Child Protection Procedures

January 2024

Contents

Forward 3
1.0 General Principles and Purpose 4
2.0 Key Definitions 9
3.0 Roles and Responsibilities in Child Protection 14
4.0 Making a Notification of Concern to Police/Social Work 16
5.0 Inter-agency Referral Discussion (IRD) 24
6.0 Joint Investigative Interview (JII) 26
7.0 Health Assessment and Medical Examination 28
8.0 Child Protection Investigation and Assessment 33
9.0 Child Protection Planning Meetings 35
10.0 Participation in the Child Protection Planning Meeting 36
11.0 The Role of the Child Protection Planning Meeting Chair 41
12.0 Child Protection Plan 43
13.0 Core Groups 44
14.0 Review Child Protection Planning Meetings 46
15.0 Pre-Birth Child Protection Planning Meetings 47
16.0 Child Protection Register 49
17.0 Disputes and Complaints 51
18.0 Criminal Injuries 52
19.0 Allegations of Abuse by a Staff Member 53
20.0 Allegations of Abuse by a Foster Carer 55
Appendices. 57
Appendix A: Key Timescales 58
Appendix B: Legal measures 60
Appendix C: Single Agency Responsibilities 65

Forward

I am delighted to introduce the new Child Protection Procedures for Renfrewshire. Children and young people in Renfrewshire have the right to be protected from all forms of abuse and Renfrewshire Child Protection Committee's vision is that: '**All children in Renfrewshire are safe and protected from harm'**.

These Child Protection Procedures have been produced by Renfrewshire Child Protection Committee, in partnership with six neighbouring Child Protection Committees—East Renfrewshire, Inverclyde, East Dunbartonshire, West Dunbartonshire, North Lanarkshire and South Lanarkshire.

The procedures are for practitioners and managers working across the statutory and voluntary sectors in Renfrewshire. They set out the responsibilities of all agencies to recognise and consider the potential risks to a child, regardless of whether the child is the main focus of their involvement. They also recognise the importance of partnership working.

Updated to reflect the National Guidance for Child Protection in Scotland 2021, the procedures provide a local focus for the national guidance, reflect practice in Renfrewshire and provide links to relevant local guidance and procedures.

The procedures should be considered alongside the National Guidance and links are provided throughout the document to relevant sections in the National Guidance. In addition, the recently updated Getting it Right for Every Child (GIRFEC) Policy and Multi-agency Operational Guidance, incorporating Chronologies Guidance 2022 should also be referred to. In Renfrewshire, the GIRFEC approach is the bedrock of all services which support children, young people, parents and carers, recognising the importance of GIRFEC to protecting children, particularly in ensuring that all children must receive the right help at the right time.

Tam Baillie

Independent Chair,
Renfrewshire Child and Adult Protection Committees
December 2023

1.0 General Principles and Purpose

What is Child Protection?

1.1 Child protection refers to the processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm. This includes both familial and non familial harm – also known as contextual safeguarding – and gives consideration to the relevance of wider relationships and the location of harm.

1.2 Child protection processes fall at the urgent end of a continuum of services which include prevention and early intervention. The Getting it right for every child (GIRFEC) approach promotes and supports planning for such services to be provided in a way which best safeguards, supports and promotes the rights and wellbeing of children, and ensures that any action to meet needs is taken at the earliest appropriate time to prevent acute needs arising.

1.3 Children who are subject to child protection processes may already be known to services. They may already have a child's plan in place. Child protection processes should uphold children's rights. They should build on existing knowledge, strengths in planning and partnerships to reduce the risk of harm, to meet the child's needs.

Purpose of procedures

1.4 The National Guidance for Child Protection in Scotland (2021) states that:

"All agencies have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. Effective partnerships between organisations, professional bodies and the public are more likely if key roles and responsibilities are well defined and understood."

1.5 The National Guidance for Child Protection in Scotland (2021) should be read in conjunction with these local procedures and provides overall direction where there are concerns that a child may be at risk of harm. Child protection procedures are initiated when Police, Social Work or Health professionals determine that a child may have been abused or may be at risk of significant harm. The procedures outline how all agencies should work together with parents, families and communities to prevent harm and to protect children from abuse and neglect.

1.6 The procedures are underpinned by:

The United Nations Convention on the Rights of the Child (UNCRC)

Getting it right for every child (GIRFEC)

#KeepThePromise

Trauma Informed Practice Toolkit

Who are the procedures for?

1.7 These procedures are inter-agency and are for all staff working in Renfrewshire. Child protection procedures will not in themselves keep children safe, everyone has an individual responsibility to protect children from harm and to work collaboratively ensuring good communication and joint working.

Involvement of children and families in child protection

1.8 All professionals have a responsibility to engage with infants, children, young people and their families. The views and perspectives of infants, children, young people and their parents / carers should be reflected in all child protection processes.

Involving children

1.9 Children must be helped to understand how child protection procedures work and how they can contribute to decisions about immediate safety and their future. Practitioners must ensure they listen to children, seek their views at every stage of the child protection process and give them information relating to the decisions being made subject to their age, stage and understanding. All children should be offered Barnardo's Hear 4 U advocacy service at the start of the child protection process.

1.10 Children have a right to participation as well as to protection and the provision of conditions favourable to their development. Children and young people should have the opportunity to be involved in all decisions affecting their lives. Their right to protection and participation are enshrined in the United Nations Convention on the Rights of the Child.

- Anyone working with children should involve them at every stage of the child protection process, see and speak to the child, listen to what they say, take their views seriously and work with them collaboratively when deciding how to support their needs. For babies and infants their presentation and pattern of behaviours must be considered.
- Child protection investigations need to be conducted taking cognisance of the fact that children may fear reprisals if they disclose, for example: grooming/coercion; threats of physical or emotional harm or that disclosures will result in social consequences such as isolation, bullying, or being treated differently by peers.
- Workers should explain the purpose and outcome of the investigation to children (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.
- Babies and young children have a voice that must be listened to. This voice is heard and seen in the noises and movements they make, their response to the environment and in their interactions with the people who are with them. The Voice of the Infant: best practice guidance and infant pledge provide guidance on how to take account of infants' views and rights. The term 'Voice of the Infant' is used to convey our understanding that babies have their own minds and have things to communicate from birth. The guidelines offer suggestions about how those who work with babies and very young children can notice, facilitate and share the infant's feelings, ideas and preferences which they have let us know about through their gaze, body language and vocalisations.

Expectations from children who may be involved in child protection processes (National Guidance for Child Protection in Scotland, 2021).

Involving families/carers

1.11 Parents and those with parental responsibilities should be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of significant harm or undermine a criminal investigation.

1.12 Professionals should work in partnership with parents and carers, recognising that they are the experts in their own lives. Good communication should be maintained with parents and carers throughout the child protection process. Concerns should be shared with them in a way that does not judge or blame them and allows them the opportunity to reflect, learn and bring about the change or provide the support needed to keep their children safe.

1.13 Adults involved in the process should be offered a referral to You First Advocacy. The role of a parent's advocate is to provide support and representation to the parent or parents involved in the child protection process. Parent advocates are trained in advocating for the rights and best interests of parents within the context of child protection proceedings. Their primary objective is to ensure that the parents have a voice, are fully informed about their rights and options, and are able to actively participate in the decision-making process.

Expectations from parents who may be involved in child protection processes (National Guidance for Child Protection in Scotland 2021).

Information sharing

1.14 Sharing relevant information is an essential part of protecting children from harm. Practitioners and managers in statutory services and the voluntary sector should all understand when and how they may share information. Practitioners must be supported and guided in working within and applying the law through organisational procedures and supervisory processes. Renfrewshire's GIRFEC Multi Agency Operational Guidance gives clear guidance for all agencies on information sharing. Social Work specific guidance on information sharing can be found here.

1.15 Where there is a child protection concern, relevant information should be shared with Police or Social Work without delay, provided it is necessary, proportionate and lawful to do so. The lawful basis for sharing information should be identified and recorded. A summary of what constitutes a lawful basis, and what you need to consider in trying to identify the appropriate lawful bases for sharing can be found at the end of this section. Agency data protection leads should be able to advise where doubt about the appropriate lawful basis exists.

1.16 Relying on 'consent' as the lawful basis is not appropriate if, for example, refusal to give consent would prejudice criminal investigation or might lead to serious harm to the child. Furthermore, due to the power imbalance between a child or families and the authorities, it would be difficult to demonstrate that consent was freely given. In matters of child protection, it is therefore likely that reliance on consent would be the exception and not the rule.

Child protection assessment, planning and intervention

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

- Dynamic factors that may be amenable to shift and change, such as poverty (or affluence), housing, employment, ill health, available support, personal attitudes and behaviours.
- Atatic factors such as early adverse experiences or intellectual disabilities, the impact of which may be affected by the understanding and pragmatic support offered.
- Assessment of risk entails consideration of the interaction of relationships and factors in the child's family and wider world, including impact of past experiences.

1.18 In every situation the interaction of risks and strengths may be assisted by consideration of components of the GIRFEC National Practice Model, such as the concept of resilience.

Poverty

1.19 The Scottish Government is committed to tackling child poverty as part of a wider strategy for tackling poverty and inequality across Scotland (https://www.gov.scot/ policies/poverty-and-social-justice/child-poverty/).

1.20 Most families experiencing poverty provide safe and loving homes and practitioners should be careful not to stigmatise families through highlighting the impact of poverty in families. However, poverty can cause as well as accelerate neglect and the risk of other harms. Consideration of the impact of poverty on children is a core consideration in child protection assessment and family support.

1.21 Recent research indicates the disproportionate number of children placed apart from their families within the poorest neighbourhoods in Scotland. Poverty intersects with other stressors upon families, including disability, mental health problems, ill health, poor housing, barriers to employment, poor literacy skills, learning disabilities and racial discrimination.

1.22 Practitioners need to be alert to the corrosive impact of poverty upon the physical and mental wellbeing of parents, carers, children and young people. Community-level poverty can also limit the capacity for members of the community to provide informal social support.

1.23 Poverty is frequently entrenched across generations and severely limits children's life chances and prospects. Poverty alone must never be a reason for removal of children from the care of their family. Safeguarding of children in Renfrewshire encompasses support for migrant families who have no recourse to public funds. These families face a high risk of poverty and destitution. Guidance on migrant rights and entitlements can be found at www.migrationscotland.org.uk/ migrants-rights-entitlements/social-services%E2%80%99- support-introduction.

2.0 Key Definitions

2.1 The National Guidance for Child Protection in Scotland (2021) recognises that physical and emotional safety provides a foundation for wellbeing and healthy development. We all must work together to prevent harm from abuse or neglect from pre-birth onwards, including safe transitions of vulnerable young people towards adult life and services.

2.2 Part 1 of the National Guidance for Child Protection in Scotland (2021) provides definitions and explanations of key terms applicable to child protection processes and provides full and accurate legal definitions.

Definition of a child

2.3 These procedures relate to the protection of children and young people including unborn babies, children and young people under the age of 18 years.

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

2.5 The needs and rights of ALL siblings should be considered in any process regarding a child.

Definition of a parent, carer, kinship carer, foster carers and of private fostering

2.6 A **parent** is the genetic or adoptive mother or father of a child. Parental rights are necessary to allow a parent to fulfil their responsibilities, which include: looking after their child's health, development and welfare; providing guidance to their child; maintaining regular contact with their child if they do not live with them; and acting as their child's legal representative. To fulfil these responsibilities, parental rights include the right to have their child live with them and to decide how their child is brought up. Parents continue to hold parental rights for a child up until the child is 16 years old, unless and until these are removed. If this happens, it must be clear who does hold parental rights and responsibilities.

2.7 A **carer** is someone other than a parent who is looking after a child. A carer may be a 'relevant person' within the children's hearing system.

2.8 A **kinship carer** is a carer for a child looked after by the local authority, where the child is placed with the kinship carer in accordance with Regulation 10 of the Looked After Children (Scotland) Regulations 2009.

