

Child Protection Guidelines

The North East of Scotland Child Protection Committee



Protecting Grampian's Children - It's Everyone's Business

Child Protection Guidelines

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**The North East of Scotland Child Protection Committee wishes to
acknowledge the continuing support of the Funding Agencies**



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NESCPC

The North East of Scotland Child Protection Committee

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PREFACE

NESCPC Guidelines

North East of Scotland Child Protection Committee

The Committee covers the three Council Areas of Aberdeen City Council, Aberdeenshire Council and Moray Council. Its current membership is drawn from:

- Grampian Police
- NHS Grampian
- Education Services
- Social Work
- Crown Office and Procurator Fiscal Service
- The Scottish Children's Reporter Administration
- Children's Panel Representation
- Voluntary Services
- Armed Forces

Purpose of the guidance

This guidance sets out common standards for interagency work in Aberdeen City, Aberdeenshire and Moray to make clear how agencies should work together to protect children and improve outcomes for them.

One agency working alone cannot protect children; neither can guidance or procedures alone. This guidance is essentially to ensure effective interagency communication and to provide a framework within which decisions can be made and implemented. Neither guidance nor procedures can replace professional judgement based on thorough assessment and critical analysis.

Who are the guidelines for?

This guidance is for all those whose work takes them into contact with children and families across services and agencies and is relevant to the statutory, voluntary and independent agencies.

It is the responsibility of each agency to bring this guidance to the attention of all staff that have contact with children. Individual agencies should also have their own detailed procedures to complement this document.

What information is contained in the guidance?

Part 1 Gives the context for child protection work. The national policy framework is considered in the first section. It then goes on to look at multi-agency working and includes important guidance on information sharing and consent.

Part 2 Is important reading for anyone who comes into contact with children in the course of their work or voluntary activity. It describes the roles and responsibilities of the agencies and professionals whose work involves contact with children and families. The section goes on to define child abuse and examines the main categories of abuse as contained in Scottish Executive guidance (Protecting Children: A Shared Responsibility 1998). This includes a brief guide to help professionals recognise signs that can indicate abuse.

Part 3 Deals with recognition and response. It sets out what people should do if they are concerned that a child is being abused, or they suspect that there is a risk of abuse. This section is essential reading for those that have a statutory and shared responsibility, i.e. Police, Social Work and Health, to take the lead in child protection work. It deals with enquiries, investigations and interagency working.

Part 4 Describes the case conference process and roles and responsibilities therein. It describes the functions of the Child Protection Register and provides information about the Holder. This section includes information on the Significant Case Review process.

Part 5 Gives additional information for dealing with specific or unusual circumstances affecting children.

Part 6 Contains up-to-date detailed legal information and appendices.

There are links to relevant documents and websites throughout the guidance.

Contents

Part 1 – The Context for Multi-Agency Child Protection Work

National Policy Framework	10
Multi-agency Working: What does this Mean?	11
Professionals Working Together	11
Can You Work Effectively Together to Protect Children?	11
Effective Communication	10
Sharing Information Among Professionals/Consent Issues	12
Consent to Information Sharing	12
Medical Consent and Confidentiality	13
Who can Give Consent?	13
Care and Control Situations	14

Part 2 – Agency Roles and Responsibilities **15**

Social Work	15
Social Work: Adult Services	16
Social Work: Criminal Justice Services – Work with offenders	16
Implications of Schedule 1 Status	16
High Risk Offenders: Multi Agency Public Protection Arrangements (MAPPA)	17
Police	17
Health	18
Education Services	20
Independent Schools	21
Other Agency Roles and Responsibilities	21

Other Local Authority Service Roles and Responsibilities **21**

Cultural Sport and Leisure Services/Youth and Community Services	21
Housing Services Provided by the Local Authority	21

Arrangements for Child Protection in the Armed Forces **21**

Armed Forces	21
Forces Based in Scotland	22
Army Welfare Services (AWS)	22
Royal Navy	22
Royal Marines	22
Royal Air Force	23
Service Families Going or Returning from Overseas	23
Emergency Action Regarding Service Families Overseas	23

