person will be responsible for accessing support as required and will have a key role in developing a Child's Plan.

Education staff can also promote the wellbeing of children and assist in the prevention of child abuse by the development of the personal and social education curriculum to include issues relating to personal safety, drugs, alcohol, under-age sexual activity, honour based violence, forced marriage, female genital mutilation, sexual exploitation and bullying.

In summary, the role of education staff in child protection can include the following:

- Provision of learning opportunities and pastoral care to promote individual development;
- Extension of the personal and social education curriculum to include personal safety issues and skills development;
- Assessment of and support for vulnerable children;
- Identification of grounds for concern;
- Reporting and recording of concerns;
- Co-operation and assistance in interagency assessment and meeting of needs;
- Attendance at case discussions/child protection conferences;
- Monitoring of children on child protection register;
- Assistance in compilation and/or delivery of a child protection plan.

Education staff should also refer to the revised Standard circular for child protection and the **Children Missing from Education website**.

6. Community Safety Services

Community safety services provide a range of supports for a number of socially isolated and vulnerable groups including asylum seekers, domestic abuse victims, women's support services and young people involved in anti-social behaviour. Those involved with community safety services may continue to be in situations which make them, and/or children and young people in their lives, particularly vulnerable. It is crucial for community safety services staff to be alert to the possibility of child abuse or neglect occurring and understand their responsibility to share concerns with relevant services.

7. Housing Services

While housing department staff will not be directly involved in the investigation of suspected or reported abuse, they will be well placed to identify and support a child who may be experiencing risks to their wellbeing, including abuse and neglect. They may also have important information to contribute to a child protection enquiry or assessment. They should be prepared to share this information, attend conferences as required and co-operate with the Lead Professional and Named Person.

Housing departments will often all be involved the provision of accommodation or advice, for example, when women and children become homeless due to domestic abuse or where over-crowding, poor conditions or social isolation may be factors contributing to the risk of abuse for some children.

Housing services will also often play a key role in the management of risk posed by dangerous offenders.

Where the housing service is not provided by the local authority, independent housing organisations and associations can, and should, still play an active role in supporting and identifying vulnerable children.

8. Culture and Sport Services

Culture and sport services encompass a number of services specifically designed for, or including children, and young people. Services such as libraries, play schemes and play facilities, parks and gardens, sport and leisure centres, events and attractions, museums and arts centres all have a responsibility to ensure children and young people's safety. Whether these services are directly provided, purchased or grant-aided by volunteers and others contracted by local authorities they should have clear working practices that minimise situations where abuse of children may occur, for example unobserved contact.

Relevant codes of practice for staff should be disseminated where available and staff should also understand the importance of reporting any concerns, they have that a child may be in need of protection. Those working in sport related services should be familiar with the **National Strategy for Child Protection in Sport** and in particular the **10 Steps to Safeguard Children in Sport**.

9. Scottish Children's Reporter Administration

It is the role of the Children's Reporter to decide if a child requires Compulsory Measures of Supervision. Anyone can refer a child to the Children's Reporter and a referral must be made when it is considered that a child is in need of protection, guidance, treatment or control and that Compulsory Measures of Supervision might be necessary. On receipt of the referral, the Reporter will conduct an investigation, involving an assessment of the evidence supporting the ground for referral, the extent of concerns about the child's wellbeing and behaviour and the level of cooperation with agencies, which all leads to an assessment of the need for compulsory measures of supervision.

In making this assessment, the Reporter will rely on information from agencies involved with the child and family including the Named Person, social work and other service providers. The sharing of this information should be appropriate, proportionate and timely. If the Reporter decides that there is sufficient evidence to necessitate compulsory supervision measures, he/she will arrange a Children's Hearing.

The investigation can take place at the same time as a criminal investigation or criminal court case, but the focus will remain on the needs and wellbeing of the child or young person.

Within the spirit of the 'minimum intervention principle' and in line with the ethos of the 'Getting it Right for Every Child' approach, where staff make a referral to the Reporter, their report should outline the action which has been taken already to prevent the necessity for compulsory measures of supervision.

The Reporter may:

- Decide that no further action is required;
- Refer the case to the local authority on a voluntary basis for advice, guidance and assistance of the child and his/her family;
- Where it appears to the Reporter that compulsory measures of supervision are necessary in respect of the child, he/she will arrange a children's hearing to which the case will be referred for consideration and determination.