2.9 A **foster carer** means a person approved by a local authority as a suitable carer for the child.

2.10 **Private fostering** refers to children placed by private arrangement with persons who are not close relatives. Close relative in this context means mother, father, brother, sister, uncle, aunt, grandparent, of full blood or half blood or by marriage.

What is child abuse and child neglect?

2.11 Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home: within a family or peer network; in care placements; institutions or community settings; and in the online and digital environment.

2.12 Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use.

Definitions of harm

2.13 Definitions of harm are provided below:

- **Harm and significant harm**

  Protecting children involves preventing harm and/or the risk of harm from abuse or neglect. A child protection investigation is triggered when the impact of harm is deemed to be significant. 'Harm' in this context refers to the ill treatment or the impairment of the health or development of the child. 'Development' can mean physical, intellectual, emotional, social or behavioural development. 'Health' can mean physical or mental health. Forming a view on the significance of harm involves information gathering, putting a concern in context, and analysis of the facts and circumstances. For some actions and legal measures the test is 'significant harm' or risk of significant harm. There is no legal definition of significant harm or the distinction between harm and significant harm. The extent to which harm is significant will relate to the severity or anticipated severity of impact upon a child's health and development.

- **Physical abuse** is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

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

  The Children (Equal Protection from Assault) (Scotland) Act 2019 means that children now have the same protection from assault as adults. All forms of physical chastisement, physical punishment and physical discipline of children and young people are against the law in Scotland. Local Equal Protection from assault guidance can be found here.

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

  It may involve:

  » Conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person.

  » Exploitation or corruption of a child, or imposition of demands inappropriate for their age or stage of development.

  » Repeated silencing, ridiculing or intimidation.

  » Demands that so exceed a child's capability that they may be harmful.

  » Extreme overprotection, such that a child is harmed by prevention of learning, exploration and social development.

  » Seeing or hearing the abuse of another (in accordance with the Domestic Abuse (Scotland) Act 2018.

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

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

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

- **Child Sexual Exploitation (CSE)** is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person under the age of 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator.

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

- **Criminal exploitation** refers to the action of an individual or group using an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity in exchange for something the victim needs or wants, or for the financial or other advantage of the perpetrator or facilitator. Violence or the threat of violence may feature. The victim may have been criminally exploited, even if the activity appears consensual.

  Child criminal exploitation may involve physical contact and may also occur through the use of technology. It may involve gangs and organised criminal networks. Sale of illegal drugs may be a feature. Children and vulnerable adults may be exploited to move and store drugs and money. Coercion, intimidation, violence (including sexual violence) and weapons may be involved.

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

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

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

  GIRFEC sets out the essential wellbeing needs of all children. Neglect of any or all of these can impact on healthy development. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); to protect a child from physical and emotional harm or danger; to ensure adequate supervision (including the use of inadequate caregivers); to seek consistent access to appropriate medical care or treatment; to ensure the child receives education; or to respond to a child's essential emotional needs. In order to assess a parent's capacity to meet their child's needs, it is important in cases where neglect is suspected to examine and gain an understanding of both the current circumstance and the parents' early experience. This should form the basis for any assessment undertaken. This toolkit is for practitioners to use with parents/carers.

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

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

- **Female genital mutilation (FGM)** is an extreme form of physical, sexual and emotional assault upon girls and women involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Such procedures are usually conducted on children and are a criminal offence in Scotland. FGM can be fatal and is associated with long-term physical and emotional harm. If it is suspected that a child has been subject to FGM, Police or Social Work should phone the PPU in Health without delay for initial advice.
- **Forced marriage** is a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual, and emotional abuse. Forced marriage is both a child protection and adult protection matter. Child protection processes will be considered up to the age of 18. Forced marriage may be a risk alongside other forms of so called 'honour-based' abuse (HBA). HBA includes practices used to control behaviour within families, communities, or other social groups, to protect perceived cultural and religious beliefs and/or 'honour'.

Protection of disabled children

2.14 Disabled children are children first and foremost. Each child has unique potential. Their needs must be considered in the context of a holistic assessment of the child and the intersecting strengths and risks in their world. Practitioners should refer to pp.140 to 145 of the National Guidance for Child Protection in Scotland 2021 when considering child protection processes in relation to children with disabilities.

Migrant Families

2.15 From a safeguarding perspective, local authorities have duties to support migrant families with No Recourse to Public Funds. These families face a high risk of poverty and destitution. Guidance for local authorities on migrant rights and entitlements is available at 1.1 How to use this guidance | COSLA Strategic Migration Partnership (migrationscotland.org.uk).

Child protection concerns relating to unaccompanied children should be addressed by the same inter-agency processes as for a UK national. Practitioners should also refer to pp.193 to 200 of the National Guidance for Child Protection 2021.

3.0 Roles and Responsibilities in Child Protection

Collective responsibilities

3.1 All agencies in Renfrewshire have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. The National Guidance for Child Protection in Scotland 2021 sets out the collective responsibilities of agencies for child protection (pp.39 to 45).

Single agency responsibilities for child protection

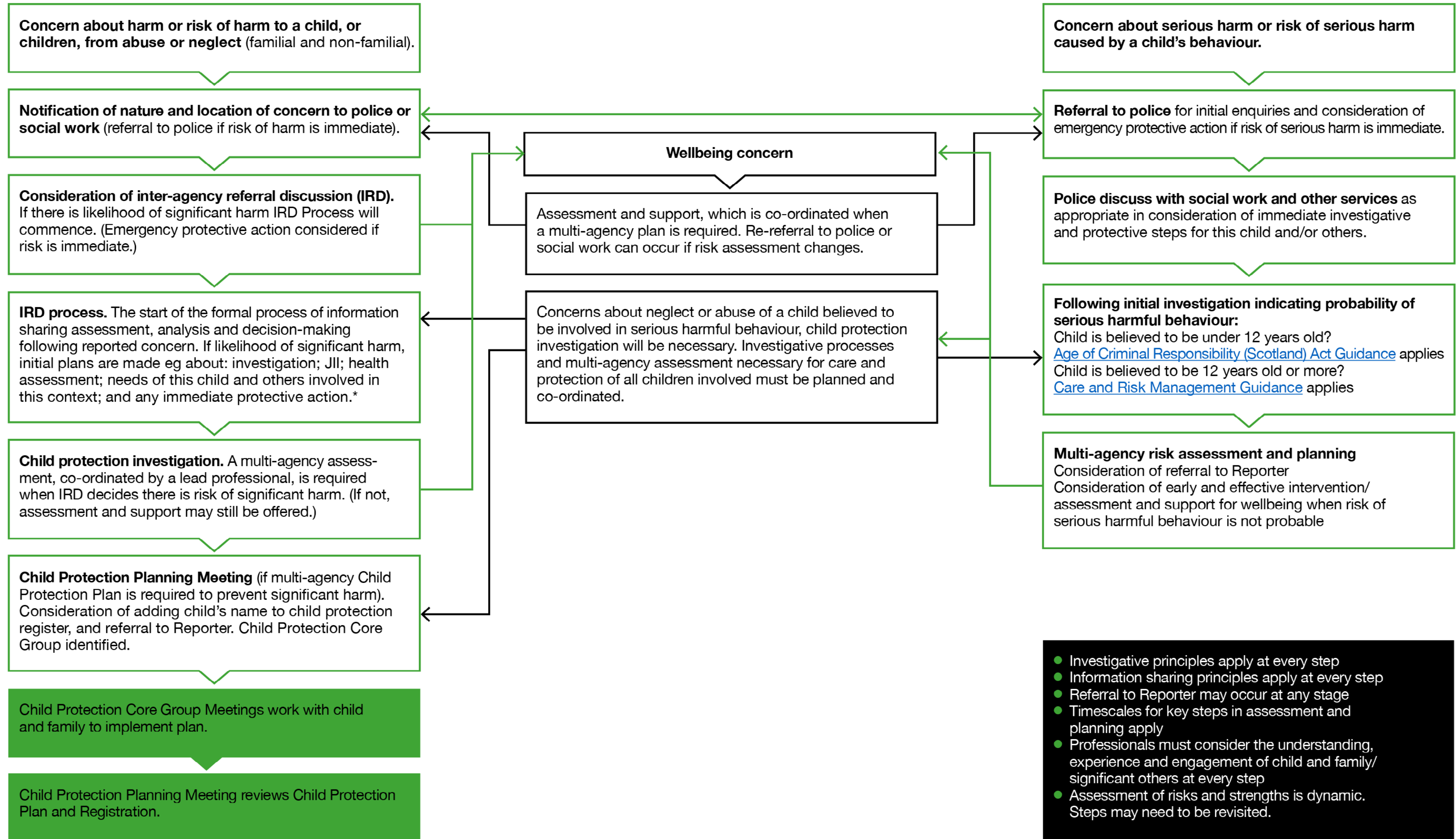
3.2 All services and professional bodies should have clear policies in place for identifying and sharing concerns about risk of harm to a child or children. Practitioners are responsible and accountable to adhere to their own professional guidelines, standards and codes of professional conduct.

3.3 The National Guidance for Child Protection 2021 (pp.45 to 67) sets out single agency responsibilities for statutory and non-statutory services.

Wider planning links

3.4 Wider planning links are also outlined in the National Guidance for Child Protection 2021 (pp.68 to 73) including: Public Protection; the interface between adult and child protection services; MAPPA; the Community Justice Partnership; and the Alcohol and Drug Partnership.

Child Protection Process



4.0 Making a Notification of Concern to Police/Social Work

When to make a notification of concern

4.1 All staff who work with or come into contact with children, young people and their families have a key role in child protection. They should be alert to the signs and symptoms which may indicate that a child or young person is being exposed to harm and /or abuse.

4.2 A notification of concern should be made to Social Work as soon as any concerns regarding a child arise. In situation where the risk is immediate contact should be made to the Police. The notification should be made to the **Duty Social Work team by phoning 0300 300 1199** which should be **followed up by a written Notification of Concern to** swbschildcare@renfrewshire.gov.uk. If the referral is being made outside office hours, contact Social Work on **0300 343 1505** or the Police on **101** if appropriate.

What information do you need to make a referral?

4.3 Concerns about harm to a child from abuse, neglect, exploitation, or violence should be reported without delay to Social Work or to the Police in situations where risk is immediate.

4.4 When making a referral please give as much information as you have and give consideration to the checklist below. These are the questions that the receiver of the referral will ask:

Key Considerations Checklist—Referrals
Date, time and method of referral?
Referrer’s 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? Based on information is the child is in imminent danger?
The name, age and address of the child’s parents/carers?
Details of any adults who have care of the child- their names, DOB, address etc?
Description of the incident prompting the referral including details of the alleged perpetrator, and where, when and what may have happened.
Details of other children who may also be at risk?
Details of any other person known to have information on the alleged or suspected abuse?
Any other agencies currently involved with the family e.g. Health visitor, Teacher, School Nurse or any other Health professional involved with the family (including the parents/carers)?
Any previous concerns about this child or other children in the household?
Whether the children have any disabilities or special needs?
Any cultural or religious factors which need to be taken into account?
Whether the parents/ carers are aware of the concerns and if so their response?

What happens when Social Work/Police receive a referral?

4.5 On receipt of a referral, Social Work and/or Police will carry out an initial assessment of the information. Where the information indicates a very low level of concern the matter may be diverted to a single agency for appropriate action, or to multi-agency partners to coordinate a plan for a Child in Need.

4.6 Where it is potentially a child protection matter then the receiving agency (Social Work and/or Police) will:

- Treat every referral seriously.
- Gather information available.
- Assess and analyse this jointly and make decisions based on the information.
- Assess the situation and determine how best to progress the matter. The welfare of the child will always be of paramount consideration.
- Organise an Inter-agency Referral Discussion (IRD) to decide on a multi-agency basis whether it is a child protection concern and, if so, to plan the investigation.
- Identify who will be responsible for feeding back to the referrer.
- Consider the need for any emergency legal measures required or statutory measures via a referral to the Children's Reporter.