The Scottish Commission for the Regulation of Care **24**

Voluntary and Private Sector Services **24**

People Appointed to Child Care Positions	24
Legal Framework	25
The Children’s Reporter	25
A Supervision Requirement	25
The Sheriff Court	25
The Procurator Fiscal Service	27
Child Witness Preparation	27
Part 3 – Recognition and Response/Categories of Abuse	29
Recognition: What is Child Abuse?	28
Categories of Abuse	28
Response: How do I Respond when I have a Concern about a Child?	31
Sharing Concerns	31
Talking to Parents/Carers	33
Agency (Social Work/Police/Health/Education) Response	33
Initial Assessment Stage/Initial Referral Discussion (IRD)	32
Joint Social Work/Police/Health Enquiry	33
Joint Police/Social Work Investigative Interview	34
Strategy Meetings	35
Interview of suspects/accused persons	35
Medical Examination/Assessment	35
Comprehensive Medical Assessment Aims	36
Timing of Medical Assessments	36
Concerns not Substantiated as a Result of Enquiry	36
Concerns Substantiated and the Child Judged at Continuing Risk	36
Debriefing	37
Lack of Consensus Between Agencies	37
Emergency Protection of Children	38
Child Protection Order	38
Urgent Medical Attention	39
Emergency Powers	39
Considering the Safety Threshold	39
Part 4 – Child Protection Case Conferences	41
An Overview	41
Initial Child Protection Case Conference	41
The Child Protection Review Conference	41
Pre-Birth Child Protection Case Conference	43
Transfer Case Conference	44

Confidentiality	43
Closed Confidential Section	44
Exceptional Circumstances	45
Sharing Information	44
Quorum	45
De-Registration	45
Structure of Conference	45
Child Protection Plans	47
Core Group Meetings	48
Roles of Participants	49
Involving Child and Family Members	52
Exclusion from Child Protection Conferences	52
Involvement of a Friend/Advocate	54
Administration and Chairing of Child Protection Case Conferences	53
Reports for Child Protection Case Conferences and Partnership with Families	54
The Child Protection Case Conference Minute	55
Status	55
Complaints and Appeals	55
Child Protection Register	56
Significant Case Reviews	57
Part 5 – Children Affected by Particular Circumstances	59
Children Growing up with Parental/Carer Drug and Alcohol Misuse	59
Pregnant Women who also Misuse Substances	60
Children and Young People who Use Substances/Alcohol and/or Drugs	61
Substance Prescribing for Children	62
Domestic Abuse: Definition	62
Abuse by Children and Young People	63
Young People involved in Underage Sexual Activity	64
Confidentiality Issues	64
Sharing Information with Parents	64
Professional Responsibilities	64
Health Staff	65
Education Staff	66
Police and Social Work Staff	66
Children with Disabilities	66
Babies with Injuries	67
Children whose Illness is Fabricated or Induced by Carers (FIIC)	67
Children and Families who go missing	68

Accessing Information from Inland Revenue to assist with Enquiries about a Child's Safety and Welfare	68
Children from an Ethnic Minority Group: Race and Racism	69
Child Pornography and the Internet/Cyber Bullying	69
Asylum Seekers and other Children of Uncertain Immigration Status and Child Trafficking	71
Female Genital Mutilation	71
Allegations of Abuse Made Against Carers or Agency Employees	71
Allegations of Abuse against a Foster Carer	73
Children Living Away from Home	72
Organised Abuse	73
Retrospective Disclosure of Abuse by Adults	73
Part 6 – Legal Section	75
Legislative Definitions	75
Common Law	75
Miscellaneous Statutory Offences	75
Statutory Sexual Offences	75
Pornography and Grooming Offences etc	76
Schedule 1 of the Criminal Procedure (Scotland) Act 1995	77
Sexual Offences Act 2003	77
Sexual Offences Prevention Order	77
Risk of Sexual Harm Order	77
The Sexual Offences (Scotland) Act 2009	79
Protection of Children (Scotland) Act 2003	78
Further Legislative Definitions	79
Children (Scotland) Act 1995	79
Emergency Powers	80
Cross Border Powers	80
Family Law (Scotland) Act 2005	81
Matrimonial Homes (Family Protection) (Scotland) Act 1981	81
Civil Partnership Act 2004	81
Age of Legal Capacity (Scotland) Act 1992	81
Appendix 1 – List of Contact Numbers	82
Appendix 2 – Child Protection Orders – Sections 57-60	87
Appendix 3 – The Assessment Triangle	88
Appendix 4 – Criminal Injuries Compensation	89
Appendix 5 – Role and Structure of the NESCP	91
The Role of the NESCP	93

PART 1

The Context for Multi-Agency Child Protection Work

These guidelines have been reviewed to take account of a number of legislative, policy and practice changes. They also take account of messages from research, public inquiry findings, multi-agency inspection findings and recommendations from local and national Significant Case Reviews.