The Children's Hearing can only consider a case where the child and parents or relevant persons accept the grounds for referral stated by the Reporter. Where the grounds of referral are not accepted, or the child does not understand them the hearing may direct the Reporter to apply to the sheriff to decide whether the grounds are established. If the sheriff is satisfied that any of the grounds are established, the sheriff will remit the case to the Children's Hearing for disposal.

During the Children's Hearing, panel members will have discussions with the child, relevant persons and any representatives of the statutory agencies and/or service providers involved. Following discussions, the Children's Hearing can decide to impose a supervision order where it considers compulsory measures of supervision are in the best interests of the child.

It should be remembered that, in circumstances where there is insufficient evidence to pursue criminal proceedings, the Reporter can still take measures to protect children considered to be at risk. In relation to child protection matters, the standard of proof is the balance of probabilities.

There is no need for corroboration, and hearsay is admissible in child protection cases, unlike criminal prosecutions where corroboration is required, and hearsay is only admissible in special circumstances.

10. Crown Office and Procurator Fiscal Service

Allegations of crime are normally reported to the procurator fiscal by the Police.

The Crown Office and Procurator Fiscal Service (COPFS) is Scotland's sole prosecuting service. They receive reports about crimes from the police and others, and then decide what action to take in the public interest, including whether to prosecute someone. COPFS is also responsible for the investigation of sudden or suspicious deaths. Procurators fiscal are subject to the direction of, and control by, the Lord Advocate but on a day-to-day basis they maintain a high degree of independence.

Their powers and duties include deciding whether or not to prosecute any allegations of criminal behaviour made known to them.

Before acting upon a report, the procurator fiscal must first be satisfied that the circumstances disclose a crime known to the law of Scotland.

They must then consider whether the evidence is sufficient, admissible and reliable. If not, further enquiries may be conducted, or no further action will be taken.

In considering the public interest, procurator fiscals take a number of factors into account, including the interests of the victim, the accused and the wider community. This can involve competing interests and will vary with every case. As a result,

assessment of the public interest involves careful consideration of all factors. Following careful consideration the procurator fiscal may decide to commence proceedings, offer an alternative to prosecution or take no action. In cases that a jury will consider, the procurator fiscal will gather and review all evidence before referring to Crown Counsel who makes the final decision on whether to prosecute.

Procurators fiscal are not involved in cases of child protection in the immediate sense; however, they can provide advice and guidance. This is particularly important when the response to, and management of, child abuse allegations in the initial stages, may directly influence decisions made about any resulting criminal investigation and may affect the outcome of a prosecution.

The **Victims and Witnesses (Scotland) Act 2014** outlines the legal requirements in such cases (see below).

Under this legislation, which amended some sections of the Criminal Procedure (Scotland) Act 1995, children who are called upon as witnesses are no longer required to undergo a competence test to ascertain whether they can demonstrate an understanding of the distinction between telling the truth or not.

Equally important is that under section 6 (which inserts section 288E to the Criminal Procedure (Scotland) Act 1995), an accused cannot conduct their own defence where the child concerned is under 16 and the offence involves sexual assault or violence.

One of the most important aspects of this legislation is the introduction of a range of special measures which may be put in place to support the vulnerable child when giving evidence or being cross-examined.

The Act covers criminal cases, civil cases and children's hearings. Standard special measures available to child witnesses under the age of 16 are a live TV link, screens in the courtroom and the presence of a supporter in conjunction with either of these measures.

Further special measures may include, evidence being taken in advance in the form of a prior statement (criminal cases only) or the taking of evidence by a commissioner. The Procurator Fiscal must an application to the court for the use of special measures. Courts are not obliged to grant requests.

It is important to note that a person under the age of 16, known as a 'child witness' is, per se, a 'vulnerable witness'. The 2004 Act underpins the acceptance that oral evidence is no longer the only means by which testimony can be given by children. The provision of standard special measures will always be considered for them.

Guidance is available in the following document: **Special measures for vulnerable adults and child witnesses; a guidance pack (2005) (Scottish Executive, 2005)**.

The procurator fiscal (or precognition officer acting on their behalf), is likely to talk to a child in advance of any prosecution in order to ascertain what evidence they may be able to give, and to explain the court processes.

In cases of particular delicacy or where there is doubt about the sufficiency of evidence, procurator fiscals are available for discussion with any other professionals. The office of the procurator fiscal can be contacted during working hours, or at any time through the police.

Procurator fiscal offices are organised into regions for administrative purposes. Within each region there are designated members of staff who have received specialist training in the investigation and prosecution of cases involving children. In particularly difficult or sensitive cases, all or part of an investigation may be conducted by a member of the regional resource team. In appropriate cases members of the regional resource team will liaise with the officers from child protection agencies and are available to provide advice on precognition and court processes.