4.7 The Social Worker or Police Officer receiving the referral should ensure the information on the referral checklist is recorded on their relevant recording system.

4.8 It is essential that information is recorded as fully and as accurately as possible, including checking spelling. Remember these records may be accessed later by the child and/or used in a court of law.

4.9 The Social Worker or Police Officer will:

- Request written confirmation of the referral and record this. Where the referrer is another professional, they should be asked to complete their agency shared referral form.
- Reassure the referrer that all information received will be treated seriously and with discretion.
- 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. They should also be advised that in some instances information may have to be shared with the Police who may wish to interview them.
- Construct an initial analysis of the situation.
- Discuss the referral with the relevant line manager and agree a plan of action including whether immediate action needs to be taken to protect the child.

4.10 The Senior Social Worker / Police Manager will:

- Decide in conjunction with the worker a course of action—consider whether any immediate action needs to be taken or whether initial enquiries should be made.
- Arrange an Initial Referral Discussion if it is felt after initial enquires that it meets the threshold for child protection.
- Ensure decisions around any child protection concerns are made as soon as possible.
- Ensure that a worker is identified to undertake the initial enquiry and assessment.
- In all referrals which suggest that a child is in need of compulsory measures of supervision, ensure that enquiries are made and relevant information provided to the Scottish Children's Reporters Administration.

Immediate Risk

4.11 Where there is an indication of immediate risk of harm to a child, the safety of the child is paramount. Police and Social Work should take steps to ensure the immediate safety of the child. This may mean that the IRD is held retrospectively. In these circumstances, any necessary investigation or other action should not be postponed as a result of any delay in receiving information from other agencies.

Initial Enquiry

4.12 The Social Worker will undertake a record check to collate information including:

- What is already known about the child and their family;
- Nature of previous involvement, assessed concerns and strengths;
- Check of all alternative names and dates of birth are recorded for child and family in the household;
- Details of those holding parental responsibilities (ensure this is checked even for a parent not presently residing with the child);
- Check of legal status of child; and
- Any other significant information.

They will contact all other relevant agencies known to the child and make clear the nature and purpose of the request and record all requests, discussions and responses.

Key Considerations Checklist—Information to Consider from Other Agencies
Nature of their involvement with the family and their existing assessment of the child's circumstances?
Knowledge of current incident/cause for concern?
Whether they have a chronology of significant events which can be accessed?
Frequency of contact and the date the child was last seen?
Developmental details of each child (health/ education)?
Background/previous concerns?
Relevant health information, including that pertaining to parents (and carers) as it affects parental capacity to adequately provide for the health, safety and welfare of the child?
School attendance and pastoral care information?

4.13 The safety of the child takes precedence over the need to maintain professional confidentiality. Where concerns exist about a child, each agency or individual worker has a responsibility to contribute all relevant information when requested.

Initial Assessment

4.14 The Social Worker will then make an initial assessment from information provided by the enquiries (see **Key Considerations Checklist—Initial Assessment** below for guidance). The initial assessment must include consideration of the likelihood of the child having experienced or being at risk of significant harm.

Key Considerations Checklist—Initial Assessment
Is the child in immediate danger?
Has abuse occurred or likely to have occurred?
The duration and severity of the abuse?
The actual, or potential, impact on the child'shealth/development/welfare?
The context of any alleged incident; the age of the child, level ofunderstanding?
Parental attitude?
The child's view and reactions?
Any indications of a family who professionals struggle to engage with.
What are the protective factors?
What is your professional judgement based on information and research about the risk of future harm to the child?
What action is required in order to ensure the protection and welfare of thechild?

Deciding how to respond

4.15 Once the Initial Enquiries have been completed the Social Worker will record the initial assessment and discuss their findings with the Senior Social Worker who will consider the following options:

- Consider whether the worker's enquiries and subsequent initial assessment is sufficient to make a decision on how to proceed or direct worker to undertake further information gathering and assessment until satisfied.
- Based on initial enquiries and assessment, decide whether the child is believed to have suffered/ is suffering/ is at risk of significant harm.
- If immediate action is necessary (e.g. seeking a Child Protection Order) ensure that this is quickly discussed with the Social Work Manager and Legal Services and subsequently with relevant Police and Health managers as appropriate. Once the child is safe, the Senior Social Worker will then ensure that further assessment and investigation is completed as necessary.
- If immediate action is not necessary, but the child may be at risk of significant harm, arrange an IRD.
- Consider and assess parents /alternative family member to support /protect the child where they are not considered as a potential risk to the child.
- Ensure that all requests, discussions, responses, assessment and decisions are recorded.
- Ensure any request to an external agency is confirmed in writing.

Child Protection Case Recording

4.16 Good case recording is essential to informing risk assessment and care planning. It is critical in assisting practitioners to identify any patterns and risks when working with a family. Records may also be used as evidence in court or children's hearings and could be viewed by the family if they request access to their file.

4.17 All interactions with the child, family and agencies must be timeously recorded.

While a child protection investigation is ongoing and when a child's name has been placed on Renfrewshire's child protection register the Social Worker should visit weekly and record their visits.

4.18 Case notes during an investigation and following a child being placed on the child protection register should, as a minimum include:

- Direct contact with the child and family and note whether this was planned or unplanned.
- The location of the contact and who was present.
- Summary of discussion and next steps.
- Progress in implementing the Child Protection Plan.
- Actions taken to effect change and reduce the risks.
- Views of the child and parents.
- Evidence of liaison with the other Core Group members.

4.19 Once a Child Protection Plan has been agreed the Senior Social Worker has responsibility for reviewing the case notes every 2 weeks and commenting on the progress of the plan in terms of reducing the risk.

4.20 The Senior Social Worker is required to record the child protection Core Groups and ensure a record of this meeting and agreed actions/changes to the plan is provided to the family and partner agencies and recorded in the child's Social Work record. This record should also include who has attended the meeting, the discussion points (including the views as to whether the risk has reduced or increased), and any agreed actions.

4.21 The Social Work manager must review the case records of children on the child protection register every 3 months. Their case note should comment on the progress of the plan in terms of reducing the risk and outline any future actions.

Chronologies

4.22 A chronology is a key tool which professionals in a range of disciplines can use to help them understand what is happening in the life of the child, young person or family. It is:

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

4.23 A chronology may be single-agency or multi-agency. See Renfrewshire's Practice Guidance: Chronologies in the Getting it Right for Every Child (GIRFEC) Policy and Multi-agency Operational Guidance, incorporating Chronologies Guidance 2022.

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

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

4.25 A chronology, whether single- or multi-agency:

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

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

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

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

Assessment and planning: prompts to reflection

The following prompts should be considered to inform assessment and planning:

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

5.0 Inter-agency Referral Discussion (IRD)

IRD Process

5.1 An Inter-agency Referral Discussion (IRD) is the start of a formal process of information sharing, assessment, analysis, and decision-making following reported concern about abuse or neglect of a child or young person up to the age of 18 years, in relation to familial and non-familial concerns, and of siblings or other children within the same context. This includes an unborn baby who may be exposed to current or future risk. All concerns which may indicate risk of significant harm must lead to consideration of an Inter-Agency Referral Discussion.

5.2 It is the first stage in the process of joint child protection assessment. An IRD may constitute one or a series of discussions depending on the situation. The discussion always involves the core agencies of Social Work, Health, Police and Education (where the child attends a Renfrewshire Council education establishment). Others including adult services or third sector agencies may be involved depending on the circumstances. Such collaboration is a matter of professional judgement exercised by the core agencies.

5.3 An IRD can be a process or a single event. Information must be gathered, shared, and recorded at each meeting, to support co-ordinated decision-making and response by the core agencies. Where concerns exist in relation to multiple families / children, a strategic and coordinated response will be required. It must be convened as soon as reasonably practicable.

5.4 The decision to convene an IRD can be made by Police, Health or Social Work, but a request to consider an IRD may be made by any agency. Social Work have lead responsibility for enquiries relating to children who are experiencing or are likely to experience significant harm and assessments of children in need. The Police have lead responsibility for criminal investigations relating to child abuse and neglect and share responsibilities to keep the child safe. A designated Health professional will lead on the need for and nature of recommended health assessments as part of the process. Renfrewshire Council education establishments are invited to take part in IRDs but they are not the lead agency.

5.5 It is essential that, where it is safe to do so, relevant information relating to the IRD is shared with the child and their family. This will include ensuring the child and family are made aware that the IRD is taking place and an explanation of the reason for this. Where it is practically possible, this should be undertaken prior to the IRD taking place. The timing of an IRD should not be unduly delayed by this process.

5.6 The IRD must be convened without undue delay. This should normally be on the next working day. Where there is a risk to the life of a child or the likelihood of immediate risk or significant harm, intervention must not be delayed pending receipt of information gathering/sharing.

Agency representation

5.7 Core agency representatives will be responsible for joint decision making within the IRD. They must be sufficiently senior to assess and discuss available information and to make decisions on behalf of their agency. This would normally be a Senior Social Worker, a Detective Sergeant or IRD trained officer, the identified child protection advisor NHSGGC Glasgow, and a Depute / Head Teacher.

Interim safety plan

5.8 The IRD will devise an Interim Safety Plan if it is agreed that a child protection investigation or a Joint Investigative Interview (JII) is required. The purpose of this is to ensure a child's immediate safety until such time as a Child Protection Planning Meeting (CPPM) is held. An Interim Safety Plan is about immediate safety and those who are participants in the plan must understand and agree what they must do to ensure a child's safety. The safety plan must be recorded and shared and must be in plain language.

The plan should:

- Set out how risk is managed and reduced.
- Clearly identify the roles and responsibilities of each agency and actions they will take.
- Set out how often and where the child will be seen.
- Identify who will communicate the plan with the child and family.
- State how the plan will be monitored and by whom.
- Set out when the plan will be reviewed.

Decisions of IRDs

5.9 The Senior Social Worker will have a discussion with the Child Protection Adviser in the Public Protection Unit (PPU) based at the Queen Elizabeth University Hospital and Police Public Protection Unit (PPU) supervisor (Sergeant rank or above) and an Education representative to:

- Advise of circumstances , identify further information;
- Request further agency checks as necessary;
- Identify immediate risks where urgent action will be needed;
- Determine whether a joint child protection investigation is required;
- Consider a referral to the Scottish Children's Reporter and record reasons as to whether or not the decision to refer was made and
- Establish whether a forensic medical examination /comprehensive health assessment is required and if so, who should conduct it, where and when. It is the Health practitioner's role to consider the health needs of the child. Note the guidance for Arrangements for Child Protection Medical Assessments Within Inverclyde and Renfrewshire and the NHS Contribution to Child Protection Discussions should be adhered to.

Closure of IRD and progression to Child Protection Planning Meeting

5.10 The IRD process will not be considered completed until a decision is made as to whether there is a need for a child protection investigation. If an investigation is required this must be reflected in the IRD record along with an agreed safety plan which identifies individual tasks and timescales to protect the child or young person during the investigation.

5.11 An IRD may need to be reconvened in the following circumstances:

- If further information (which wasn't available at the time of the original IRD) is required from any agency to assist with the decision making process.
- If a JII is required to inform the decision of the IRD.

5.12 If a child protection investigation takes place and it is recommended that a Child Protection Planning Meeting is required, this must be held within 28 calendar days of the IRD.

6.0 Joint Investigative Interview (JII)

Joint Investigative Interview (JII)

6.1 The decision to undertake a JII of a child witness and/or victim will be taken by the core agencies during the Inter-Agency Referral Discussion (IRD).

6.2 The Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland describes an investigative interview as ‘a formal planned interview with a child carried out by staff trained and competent to conduct it

Purpose of the joint investigative interview (JII)

6.3 The purpose of a JII is to:

- Understand the child’s account of the circumstances prompting the enquiry.
- Gather information to permit decision-making on whether the child in question or any other child is in need of protection.
- Gather sufficient evidence to suggest whether a crime has been committed against the child or anyone else.
- Gather evidence that may lead to a ground of referral to the Children’s Hearing being established.

The Scottish Child Interview Model (SCIM)

6.4 The Scottish Child Interview Model (SCIM) is an approach to joint investigative interviewing which is trauma informed. This approach maintains the focus upon the needs of the child in the interview, minimising the risk of further trauma, whilst seeking to achieve the best evidence through improved planning and interview techniques. In Renfrewshire JIIs are undertaken by the North Strathclyde Child interview Team.

6.5 Interviews should always be tailored to the needs of the child and the circumstances leading to the investigation. A key component for this interview is the planning and preparation for the interview ensuring that all the child’s needs are taken into consideration.

Briefing and Debriefing

6.6 Senior Social Workers or Police Sergeant’s are responsible for briefing and de-briefing for JIIs. Briefing and debriefing of interviewers are essential parts of the planning process for an investigation.

6.7 Once the interview and an agreed joint record of its proceedings have been completed, a debriefing session will take place between the interviewers and the managers of Social Work and/or Police overseeing the investigation.

6.8 The briefing and debriefing session will be documented and both agencies will keep records identifying decisions made, by whom and the reasons for them.

6.9 Although the findings from the interview will be discussed during debriefing, any decisions on further actions may be taken by the Inter-Agency Referral Discussion. The Social Work manager and/or Police supervisor conducting the debriefing session will feed back the findings of the interview to the Inter-Agency Referral Discussion, if required.

Procurator Fiscal Requests

6.10 When the Procurator Fiscal requests a JII an Initial Referral Discussion should be considered when a child or young person has witnessed a suspected crime and where they are assessed as being at risk of significant harm.

Witness JIIs

6.11 The North Strathclyde Child Interview Team Manager will assess the complexity of the case and consider if the child has needs that would require additional support. Where no protection or welfare concerns are evident and the threshold for an IRD is unmet, a referral for a JII can be progressed without the need for an IRD.

7.0 Health Assessment and Medical Examination

Is a medical examination required?

7.1 In all cases brought to IRD the need for medical examination must be discussed, agreed and documented. Although a medical examination is not a requirement in every investigation, it needs to be considered by the IRD regardless of whether the child has any apparent or visible injuries or appears neglected. A discussion with the consultant paediatrician is required to plan the type and timing of any medical assessment or examination.

Health assessments and child protection medical examinations

7.2 The medical examination of a child for whom there are child protection concerns aims to:

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

7.3 The decision to carry out a medical examination and the decision about the type of medical examination is made by a paediatrician informed by a multi-agency discussion with police, social work and other relevant health staff.

7.4 Through careful planning, the number of examinations must be kept to a minimum. The decision to conduct a medical examination may:

- Follow from an IRD and inter-agency agreement about the timing, type and purpose of the examination.
- Follow when a child or young person presents directly to health services e.g. an emergency department.
- This includes the possibility of self-referral for victims of rape and sexual assault who are over 16 years old as described below.

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

Concerns about physical abuse and injuries

When there are concerns about injuries and potential physical abuse a specialist paediatric examination with a forensic approach will be undertaken by a Child Protection consultant paediatrician.

Children under one year of age are at an increased risk of physical abuse. When concerns have been identified for a child under the age of one, they will be admitted to hospital for further examination. (link to under one policy from health services).

In most cases where there is visible evidence of injuries (e.g. burns or bruises) photographing the child's injuries timeously will be required and this may form part of the evidence for the Procurator Fiscal.

Child Sexual abuse

In cases of any disclosed 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 will be arranged to suit the child, family and relevant professionals.

Children under 13 years old will usually be examined by the Child Protection service at the Royal Hospital for Children Glasgow, whereas children over the age of 13 years will be examined by a medical examiner at Archway Glasgow. (Archway Glasgow—telephone 0141 211 8175).

For children who may have experienced non recent sexual abuse, an IRD should be convened to consider a Joint Investigative Interview (JII) and consideration for any subsequent medical examination that may be required

Informed consent of the non-abusing person with parental responsibility and, where appropriate, that of the child must always be obtained

A paediatric medical examination may be required where there has been parental or a professional concerns regarding child sexual abuse but no clear disclosure has been made. They would only be held following appropriate gathering of information, an IRD and consultation with the appropriate paediatrician. Consideration will also be given to examining children where Female Genital Mutilation is a concern.

Neglect

The health needs of all children experiencing neglect should always been considered at IRD or when child protection concerns have been raised. Health professionals already involved with the child or young person should be included in discussions about update assessments. There may be extreme or urgent cases of neglect that will require a discussion with Child Protection consultant paediatrician to agree nature and timing of examination.

7.6 Where victims of rape or sexual assault are aged 16 and over, they are able to self-refer for a forensic medical examination without first making a report to Police. Professional judgement is required as to whether following self-referral, a forensic medical examination is in the person's best interests. This includes clinical and non-clinical considerations. Even when a Forensic Medical Examination is not provided, the need for healthcare support and treatment must be considered.

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

Preparation

7.8 Wherever possible, the wishes of children who may have experienced sexual abuse, should be considered and supported in respect of choice of sex of examiner.

- Following a referral being received in relation to concerns about physical abuse a medical will be planned within an IRD, unless the child requires an urgent response.
- When a child has been victim of acute sexual assault within the last 7 days the aim would be for a discussion as to the need for medical examination to take place as soon as possible and only in urgent circumstances planned outwith the IRD. In non-recent sexual assault cases then a medical would be planned at the IRD.

7.9 As far as can be achieved in the circumstances, the examining doctor should have:

- All relevant information about the cause for concern.
- Information on previous concerns about abuse or neglect.
- The inter-agency plan to meet the child's needs at this stage.
- Relevant known background of the family or other relevant adults.
- Information from joint investigative interview if available.
- Preparatory discussion with the relevant Social Work and Police Officer.
- A preparatory meeting with parent or carer and child.

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

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

7.12 Consent must be obtained in one of the following ways:

- From a parent or carer with parental rights.
- From a young person assessed to have capacity.
- Through a court order.

Consent will be sought for CP medical examinations and as part of these it may also be sought in relation to investigations such as blood tests, x-rays or scans, the taking of photographs or video recording.

The consultant paediatrician would always seek informed consent from the person(s) with parental responsibilities and/ or a child with sufficient age and understanding. Consent needs to be directly obtained from the person(s) with parental rights and responsibility and not via a third party and where possible in written form.

When the alleged perpetrator is also the person with parental rights and responsibilities then they still need to be asked for consent for the child's medical. Consideration must be given to how to obtain consent safely and without impacting on the child or investigation.

7.13 The Age of Legal Capacity (Scotland) Act 1991 allows a child under the age of 16 to consent to any medical procedure or practice if in the opinion of the qualified medical practitioner the child is capable of understanding the nature and possible consequences of the proposed examination or procedure. Children who are assessed as having capacity to consent can withhold their consent to any part of the medical examination, for example, the taking of blood, or a video recording. Consent must be documented within medical notes and must reflect which parts of the process have been consented to and by whom. This includes consent to forensic medical examination.

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

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

Timing of the examination

7.16 Timing of the medical examination is agreed jointly by the consultant paediatrician and the other agencies involved.

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

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

7.19 In cases of suspected or reported non-recent sexual abuse, examinations should be planned during normal working hours.

7.20 Local arrangements must be in place for medical examinations out of hours, where these differ from daytime/weekday arrangements to ensure the opportunity to collect forensic trace evidence is not lost.

7.21 The Clinical Pathway for Children and Young People who have disclosed sexual abuse is relevant for children under 16 years of age (or up to 18 years of age for young people with vulnerabilities and additional support needs) (Scottish Government 2020).

8.0 Child Protection Investigation and Assessment

Child protection investigation

8.1 An IRD may decide that a child protection investigation is required. The decision of the initial IRD will determine if the investigation should be carried out by a single agency or by more than one agency. The investigating workers should carry out enquires and collate information to inform a multi-agency assessment of risk.

Social Worker role

8.2 The Social Worker should:

- Refer to the child to independent advocacy. More information about Barnardo's Hear 4 U Advocacy support and how to refer can be found here.
- Liaise with the multi-agency team around the child and gather all relevant information including the developmental history of the child.
- Liaise with the relevant services that the parents are known to e.g. mental health, Alcohol and Drug Recovery Service (ADRS).
- Contact the family and share the allegations that have been made (unless doing so is considered to place the child in danger).
- Get a clear account of the events that have led to the referral.
- Assess the family's ability to meet the child's needs and keep them safe.
- Assess the risks and protective factors.
- See the child on their own and ascertain their view.
- Complete and analyse the chronology.
- Make a recommendation as to whether the child is at risk of significant harm and outline a plan to reduce the risks.

8.3 Good communication must be maintained by the Social Worker throughout the child protection investigation, they should:

- Keep regular communication with the multi-agency team informing them of decisions made during the investigation and agreeing how the child and family will be supported.
- Maintain at least weekly contact with the child and their family, informing them of decisions, agreeing the most appropriate supports.
- Prepare the Child Protection Report.

Preparation of reports

8.4 The report will be prepared by the Social Worker and include the details of Social Work, Health, Education and Police involvement, information from all other involved services and the assessment of significant harm and future risk to the child.

8.5 The report should consider the need for compulsory measures and referral to the Children's Reporter.

8.6 Reports should be prepared sufficiently in advance to ensure that the child and family have had time to read and discuss the report before a Child Protection Planning Meeting (if that is the recommendation of the report).

Timescales

8.7 The Initial Child Protection Planning Meeting should take place within 28 days of the IRD. Where the investigation is going to take longer and the meeting cannot take place within this time, the Social Work Manager must record the reason for this on ECLIPSE.

9.0 Child Protection Planning Meetings

What is the purpose of the Child Protection Planning Meeting

9.1 When a child protection investigation has been undertaken and assesses that a child is potentially at risk of significant harm a multi-agency Child Protection Planning Meeting (CPPM) should be convened. The purpose of the Child Protection Planning Meeting is to ensure information is proportionately shared in order that a collective multi agency assessment of risk can be undertaken and a plan agreed to minimise the risk of harm to the child.

9.2 The Child Protection Planning Meeting decides whether the child is at risk of significant harm and requires a co-ordinated, multi-agency Child Protection Plan. If the Child Protection Planning Meeting decides that a Child Protection Plan is required, the child's name **must** be added to the Child Protection Register.

Who is responsible for convening the meeting?

9.3 Social Work will convene and chair the Child Protection Planning Meeting.

Invites and timescales for convening a Child Protection Planning Meeting

9.4 Where possible participants should be given a minimum of five days' notice of the decision to convene a Child Protection Planning Meeting. In some situations, it will not be possible to give five days' notice due to the nature of the concern and the perceived risk.

9.5 Invites to Child Protection Planning Meetings will be sent electronically to partner agencies and an up-to-date report will be requested from each agency.

Who should attend?

9.6 The Child Protection Planning Meeting is multi-agency and must include representation from the core agencies of Social Work, Health, Police, Education and any other relevant agencies currently working with the child and their family.

9.7 The family and child(ren) should be invited to attend.

10.0 Participation in the Child Protection Planning Meeting

Parents/carers participation

10.1 Parents and carers or others with parental responsibilities should be invited to the Child Protection Planning Meeting. They need sufficient time and support before, during and after the meeting to understand shared information, including concerns and decisions. The Chair should meet with the family prior to the meeting.

10.2 The Chair should encourage the parent or carer to express their views, while bearing in mind that they may have negative feelings regarding practitioners' intervention in their family. The Chair should make certain that parents/carers are informed in advance about how information and discussion will be presented and managed.