11. Voluntary and Private Sector Organisations

Many voluntary and private organisations play a significant role in work with children and families.

They can provide a wide range of services and programmes aimed at preventing or reducing the risk of child abuse, or helping families recover from abuse. They can also have skills and knowledge in a variety of specialist area which they can use to support statutory agencies.

Statutory agencies should provide advice and support to voluntary organisations in promoting effective child protection practice in their agencies.

Voluntary and private organisations are often contracted or commissioned by statutory agencies to provide direct services such as family support, and residential and fostering services. Where they are in contracted/commissioned relationships with public bodies and providing a service on their behalf they will be under the duties of those bodies.

All voluntary and private organisations should have clear Child Protection policies and procedures in place which clearly outline to staff what they should do if they are worried about a child and where they can get help for the child.

Staff should receive training on induction as well as annual update training to ensure they remain aware of current child protection policies and procedures and have confidence to implement this guidance if they have concerns about a child i.e. record their concerns and share what they have heard or seen with appropriate contacts in social work and the police.

Managers of volunteers who work directly with children and their families have a responsibility to ensure that volunteers are well supported and are given access to appropriate Child Protection training.

The **Protection of Vulnerable Groups (Scotland) Act 2007** provides the legislative framework for disclosure and barring arrangements for protecting children and vulnerable adults.

In February 2011, the Scottish Government introduced a new **Protection of Vulnerable Groups Membership Scheme** to improve upon disclosure arrangements for people who work with vulnerable groups.

All staff working in voluntary or private organisations should refer to their own child protection procedures. Many CPC's have produced guidance for Voluntary/Community groups which can be accessed through the CPC website or by contacting CPC Lead Officers.

There a number of publications and training packs available such as 'Protecting Children and Young People; Guidance and Training Pack for the Voluntary Sector'.

Worried About a Child - Dumfries and Galloway

Report a concern about a child or young person

It's everyone's responsibility to ensure that children are safe. If you are worried that a child or young person may be at risk of harm then you should call 030 33 33 3000 and ask for the Children's MASH.
If you feel that the child or young person is in immediate danger, then you should call Police Scotland on **999**.

Contact us
The Children's Multi-Agency Safeguarding Hub (MASH) is the single point of contact to report concerns. Call us on **030 33 33 3001** and ask for Children's MASH.

We'll ask you for some basic information so we can look into your concerns, this includes:

- Information about the child and their family;
- Details of what you saw or heard which worried you;
- If you think the child is in immediate risk.

We'll always treat your information seriously and your details with great care. You can remain anonymous, but it makes it harder for us look into your concerns.

Other ways to contact someone:

- Out of hours service – call 01387 273766;
- Police non-emergency line - call 101.

Call **999** if it's an emergency.

See also: **Dumfries and Galloway Council website**.

Worried About a Child - Argyll and Bute

If you are worried about a child...

- **If it is an emergency call the Police on 999**;
- If it's not an emergency, contact social work:
  - During office hours - 01546 605517 or use our **online enquiry form**;
  - Evenings and weekends - **01631 566491** or **01631 712**.
- Use our **help and guidance** to find out what you can do to help.

Worried About a Child - East Ayrshire

Child Protection

It is everyone's responsibility to protect children, whether it be at home, at school or in the community.

If you have concerns about a child or young person, please contact our Social Work Service on:

- **01563 554 200** (Kilmarnock); or
- **01290 427 720** (Cumnock);
- Out of normal office working hours you can call **0800 328 7758**.

If a child is at immediate risk, phone the police. Dial **999**.

See also: **East Ayrshire Council website**.

Worried About a Child - East Dunbartonshire

If you are concerned about a child, speak to someone. This might be a Health Visitor, Nursery Staff, Teacher, GP, Social Worker, Police Officer or Children's Reporter.

Make sure you:

- Act promptly;
- Note your concerns;
- Give as much information as you know about the child and family.

Social Work Advice and Response
0141 777 3000
Evenings and Weekends
0800 811 505
Police Scotland
101

Childline
0800 1111

See also: **East Dunbartonshire Child Protection website**.

Worried About a Child - East Renfrewshire

I am worried about a child or young person

East Renfrewshire Child Protection Committee (ERCPC).

If you have any concerns about a child in East Renfrewshire please get in touch:
Social Work Request for Assistance Team (C&F) **0141 577 3557**.

See also: **East Renfrewshire Council website**.