10.3 Parents/Carers may need to bring someone to support them when they attend the Child Protection Planning Meeting such as an advocacy worker. They may also request to bring a friend/family member and this will be at the discretion of the Chair. The support person is there solely to support the parent/carer and has no other role within the Child Protection Planning Meeting.

10.4 Any support required to ensure that parents /carers can fully participate in the meeting should be considered, for example an interpreter.

Exclusion of parents/carer

10.5 In exceptional circumstances, the Chair may determine that a parent or carer should not be invited to the Child Protection Planning Meeting (for example where bail conditions preclude contact or there are concerns that they present a significant risk to others attending, including the child or young person). The Chair will identify who will feed back relevant information to the person who has been excluded from the meeting.

10.6 The Chair should identify who will be responsible for informing parents/carers that they will not be attending the meeting and for seeking their views which should be shared at the meeting. The reasons for such a decision must be clearly documented in the Child Protection Planning Meeting minute.

Children's participation in Child Protection Planning Meetings

10.7 Children and young people should be invited to Child Protection Planning Meetings where it is appropriate but the following must be considered:

- The best way to give them information to help them understand and take part in the meeting.
- The emotional impact of attending a meeting, as meetings can be disturbing or confusing for children who attend.
- A decision not to invite the child or young person should be verbally communicated to them, unless there are reasons not to do so.
- Professionals should agree who is best placed to prepare the child for the meeting such as Social Worker, advocacy worker, pastoral care teacher etc.
- The Chair should meet with the child individually prior to the meeting to explain the reason for the meeting and to gain their views. This should take place regardless of whether the child is attending the meeting.
- Where a child is not attending the meeting in person, the Social Worker must ensure that the child is comfortable with how they will be involved in the meeting—for example, a pre-meeting with chair, virtual via tablet/phone, a written report by the child/advocate or a person of the child's choice.
- Meetings should be as child and family friendly as possible and arrangements in put place for a child to attend all or part of the meeting.
- The Child Protection Planning Meeting should consider whether a child should attend the Core Group.

Professional participation

10.8 The people attending the Child Protection Planning Meeting should be limited to those with a need to know, or those who are essential to an effective plan. Participants attending are there to take an active part, represent their agency and share information to ensure that risks can be identified and addressed. They have a responsibility to share relevant information, if proportionate to do so (Information sharing principles Part 1 National Guidance).

10.9 All agencies attending the Child Protection Planning Meeting should prepare a report which must be shared with the family and young person before the meeting (Police reports are not shared). The Chair of the meeting should also be given this report.

Information for children and parents/carers

10.10 Children, parents and carers should be provided with information in advance of the meeting. This can be provided electronically or as a printed copy.

10.11 The following information can be provided to children and families:
Illustrated information for children and young people.

- Illustrated information for parents / carers.
- Summary for children explaining meetings, processes and timescales.
- Summary for parents/carers explaining meetings, processes and timescales.

Reaching decisions in the Child Protection Planning Meeting

10.12 All participants at the Child Protection Planning Meeting with significant involvement with the child and family have a responsibility to contribute to a view of the level of risk, the need for a Child Protection Plan and the decision as to whether or not to place the child's name on the child protection register.

10.13 Where there is no consensus, the chair will use their professional judgement to make the final decision, based on an analysis of multi agency information and discussion.

Dissent

10.14 The Chair of a Child Protection Planning Meeting has the responsibility to identify underlying conflicts of information or opinion, to highlight them and to ensure that they are discussed and resolved where possible. If dissent persists, it must not be allowed to prejudice any child's safety and wellbeing, which must remain the paramount consideration.

10.15 If anyone attending the Child Protection Planning Meeting does not agree with the decisions made, they can have their dissent recorded within the minute of the planning meeting.

10.16 The Chair must bring the dissent to the attention of the Children's Services Manager immediately and agree a course of action. The Children's Services Manager should respond in writing to the dissenting person within **28 days**.

Risk indicators

10.17 When a child's name is placed on the child protection register the Chair of the Child Protection Planning Meeting will identify all the relevant the risk indicators that apply to the child and their circumstances. The risk indicators will be recorded on the child protection register.

Risk Indicators have been revised and updated and are now separated into two categories as follows:

Impact on/ Abuse of the Child	Vulnerability Factor
Physical abuse	Services finding it hard to engage
Emotional abuse	Child affected by parent(s)/carer(s) learning difficulty or learning disability
Sexual abuse	Child affected by parent/carer mental ill-health
Criminal exploitation	Child experiencing mental health problems
Child trafficking	Domestic abuse
Neglect	Parental alcohol use
Female genital mutilation	Parental drug use
Honour-based abuse and/or Forced Marriage	Child displaying harmful sexual behaviour
Child sexual exploitation	Online safety
Internet-enabled sexual offending,	Other
Underage sex	
Other	

Referral to Reporter

10.18 The Child Protection Planning Meeting must consider whether a referral to the Principal Reporter is required. A referral to the Principal Reporter should include relevant and proportionate information, including:

- The reason for the referral.
- The current child's plan and chronology.

Child Protection Planning Meeting record

10.19 The Chair, supported by the minute taker, is responsible for producing the record of the meeting (minute). The record should provide essential information from the meeting in a form that all involved in the Child Protection Plan can understand.

10.20 Essential information includes:

- Those in attendance and those invited but did not attend.
- Reasons for the child/parent/carers non-attendance.
- Reports received.
- Summary of the information shared.
- Risks and protective factors identified.
- Views of the child/parent/carer.
- The decisions, reasons for the decisions and note of any dissent.
- Outline of the Child Protection Plan agreed at the meeting detailing required outcomes, contingency plans and timescales.
- Membership of the Core Group.

10.21 The Child's Plan, as approved by the Chair, should be circulated within one day of the Child Protection Planning Meeting.

10.22 Participants, invitees who were unable to attend and Core Group members should receive the record (Minute) when approved by the Chair within 10 working days of the Child Protection Planning Meeting.

11.0 The Role of the Child Protection Planning Meeting Chair

Role of the Child Protection Planning Meeting chair

11.1 The role of the Chair includes:

- Agreeing who to invite and ensuring that all persons invited to the Child Protection Planning Meeting understand its purpose, functions and the relevance of their particular contribution.
- Meeting with parents/carers to explain the nature of the meeting, and possible outcomes.
- Ensuring that the parents/carers and child's views are taken into account and they been offered independent advocacy.
- Facilitating information-sharing, analysis and consensus about the risks and protective factors.
- Ensuring consideration of a referral to the Principal Reporter.
- Where a child's name is placed on the Register, outline the initial Child Protection Plan and advise parents/ carers about local dispute resolution processes.
- Identifying the Core Group members.
- Agreeing review dates in line with required timescales.
- Following up on actions and responsibilities when these have not been met.

Quorate meetings

11.2 There must be a sufficient number of multi-disciplinary professionals contributing to the information sharing and analysis to enable safe decisions and effective planning. Minimum participation would be expected from Social Work, Police, Health and Education.

Inquorate meetings

11.3 Where a Child Protection Planning Meeting is inquorate it should not ordinarily proceed. In such circumstances the Chair must ensure that the existing plan is reviewed with the professionals and the family members who do attend, to safeguard the welfare of the child or children. This needs to be recorded in the child's file.

11.4 Another early Child Protection Planning Meeting date must be immediately arranged and held within 10 working days.

11.5 In exceptional circumstances the Chair may decide to proceed despite lack of agency representation. This would be appropriate where a child has not had relevant contact with all key agencies (for example, pre-birth Child Protection Planning Meetings) or sufficient information is available, and delay is likely to be harmful to the child. Where an inquorate meeting is held the Chair must ensure that the reasons for proceeding with the meeting and any arrangements to safeguard the child in the meantime, are noted in the Child Protection Planning Meeting record.

11.6 Two consecutive inquorate Child Protection Planning meetings must not be held. Inquorate Child Protection Planning Meetings cannot remove the child's name from the child protection register.

Preparation of the Child Protection Planning Meeting Record

11.7 Parents / carers who only attend part of the Child Protection Planning Meeting in relation to a specific child or children will only receive the relevant minute and information in relation to their child. Everyone in attendance at the full meeting will receive a full minute.

12.0 Child Protection Plan

Producing and reviewing the plan

12.1 The Chair will be responsible for ensuring the production and review of an agreed multi-agency child's plan. This should integrate information from previous plans by individual agencies as appropriate. The GIRFEC Policy and Multi-Agency Operational Guidance provides guidance on the Child's Plan.

12.2 The multi-agency group working with the child and their family will be known as the Core Group.

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

Child Protection Plan

12.4 The Child Protection Plan must:

- Be developed in collaboration and consultation with the child and their family.
- Link actions to intended reduction or elimination of risk.
- Be current and consider the child's short, medium and long-term outcomes.
- Clearly state who is responsible for each action.
- Include detailed contingencies if the plan is not being fully implemented.
- Objectives of the plan.

12.5 The Plan's objectives should be Specific, Measurable, Attainable, Relevant and Time-bound (SMART) and be regularly reviewed. Interventions should be proportionate and linked to intended outcomes in ways understood by all involved especially children and parents.

12.6 Participants should receive a copy of the agreed Child Protection Plan within 24 hours of the Child Protection Planning Meeting.

13.0 Core Groups

What is the purpose of the Child Protection Core Group?

13.1 The Core Group are those who work directly with the child and family. The first Core Group should be arranged within 15 days of the Child Protection Planning Meeting, thereafter Core Groups should be held up to every eight weeks. However, if the level of risk is assessed as requiring more regular meetings these should take place to ensure robust oversight of the Child Protection Plan. The chair of the Child Protection Planning Meeting will determine how often Core Groups will be held.

13.2 Membership of the Core Group will be agreed at the Child Protection Planning Meeting. Consideration should be given to inviting the following:

- The child.
- Parents, carers and family members including all those with parental responsibility.
- Support person or advocate for the child and/or family.
- Other Social Work practitioners essential to the formation of the plan.
- Foster Carers.
- Education staff.
- Primary and acute health professionals, or Child and Adolescent Mental Health Services if appropriate.
- Adult mental health services/ recovery services where appropriate.
- Third sector organisations supporting children and families.
- Housing/support workers.

13.3 They are responsible for implementing, monitoring and reviewing the Child Protection Plan, in partnership with children and parents.

Who is responsible for convening and chairing the Core Group?

13.4 Social Work are responsible for convening and chairing the meeting. The meeting will be chaired by the Senior Social Worker. The Senior Social Worker will produce a record of the meeting and send to all participants within 5 days of the Core Group.

Responsibilities of the Core Group

13.5 Members of the Core Group have joint responsibility for:

- Ensuring progress against specified outcomes for the child as identified in the Child Protection Plan.
- Attending Core Group meetings and reviewing progress to ensure that there is no drift in achieving the aims of the Child Protection Plan.
- Coordinating the contacts and the frequency of visits specified in the Child Protection Plan.
- Ongoing analysis of the risk of harm to the child and information shared with all Core Group members.
- Keeping a record of the outcome of the meeting within their own agency recording systems.
- Individually and collectively identifying any escalating concerns and putting in place contingency plans when required. The Core Group Chair must convey any significant changes to the Child Protection Planning Meeting Chair immediately or at the latest within 3 calendar days.

13.6 The Core Group prior to the review Child Protection Planning Meeting needs to make the decision about whether or not to recommend continued registration to the Child Protection Planning Meeting.

14.0 Review Child Protection Planning Meetings

14.1 Review Child Protection Planning Meetings are organised and chaired by Social Work.

Timescales

14.2 A review may be held within six months of the previous Child Protection Planning Meeting, however, this does not preclude an earlier review where changes to the child's living situation are enough to remove or significantly reduce risks. Careful consideration is required about early decisions to remove the child's name from the register, for example by ensuring that necessary supports post-registration are in place.

Early Review of the Child Protection Plan

14.3 Where the Core Group identify that the Child Protection Plan is not being implemented for whatever reason or risk of harm has increased, the Chair of the Core Group can request an early Child Protection Planning Meeting at any time to ensure a full multi agency assessment of need and risk is undertaken and the Child Protection Plan is updated to reflect changes in the child's circumstances.

Information from the Core Group

14.4 The Social Worker should prepare a report and an updated chronology for the Review Child Protection Planning Meeting which details progress made, risk and recommendation as to whether continued registration is required. All other agencies should provide their appropriate updated reports for the Review Child Protection Planning Meeting.

15.0 Pre-Birth Child Protection Planning Meetings

Early intervention and IRD

15.1 All practitioners who work with expectant mothers must be aware of parental behaviour and circumstances that could cause significant harm to an unborn baby. A pre-birth assessment can begin whenever a pregnancy is confirmed and the GIRFEC practice model should be used to identify need at an early stage in the mother's pregnancy.

15.2 When there is a potential risk of significant harm the assessment should begin as soon as possible. This provides the unborn child with the best possible opportunity to thrive and gives parents maximum opportunity to engage with practitioners and family supports to begin to work towards necessary changes to protect their unborn/child from future harm.

15.3 Practitioners must be aware of how to refer concerns about potential harm to Social Work or Police. Section 4 explains how to do this.

15.4 Health, Police or Social Work will initiate an Inter-Agency Referral Discussion when there is reason to believe an unborn baby may be at risk of significant harm, as described in Section 2. The IRD must take place within 4 weeks of referral or as soon as practically possible if it is a late presentation. Health (including SNIPS midwives), Police and Social Work will attend the IRD.

Early assessment and intervention

15.5 Early engagement and planned support is essential. A Social Worker will complete a pre-birth child protection investigation by 26 weeks gestation. If a woman books late in her pregnancy an assessment should be completed as soon as possible. The timescale should be agreed with the Senior Social Worker.

15.6 If a Child Protection Planning Meeting is not required a multi-agency meeting will be chaired by a Senior Social Worker by 28 weeks gestation to agree a child in need plan.

15.7 If a Child Protection Planning Meeting is required this should be held at 28 weeks gestation. This will be chaired by a Social Work manager.

15.8 The child protection pre-birth assessment must assess:

- Needs and risks of both parents.
- Mental health of both parents.
- Extended family support.
- Previous parenting; preparation for birth.
- Domestic abuse in current relationship or with previous partners.
- Drug and alcohol use.
- Views of any other agency they are involved with.
- Involvement with justice services.
- Attendance at health appointments.
- Housing of both parents.
- Ability to manage money.

The pre-birth planning meeting

15.9 Pre-birth Child Protection Planning Meetings will consider whether serious professional concerns exist about the likelihood of significant harm to an unborn baby. These meetings will be co-ordinated and chaired by Social Work as detailed in Section 9.

15.10 The Child Protection Planning Meeting may place the unborn baby's name on the child protection register before birth. If the unborn baby's name is registered, the Child Protection Plan must stipulate who is responsible for notifying the birth of the child and what steps need to be taken at that point (for example, referral to the Principal Reporter).

15.11 Legal measures such as referral to the Reporter and application for a Child Protection Order (CPO) can only be made at birth. The need for these should be considered within the Child Protection Planning Meeting.

15.12 The Child Protection Planning Meeting must decide what supports must be put in place prior to the birth and after the birth. These supports will be reviewed and updated at Core Groups so all agencies are aware of the plan.

15.13 When the child is born, a post discharge planning meeting or post delivery planning meeting may need to be held only if the circumstances change significantly since the last Core Group. The circumstances which may indicate a need of these meetings may include:

- A need for a reassessment of risk relating to a baby born with unexpected withdrawal symptoms (neonatal abstinence syndrome).
- A need to reassess the care needs of a baby born with complex needs and any additional support required.
- A change in family circumstances such as the introduction of a new carer or change in family dynamics.
- Information from maternity staff indicating concerns about the care of the baby or presentation of the parents whilst in hospital.

Review of Pre-Birth Child Protection Planning Meetings

15.14 A review should be held within three months of the previous Child Protection Planning Meeting but professional judgement should be applied to the timing of this meeting post-birth. This does not prevent an earlier review where changes to the child's living situation are enough to remove or significantly reduce risk.

16.0 Child Protection Register

What is the child protection register?

16.1 Renfrewshire Council is responsible for maintaining a central child protection register for all children who are the subject of an inter-agency Child Protection Plan. This includes unborn babies. The register has no legal status. This is an administrative system for alerting practitioners that there is sufficient professional concern about a child to warrant an inter-agency Child Protection Plan. The decision to place a child's name on the register should be taken following multi-agency assessment and a Child Protection Planning Meeting.

Criteria for placing a child's name on the register

16.2 A child may be placed on the register if there are reasonable grounds to believe or suspect they have suffered or will suffer significant harm from abuse or neglect, and that a Child Protection Plan is needed to protect and support them.

16.3 Social Work should ensure the child's name and details are entered on the register, as well as record the areas of concern identified by the Child Protection Planning Meeting.

Removing a child's name from the register

16.4 The decision to remove a child's name will be made at a review Child Protection Planning Meeting 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.

16.5 The Child Protection Planning Meeting must consider what support the child and family may require following de-registration and consideration should be given as to whether a different lead professional should be appointed. The Child Protection Planning Meeting will amend the child's plan to reflect the revised assessment of need and agree what support is necessary to meet the child's need.

16.6 In certain circumstances a child can be de-registered without there being a need for a review Child Protection Planning Meeting being held this includes the death of a child on the Child Protection Register. The decision to de-register may be agreed by the Chair of the Child Protection Planning Meeting and the Chief Social Work Officer.

Movement of children who are on the child protection register

16.7 Geographical moves are a time of increased stress and risk for children and families. Child Protection Planning Meetings must be held to ensure proper transfer of information and responsibilities when a Child Protection Plan is in place.

Temporary registration

16.8 When families move between local authority areas, Social Work will notify the receiving authority immediately by telephone. A written notification must follow. The receiving local authority should immediately place the child's name on their temporary local register. Where possible, Social Work should advise how long the child is expected to stay in the area. Social Work should immediately inform the receiving authority when the temporary registration is no longer required. Information pertinent to keeping a child safe must be shared.

16.9 Arrangements must be agreed for the monitoring, supervision and implementation of the child protection plan. If agreement cannot be reached about arrangements, a senior manager should be involved to negotiate a resolution that prioritises the child's safety.

Permanent move

16.10 Where it is known that a child and/or their family are moving permanently to another local authority area, Social Work will notify the receiving local authority by telephone immediately, then follow up the notification in writing. The Core Group must assess the change in circumstances and if it is felt that risk has reduced, a review Child Protection Planning Meeting should be arranged to consider the need for ongoing registration, or if appropriate, deregistration. In such circumstances an appropriate member of staff should attend from the receiving authority.

16.11 If the risk is on-going or even increased by the move, the receiving local authority is responsible for convening the transfer Child Protection Planning Meeting. This should be held within the timescales of the receiving local authority's procedures but within a maximum of 21 working days. Until the transfer meeting, an Interim Safety Plan must be agreed between Renfrewshire and the receiving authority.

16.12 At the transfer Child Protection Planning Meeting, the minimum requirement for participation will be the Social Worker and Senior Social and the receiving local authority Social Worker, Senior Social Worker and Manager, as well as representatives from appropriate services including health and education.

Movement within Scotland

16.13 Where a child and their family move from one Scottish authority to another and the child has a Child Protection Plan, Social Work must ensure that the relevant child's records are made available to the receiving authority for the purposes of the assessment of current and future risk and need. Where a child was on the child protection register previously in another area, the receiving authority should request the child's file from the previous authority.

Missing children on the register

16.14 The Chief Social Work Officer will be responsible for attempting to trace a registered child whose whereabouts become unknown, including notifications and alerts to other areas and services.

17.0 Disputes and Complaints

Appeals against registration by a child or parent

17.1 If a parent (or child) **disagrees with the registration decision** they can appeal this. Advice must be given on the appeal process. They should be advised that they must contact the Children's Services Manager within **5 working days**. This should be in writing. The Social Worker can assist with this if necessary. The Children's Services Manager will respond in writing to the person who made the appeal within **28 days**.

17.2 The Chair of the Child Protection Planning Meeting should ensure that parents and children are aware of their right to appeal decisions about registration.

17.3 The child will remain subject to child protection registration throughout the appeal process. Once an appeal decision has been made, no further rights to appeal exist.

Complaints

17.4 When a parent or child has a complaint about the service during the course of the child protection investigation process or the process around and during the Child Protection Planning Meeting they should be advised of the formal complaints procedure.

18.0 Criminal Injuries

18.1 When working with children who have experienced trauma and abuse, consideration should be given to whether the child meets the criteria for Criminal Injuries Compensation.

18.2 Children who have suffered 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 loving relationship with the abused child may also be eligible for compensation if they suffer a mental injury because of witnessing the abuse or its immediate aftermath.

18.3 Professionals should be aware of this scheme and should consider whether any child for whom they are responsible is eligible to apply.

Eligibility

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

18.5 These time limits can only be extended in exceptional circumstances. The Criminal Injuries Compensation Authority (CICA) does not need to wait for the outcome of a criminal trial if there is already enough information to make a decision on a case, so applications should be made without delay for this reason. Decisions are made on ‘a balance of probabilities.’

Consideration of Criminal Injuries Compensation at Child Protection Planning Meetings

18.6 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 Planning Meetings (or Looked After Reviews if appropriate). It is the responsibility of the Chair of the review to ensure that reasons are recorded within the record of the meeting as to why the decision was reached whether to proceed or not to proceed with the application.

18.7 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.

19.0 Allegations of Abuse by a Staff Member

Allegation of abuse by a staff member

19.1 This guidance applies to all Renfrewshire children whether they currently reside in Renfrewshire or are living in residential houses out with Renfrewshire. It is important to treat any allegation of abuse seriously and differentiate from a complaint about the standard of service and allegations of abuse.

19.2 If an allegation of abuse is made against a staff member it is the responsibility of their manager to inform a senior manager in their organisation as soon as they are made aware of the allegation.

19.3 The senior manager should instruct an appropriate person in their organisation to carry out initial enquires. This is to clarify what the specific allegation is, when it happened, where it happened and if there are any witnesses.

19.4 The child or young person's concerns must be taken seriously; equally the staff member's perspective should be heard.

19.5 Once initial enquiries are carried out and it is determined that an allegation of abuse has been made, a referral should be made to Social Work duty and/or the Police depending on the nature of the allegation.

19.6 Police or Social Work will then assess the information and request an IRD if they assess that it is potentially a child protection issue.

19.7 A senior manager from the organisation that the staff member who is the subject of the allegation is employed by should attend the IRD - it should not be a member of staff at the same grade as the person whom the allegation has been made against.

19.8 The senior manager will then follow their organisation's disciplinary procedures in respect of the employee who the allegation has been made against. The staff member should be given information about the concern at the earliest point compatible with a thorough investigation.

19.9 If risks have been highlighted at the IRD or during the investigation, and the employee has children in their care or regular contact with children, a referral should be made to the local Social Work office in the local authority in which they reside.

19.10 The governing body which the staff member is registered with must also be notified. In certain settings the Care Inspectorate should also be notified, for example, Early Learning and Child Care or residential services.

19.11 When the child involved is aged 16 to 18 years, it should also be noted that The Sexual Offences (Scotland) Act 2009 makes it illegal for those in a position of trust to engage in sexual activity with a child or young person in their care, even if the child is above the age of consent. This is relevant to young people between the ages of 16 and 18 who are the potential victims of abuse. The positions of trust include staff working in hospitals, independent clinics, residential care houses, children's houses, residential family centres, schools and educational institutions.