Worried About a Child - Glasgow

What to do if concerned

If you are concerned about a child, speak to someone.

Make sure you:

- Act promptly;
- Note your concerns;
- Give as much information as you know about the child and family.

Social Care Direct: 0141 287 0555
Police: 101 - non emergency - 999 - in an emergency
Scottish Children's Reporters Administration: 0300 200 1444
Child Line: 0800 11 11
Glasgow & Partners Emergency Social Work Service: 0300 343 1505

See also: **Glasgow Child Protection website**.

Worried About a Child - Inverclyde

Are You Worried about a Child or Young Person? - **Contact Us**

If you are concerned about a child you should speak to someone. You may wish to approach a teacher, health visitor, social worker or police officer to report your concerns or you can call one of the numbers below:

- Inverclyde Social Work Services - **01475 715365** (office hours);

- Glasgow Partners and Emergency Social Work Service - **0300 343 1505** (out of Hours);
- Police Scotland - Telephone – **101**.

Worried About a Child - North Ayrshire

Worried about a child or young person?

Please share your concern.

Click here and follow the guidance on the North Ayrshire Child Protection Committee website.

Worried About a Child - North Lanarkshire

What should I do if I am concerned?

If you are concerned about a child speak to someone. This might be a health visitor, nursery staff, teacher, GP, social worker or police officer (local social work locality offices are listed at the right hand side of this screen on the **North Lanarkshire Child Protection website**).

Worried About a Child - Renfrewshire

Child protection

It's everyone's job to make sure children in Renfrewshire are safe. If you are worried about a child who could be at risk of abuse or neglect, call right away. Your call will be treated in strictest confidence.

- **Social Work General** - 0300 300 1199;
- **Evenings and weekends** - 0300 343 1505;
- **Police Scotland** - 101.

See also: **Renfrewshire Council Child Protection website**.

Worried About a Child - South Ayrshire

Child Protection

If you are concerned about a child or young person you can get advice and help by contacting the Council's Social Work Child Protection team on:

- **01292 267675** or call **0800 328 7758** if out of hours;
- You can also call Police Scotland on 101;
- **In an emergency phone 999**.

See also: **South Ayrshire Council website**.

Worried About a Child - South Lanarkshire

Concerned about a child

- **Emergencies** – where a child/young person is in immediate danger – Dial 999;
- **Social work** – Phone: 0303 123 1008
  If you are concerned about the welfare of a child or young person, this will link you to the area office during office hours or the emergency out of hours service;
- **Local Police office** – Dial 101
  This number will link you to your local police station to report matters that don't need an emergency response or to ask an officer for advice.

See also: **South Lanarkshire Child Protection Committee website**.

Worried About a Child - West Dunbartonshire

Concerned about a child

Contact Us
Duty Senior Social Worker
Health and Social Care Partnership
Aurora House
Aurora Avenue
Clydebank
G81 1BF
Tel: 0141 562 8800

Duty Senior Social Worker
Health and Social Care Partnership
Church Street
Alexandria

G83 0NP
Tel: 01389 608080

Social Work Standby (Out of Hours) - Tel No: 0800 811 505
Police Scotland - Tel No: 101 or 999

See also: **West Dunbartonshire Council website**.

Website Links

Argyll & Bute - https://www.argyll-bute.gov.uk/abcpc
Dumfries & Galloway – https://www.dgppp.org.uk/article/18633/Child-Protection
East Ayrshire - https://www.east-ayrshire.gov.uk/SocialCareAndHealth/Protecting-people/Child-protection/Child-Protection-Committee/ChildProtectionCommittee.aspx
East Dunbartonshire - Link not working
East Renfrewshire – Link not working
Glasgow - https://www.glasgowchildprotection.org.uk/index.aspx?articleid=1653
Inverclyde - http://www.inverclydechildprotection.org/
North Ayrshire - http://childprotectionnorthayrshire.info/cpc/
North Lanarkshire - https://www.northlanarkshire.gov.uk/index.aspx?articleid=10132
Renfrewshire - http://www.renfrewshire.gov.uk/article/2936/Child-protection
South Ayrshire - https://www.south-ayrshire.gov.uk/childprotection/
South Lanarkshire - https://www.childprotectionsouthlanarkshire.org.uk/Childprotection/site/index.php
West Dunbartonshire – Link not working

Other Information

National Guidance for Child Protection Committees Conducting a Significant Case Review
https://www2.gov.scot/Resource/0047/00474570.pdf

Getting it Right for Every Child
https://www.gov.scot/policies/girfec/