19.12 If an organisation has employees or volunteers doing regulated work, they have a duty to report harmful behaviour to Disclosure Scotland. This applies whether the person is a member of the PVG scheme or not. It's known as making a 'referral'. By law, employers must report harmful behaviour even if it takes place outside of work, or the employer only finds out about it after the employee or volunteer has left. Employers must make a referral if a person shows harmful behaviour and they:

- Are dismissed as a result.
- Would have been dismissed but left before they could be.
- Permanently moved away from work with children or protected adults.

If any of these actions were taken, the employer must make a referral to Disclosure Scotland within 3 months of making the decision. If employers are unsure whether to make a referral, they can email customerengagement@disclosurescotland.gov.scot for help.

20.0 Allegations of Abuse by a Foster Carer

Allegations against foster carers

20.1 When an allegation of abuse is raised about a foster carer, staff receiving the information should respond in accordance with their own agency's procedures. Workers undertaking initial enquires should refer to the 2013 Scottish Government Guidance Managing Allegations against Foster Carers and Approved Kinship Carers.

20.2 Responses to allegations should be proportionate to the nature of the concerns raised. Whatever the action to be taken, practitioners will need to discuss the needs of the child, the context of their care, key events in their lives at that time and any possible triggers for a concern being raised, either by the child or others.

20.3 The main consideration in responding to any concern must be the safety of the child. Every child in foster care voicing a concern must be listened to and taken seriously. Concerns must be rigorously investigated. Equally, a carer's perspective should be heard. They must be treated fairly and with respect. Carers should be given information about the concern at the earliest point compatible with a thorough investigation.

20.4 The child's social worker should be informed as soon as possible, and they will gather the initial information regarding the nature of the allegation, where it happened, when it happened and if there were any witnesses. It is important to differentiate between an allegation of abuse and a complaint about the standard of service.

20.5 If enquires indicate that the child or young person has potentially been abused or is at risk of significant harm, the Senior Social Worker should request an IRD (see section 5). The IRD should also include the Senior Social Worker from the Fostering Team in Renfrewshire. If the child is in an external placement, a manager from the fostering agency should attend.

20.6 The Senior Social Worker from Renfrewshire's Fostering Team or the fostering agency should alert the Care Inspectorate as soon as the allegation has been made.

20.7 The Senior Social Worker should also inform their Social Work Manager Operations and the Social Work Manager Operations for the Fostering Service. If the carers are with an external fostering agency their Senior Manager should also be informed. This should happen as soon as possible after the initial allegation has been made.

20.8 If the decision of an IRD is that a child protection investigation is required, a decision must made about the potential risks to any other children in the foster home and whether a referral to the local social work office needs to be made regarding the carer's own children.

20.9 If the allegation involves more than one Renfrewshire child, a lead Senior Social Worker and Social Work Manager should be identified to oversee the investigation.

20.10 A meeting should be held within 24 hours chaired by the Social Work Manager for the child. It should also include:

- The Social Work Manager for Fostering.
- The Senior Social Worker for the child.
- The Senior Social Worker for Fostering.
- The child’s Social Worker.

This meeting should decide whether the child should be removed from the placement and be based on a well-informed assessment which balances the risks of harm to the child remaining with the carer with the associated risks which removal from the placement abruptly may bring.

20.11 Unless there is an immediate risk to the child, it is preferable to delay decisions about whether to remove a child until this meeting has taken place. That decision should be based on a systematic and well-informed assessment which identifies and describes the nature of the harm to the child. The assessment must weigh up the risks associated with the child remaining with the foster carer against those which would arise if the child were to be moved and placement stability disrupted. The aim of the assessment at every stage is to ensure that children affected by the concern raised are protected but with the least possible disruption to their lives and in a manner that best secures their well-being.

20.12 Where the child must be moved then the timing of the move should be planned in a way that minimises distress to the child being moved, and to the members of the foster family the child will be leaving.

20.13 If emergency action is required to protect the child, the consequences of all alternatives should be considered, despite the pressure to achieve an immediate reduction of risk. Options for the way forward for a looked after child are the same as for children in their own families.

Appendices

Appendix A: Key Timescales

Activity	Timescale
IRD to Child Protection Planning Meeting	Initial Child Protection Planning Meetings should take place within 28 days of the IRD.
Planning the Child Protection Planning Meeting/Invitations	Participants should be given a minimum of five calendar days notice of the decision to convene a Child Protection Planning Meeting whenever possible.
Pre-birth Child Protection Planning	Within 28 days of the concern or within 28 weeks gestation. The Child Protection Planning Meeting should take place no later than 28 weeks gestation or within 28 days of the notification of concern. In the case of a late notification of pregnancy, it should take place within 28 days of the notification of concern.
Core Group meeting	The initial Core Group meeting should be held within 15 calendar days of the initial Child Protection Planning Meeting then up to every 8 weeks thereafter.
Review Child Protection Planning Meeting	Review Child Protection Planning Meetings should take place within 6 months of the previous Child Protection Planning Meeting.
Review of pre-birth Child Protection Planning Meeting	Pre-Birth Child Protection Planning Meetings may be held within 3 months but require professional judgement about the most appropriate timing.
Minute of Child Protection Planning Meeting	Participants should receive a copy of the minutes within 10 calendar days of the Child Protection Planning Meeting.
Child Protection Plan	Participants should receive a copy of the agreed Child Protection Plan within twenty four hours of the Child Protection Planning Meeting.

Activity	Timescale
Changes to the child protection plan	Where a Core Group identifies the need to make significant changes to the Child Protection Plan, they should notify the chair of the Child Protection Planning Meeting within three calendar days.
Inquorate meeting	If a Child Protection Planning Meeting is inquorate and cannot go ahead, a new meeting must be held within 10 working days.
Transfer Child Protection Planning Meeting	Where a child and their family move from one authority to another and the child's name is on the child protection register, a Transfer Child Protection Planning Meeting will be held within 21 calendar days.

Appendix B: Legal measures

Legal Measures
Emergency Legal Measures
Where there is a need for urgent action to protect a child at risk of significant harm the most appropriate and proportionate legal routes should be considered. 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 2011 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 remain in force.
Police Powers
In line with the Children's Hearings (Scotland) Act 2011, a constable may remove a child to a place of safety if satisfied that the child has suffered, is suffering or is likely to suffer significant harm and that: • the removal of the child is necessary to protect that child from further harm; and • it is not practicable to make an application for a child protection order. Once the child has been removed the constable must inform the Principal Reporter and the child cannot be kept in a place of safety longer than 24 hours.
Section 25 Children (Scotland) Act 1995
Section 25 of the Children (Scotland) Act 1995 enables parents, supported by social workers, to voluntarily place their child to secure their safety, into the care of a local authority away from the parental home. When a child's parents/carers agree the local authority may accommodate the child whilst concerns about the child's safety or reports of abuse or neglect can be assessed, the child's views must be sought. The Children's Hearings (Scotland) Act 2011 sets out the grounds upon which a child can considered in need of compulsory supervision can be referred to a Children's Hearing. Along with the Children (Scotland) Act 1995, 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.

Legal Measures

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 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 Hearing (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.

Legal Measures

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.

While 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.

The sheriff may make the order if the sheriff is satisfied that:

(a) the local authority has reasonable cause to suspect:

- (i) that the child has been or is being treated in such a way that the child is suffering or is likely to suffer significant harm, or
- (ii)that the child has been or is being neglected and as a result of the neglect the child is suffering or is likely to suffer significant harm,

(b) an assessment of the kind mentioned in section 35(2) of the Act is necessary in order to establish whether there is reasonable cause to believe that the child has been or is being so treated or neglected, and

(c) it is unlikely that the assessment could be carried out, or carried out satisfactorily, unless the order was made.

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.

A Child Assessment Order is not an emergency order although it may be made in an emergency, 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.

Legal Measures

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 are set out in the Children (Scotland) Act 1995.

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.

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.

Legal Measures
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. It should be noted that the threshold for referral to the Reporter is NOT the "significant harm" threshold.
Child seeking refuge
Any child may seek refuge under section 38 of the Children (Scotland) Act 1995. If the child appears at risk of harm they may be provided with refuge for up to 7 days and in exceptional circumstances up until 14 days either by the Local Authority or by a person approved by the Local Authority for this purpose.

Appendix C: Single Agency Responsibilities

Children Service's Social Work

Child protection responsibilities apply to all departments and services of the Local Authority who have a legal duty, under the Children (Scotland) Act 1995, to safeguard and promote the welfare of children in need and to enquire into the circumstances of children and young people who may require compulsory measures of supervision, who may have been abused or neglected or be at risk of abuse or neglect, and to take all measures to protect them from further harm. This responsibility extends to all children whether they are in the community with their parents, in the care of others or being looked after by the Local Authority.

Social Work Children and Families Services have a key role in the investigation of child protection concerns and managing the child protection process. This includes referring concerns about children to the Children's Reporter where there is reason to believe that the child is in need of compulsory measures of supervision. Social work practitioners should actively seek to involve parents, carers and where appropriate, the child in discussions and decisions which may affect their lives, and to consult with other professional agencies that know the family or have knowledge that would inform decision making and the Child Protection Plan.

Children's Services Education

Staff working in education establishments – including early learning and childcare, child minders, private and third sector providers – have a key role in the support and protection of children. They are well placed to observe physical and psychological changes in a child which may indicate abuse. Education and early years staff can 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.

Every educational setting should have a designated person who undertakes the role of child protection coordinator, taking lead responsibility for child protection in liaison with the head of establishment. They both have responsibility for ensuring staff have access to appropriate learning and development opportunities to enable them to respond effectively to child protection concerns.

Education staff have a responsibility to cooperate, share information and assist social work, police and other relevant agencies in the child protection process. They can contribute a great deal to the assessment of vulnerable children and assist in the investigation process and longer-term support planning.

Standard Circular 57 sets out the responsibilities of Education staff in Renfrewshire.

Local Authority Services

All local authority staff have responsibilities to respond to the needs of children who may be vulnerable and/or at risk of harm or abuse, this includes staff from:

- Justice Social Work.
- Mental health workers.
- Adult services.
- Learning disability.
- Addiction and recovery services.
- Hospital social work services.
- Child and adolescent mental health services.
- Housing services.
- Culture and leisure services.
- Young carers services.

All staff across the local authority have a duty to work in collaboration with colleagues in children and families services and contribute to the assessment of risk for all children. They must report (without delay) 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 Social Work manager decides otherwise.

Health Services

All health staff, practitioners and services should:

- Be aware of their responsibilities to identify and promptly share concerns about actual or potential risk of harm to a child from abuse or neglect, in line with national guidance and local policy.
- Be aware of the early signs or indicators of neglect, and engage promptly and proportionately in co-ordinated multi-disciplinary or agency assessments.
- Work collaboratively with agencies who have statutory functions for specific aspects of child protection, namely social work services and Police Scotland.
- Be alert and responsive when children are not brought to health appointments, and consider what, if any action they are required to take (as opposed to applying a 'did not attend' policy without question).
- Prioritise the needs of the child and ensure practice is underpinned by the principles and values of the GIRFEC National Practice Mode.l
- Be alert to other factors which may contribute to risk of harm, and which may be a barrier to receiving preventative health care. This could include poverty, disability, culture, lack of understanding or fear of public and formal systems.
- Consider the potential impact of adult alcohol and drug use, domestic abuse and mental ill health on children, regardless of care setting or service being accessed by adults.
- When engaged, work collaboratively with the lead professional (usually a social worker) who is responsible for coordinating and overseeing a multi-agency child's plan.

- Consider the need for a Lead Health Professional when multiple health services are involved within. a child's plan, particularly when a child has multiple and/or complex health needs.
- Seek to ensure and contribute to planned and coordinated transitions between services Part 2A: Roles and responsibilities for child protection 52 National Guidance for Child Protection in Scotland 2021.
- Complete the appropriate level of NHS Education for Scotland Public Protection eLearning modules.
- Be aware of standards, guidance and training offered by the Royal College for the relevant specialty.

Antenatal and maternity care

All healthcare staff must be alert to the support and preparation needs of parents of unborn babies and have a duty to identify potential child abuse, neglect and risk to the wellbeing of an unborn child, or another child in the same environment.

Midwives

Midwives have a significant role in early identification and prevention of risk factors and in the anticipation of additional care needs that may impact the unborn child during pregnancy. These may be physical, psychological, social or cultural. Relationship based practice is central to midwifery. The midwife's responsibilities include advocacy, management and sharing of concerns as appropriate, in collaboration with interdisciplinary and multi-agency colleagues, in line with the NMC standards-of-proficiency-for-midwives. The Best Start (Scottish Government 2017) recognises that social determinants and health inequalities have an important influence on pregnancy and birth. This universal model of care requires a family-centred, safe and compassionate approach in which assessment of risk is specific to needs and circumstances in each situation. Women with the most complex vulnerabilities should have access to the appropriate level of midwifery care.

Health Visitor

Health visitors have a pivotal role to play in supporting the development of children and families in the first five years of a child's life; and in early identification of support where children may have additional needs and vulnerabilities. Health visitors are registered nurses or midwives who have undertaken additional education at masters level to be eligible to register and practice as health visitors.

The Universal Health Visiting Pathway, published in October 2015, presents a core home visiting programme to be offered to all families with children under five years of age. It consists of eleven home visits, three of which include a formal review of the family and child's health by the health visitor (13-15 months, 27-30 months, and prior to starting school). Health visitors support parents by providing information, advice, and help to access other services. Health visitors have a professional duty to raise concerns when they consider a child is at risk of, or experiencing, significant harm.

Family Nurse

The Family Nurse Partnership Programme is being delivered across 11 health board areas in Scotland (including Renfrewshire). The family nurse works with young first-time mothers up to the age of 19 (or 20 if they are care experienced) and their families, from pregnancy until their child is two years old. The family nurse aims to guide the mother to achieve the three programme goals, which are to improve antenatal health and birth outcomes, child health and development, and parental economic self-sufficiency. Where there is a family nurse, they may act in the named person or equivalent role.

The licensed, socio-educative programme is delivered by specially trained family nurses to enhance parenting capacity, and seeks to support parents to achieve their aspirations. In addition to the schedule of home visits, the family nurse fulfils the requirements of the Universal Health Visiting Pathway. When the first child reaches their second birthday, both they and their mother graduate from the FNP programme, and their on-going care and named person role is transferred to the health visiting service.

School Nurse

School nurses are registered nurses or midwives who have undertaken additional education, in order to support school-aged children in attaining their health potential. School nurses deliver proportionate universal services to school-age children, based on their professional assessment of need. School nurses aim to work in collaboration with named persons and health and social care teams to provide early support, and prevent escalation of need. School nurses will be alert to children who may be at risk or experiencing significant harm and must raise their concerns in line with local policy.

General Practitioners

General Practitioners and practice staff are well placed to detect early or developing concerns about children and families. Their roles encompass prevention, recognition and early response, and out of hours GP services. GPs may be involved in provision of ongoing therapeutic support to children and families who have experienced harm, often into adulthood. In addition, GPs and their teams may be working directly with adults who pose a risk to children and young people, including those experiencing problematic alcohol and drug use or living with domestic abuse, and those who have mental health difficulties. GPs will alert a statutory agency without delay if they are concerned that a child or young person has experienced or is at risk of harm from abuse or neglect. GPs are also key in the identification of and support for adults with significant risk factors, such as alcohol and drug use and mental health difficulties, which may impact on their ability to care.

Dental care practitioners

Dental care practitioners will often come into contact with vulnerable children and are in a position to identify possible child abuse or neglect from routine examinations, presentation of injuries or poor oral hygiene. The dental team must have knowledge and skills to identify these concerns and raise concerns in line with local policy.

Mental health services

All mental health staff in child and adolescent services and within adult services must be competent to identify concerns about children and young people. Mental health services are largely community based, with some inpatient facilities, and delivered by multidisciplinary teams including social workers. They may become aware of children and young people who have experienced, or are at risk of, abuse and/or neglect, and should raise concerns in line with local policy. Within adult services, consideration should then be given to the impact of the mental ill health of a significant person in the child's world. If they are concerned that a person's mental health could put children at risk of immediate or significant harm, they must take action in line with local child protection procedures.

Mental health practitioners should take account of any wider factors that may affect the family's ability to manage and parent effectively, including strengths within the family in relation to the child's needs. Mental health practitioners have a potential key role in both adult and child support and protection, because they engage with vulnerable people. They play an important role in reducing any risks arising from adult mental health difficulties identified within the child's plan.

In some cases, adults and older young people may disclose abuse experienced some time ago. Even if they are no longer in the abusive situation, a crime may still have been committed and other children may still be at risk. Advice should be sought from professional advisors within their health boards.

Addiction and recovery services

Addiction and recovery services, whether based within health or social work or delivered by a community-based joint addiction team, have an important role to play in the protection of children. Practitioners from addiction and recovery services have a critical role in the on-going assessment of adult service users who have caring responsibilities for children. Where risks are identified, practitioners must share information and participate in relevant Core Groups and planning meetings. All addiction practitioners should identify where children are living in the same household as, and/ or are being cared for, by adults with alcohol and/ or drug use problems. Consideration should then be given to how the problematic alcohol and/or drug use of the parent or carer impacts on the child, in conjunction with children and family services. (For further information, see Part 4 of the National Guidance on Parental alcohol and substance use.)

Adult healthcare providers

All health staff providing services to adults have a duty of care to children and young people, and must work to consider and identify their needs. Providers of adult health services must be able to identify when a child is or at risk of significant harm, and must raise their concerns in line with local policy.

Other health services

All staff working in the NHS may identify child protection concerns. Child protection concerns must be raised in line with local policy. All NHS Boards have specialist staff who can advise and support staff in relation to child protection.

Police Scotland

Police Scotland have a statutory duty to protect the public and investigate matters on behalf of the Procurator Fiscal where they believe that a criminal offence may have been committed. This duty is always balanced with the welfare of the child being paramount. Police Scotland are also guided by their Standard Operating Procedure for Child Protection

All police officers have a responsibility for child protection. The Public Protection unit (PPU) of Police Scotland has a key role in the investigation of crimes and incidents involving children and adults.

The investigation of all child protection referrals will as far as possible be carried out by officers of the PPU, however should an emergency occur, a uniformed officer will undertake the investigation.

Police Scotland have emergency powers under the Children's Hearing (Scotland) Act 2011.

British Transport Police (BTP)

BTP like other statutory agencies has a responsibility for promoting the safety, wellbeing and protection of children, intervening to protect them from harm. They will refer to their Child Protection and Standard Operating Procedures, and refer any concerns regarding children to local authority Social Work and or Police Scotland.

Third Sector

The third sector provides a valuable role in providing flexible and collaborative support to children and families for a wide range of reasons. This requires direct and indirect contact with children, young people and their parents. Commissioned and non-commissioned services should have robust organisational polices and protocols in relation to child protection. Anyone with concerns regarding a child should share information immediately and in accordance with their organisation's protocol.

Scottish Prison Service (SPS)

SPS is an agency of the Scottish Government they have a crucial role in providing secure custody for prisoners, whilst ensuring that prisoners are cared for with dignity and respect and are offered opportunities to reduce reoffending when they return to the community.

Their role extends to ensure that children's relationship with parents in the criminal justice system are maintained when it is safe to do so. When a child is considered at risk the response should be timely appropriate and proportionate and in keeping with GIRFEC and the SPS Child Protection policy held within their Family Strategy. Every establishment has a Designated Child Protection Co-ordinator.

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, Lead Professional/social worker 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 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 an Interim Compulsory Supervision Order, or 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.

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.

Scottish Fire and Rescue (SFRS)

SFRS have a central role in protecting children through fire prevention, any concerns that should arise throughout their duties should be passed to police or social work with immediate effect.

Faith Organisations

Religious leaders, practitioners and volunteers within faith organisations have a central priority in relation to the protection of children. They should have robust child protection protocols and a named Child Protection Coordinator. Any concerns regarding children should be passed to the police or social work without delay.

Armed Services

The defence community includes serving members of the armed forces, cadets, reservists, veterans and their families.

If a child/family of a serving member of the forces requires child protection services standard process apply as at Section 3. There is a need for good communication and collaboration between the staff within the military unit and statutory services.

Sports Organisations/Clubs

Sports organisations work with a diverse range of children and young people within their communities. As in other activities and contexts abuse of trust can occur in sport of all kinds at all levels.

The Safeguarding in Sport Service in partnership with Children 1st supports sports organisations in keeping children safe by providing advice, consultancy, training and support. Every organisation/Club should have a designated Safeguarding Officer and should refer any concerns to police/social work without delay.

Public Protection

The aim of public protection is to reduce the risk of harm to both children and adults. Public protection involves collaborative inter-agency work at strategic and operational level, and overseen by a dedicated public protection fora. Child and Adult protection committees have a key role in delivering an integrated and consistent approach to planning and service delivery.

Multi Agency Public Protection Agency (MAPPA)

The purpose of MAPPA is public protection and the reduction of serious harm. MAPPA brings together Police Scotland, Scottish Prison Service, Health and Local Authorities in partnership as the Responsible Authorities to assess and manage the risk posed for certain categories of offenders. A Duty to Cooperate extends to other services including the Third Sector. Multi-agency consideration must be given to managing high-risk individuals. For those who have committed Sexual Offences, multi-agency consideration will include their levels of contact with children, both within the family and in the community. These considerations will also be taken into account where appropriate, for individuals convicted of certain violent offences, i.e., those assessed at MAPPA as “Other risk of serious harm”.

Community Justice Partnerships

Community Justice partners are defined in the Community Justice (Scotland) Act 2016 (s13) as Chief Constables, health boards, integrated Joint Boards, local authorities, Scottish Courts and Tribunal Service, Scottish Fire and Rescue, Scottish Ministers, e,g., SPS and Skills Development Scotland. The statutory partners are required to engage and involve the Third Sector in the planning, delivering and reporting of services and improved outcomes against the Community Justice Outcomes and Improvement Plan (CJOIP).

Violence Against Women Partnerships (VAW Partnerships)

VAW Partnerships are the multi-agency mechanism delivering the local strategy and delivery plan relating to the eradication of violence against women and girls. The VAW partnership strategy highlights that violence against women and girls is underpinned by gender inequality, and that prevention necessitates tackling perpetrators and intervening early. Every Local Authority should have a VAW Partnership and designated Coordinator to provide collaboration between public and third sector organisations.

Alcohol and Drug Partnerships (ADPs)

Alcohol and Drug Partnerships and Child Protection Committees should have local protocols to support relevant, proportionate and necessary information sharing between drug and alcohol services and children and families services. These protocols should define standard terms and processes withing assessments, co-ordinated and response to risk of harm to a child , including responses to concerns during pregnancy. Specialist Third Sector and adult support services should be aware of the potential risks and need of children affected.

Multi-agency child protection training should be a standard requirement of the planning, and delivery of adult drug and alcohol services.

Housing

Housing and homelessness services (local authority and registered social landlords) are important contributors to intervening early and positively in the lives of children, young people and families who need support and assistance. Staff in these services can identify and coordinate a response to vulnerable families and young people, and may prevent their circumstances from deteriorating further.

When housing or homelessness staff sign up a family to a tenancy or visit a property for any reason they may identify early indications of family support needs, or evidence that actions are needed to protect children. To promote early support for vulnerable families, housing staff should have a good working knowledge of local services for children and families, and a thorough knowledge of child and adult protection procedures.

Social housing landlords should have policies, procedures and training in place to ensure they meet their responsibilities in relation to child and adult protection arrangements, working with local authority and NHS partners.

Social housing landlords also have a key role in the reintegration of people from prison into the community where they live in their tenancies, and the management of risk posed by individuals to others, for example through MAPPA (Multi-Agency Public Protection Arrangements). There is a key role for social housing landlords to be represented at Child Protection Committees where appropriate.