National Policy Framework

The Ministerial vision for Scotland's children is that they should be '*Safe, Nurtured, Healthy, Active, Respected, Responsible, Achieving and Included.*' This provides the overarching context for policy development.

Practice changes have been driven by the Child Protection Reform Programme.

The context for all agencies involved in the development and delivery of child protection services is provided in:

'Protecting Children and Young People: The Charter'

'Protecting Children and Young People: Framework for Standards'

Both documents are essential reference points for all professionals and agencies working with children and families.

The Charter sets out what children and young people need and expect to help protect them from harm.

The Framework for Standards is a means for translating the commitments made to children in the Charter into practice. It enables agencies to evaluate performance and helps inform multi-disciplinary inspections of child protection services.

The major change agenda, Getting it Right for Every Child (GIRFEC), is pointing services away from a system where agencies refer into a protective system towards one where all agencies see themselves responsible for welfare so that there is a wider protective well-being network around children. There is a conceptual shift from 'child protection' to the broader concept of 'protecting children'.

Although the core business of the NESCP, remains about 'Child Protection', i.e., the recognition and response to concerns about either known or suspected abuse or neglect of children and young people, the values and principles underpinning the Getting It Right for Every Child agenda, provides a common platform for practitioners and professionals to work with children and young people.

Multi-agency Working: What Does this Mean?

Agencies and professionals work together to assess needs and risks and develop effective plans (Framework for Standards: Standard 5)

Professionals Working Together

Protecting children depends crucially upon professionals working together to:

- Assess needs and risks
- Share information effectively
- Provide help promptly

There is a personal and professional responsibility to understand and be alert to signs that children may need help and/or protection.

Multi-agency working will bring about benefits for children and young people that cannot be achieved by one agency working alone.

Can You Work Effectively Together to Protect Children?

- There is no precise formula for multi-agency working. It can be complex, challenging and influenced by the local context and personalities involved. Working together effectively with people from different backgrounds requires you to come out of your 'comfort zone' to overcome the barriers arising from different organisational and professional perspectives
- In essence, good multi-agency working helps professionals appreciate and value the different contributions each can make to providing better outcomes for children, young people and families. Difference is a good thing as it allows for creativity and alternatives. If, within a multi-agency context, services lose sight of their differences in responding to the needs of children and families, then there is a danger it will be simply a watered down approach. Creative inter-disciplinary discussions and dialogue over differences in approach can help ensure actions are taken for well-grounded reasons

Effective Communication

People working with children need to communicate across professional boundaries. Through a common approach to assessing children's needs, including those at risk of harm, and improved information sharing, local authorities and partner agencies are expected to achieve

- Understanding about what information should be shared, with whom and under what circumstances, and the dangers of not doing so
- Confidence and trust building with partners and families
- Better knowledge of other agencies' services and roles and responsibilities so helping to break down barriers
- Better assessments of a child's needs and circumstances
- Direct access to families which may otherwise be difficult to reach
- Partnership working with parents unless this is inconsistent with ensuring the child's safety
- Shared learning

Sharing Information Among Professionals/Consent Issues

Agencies and professionals share information about children where this is necessary to protect them (Framework for Standards: Standard 4)

If there are concerns that a child may be at risk of harm this will always override a professional or agency requirement to keep information confidential.

All professionals and service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm.

This includes sharing information about adults who cause concern. Where any agency becomes aware of an adult causing concern, who moves to a household with children, this information must be shared across all relevant agencies involved with the child.

Inquiry Findings

A key factor in Inquiries and significant case reviews has been a failure to record information, share it, to understand the significance of the information shared, and to take appropriate action in relation to known, or suspected, abuse or neglect.

Throughout the *Report of the Caleb Ness Inquiry* there are references to poor communication, a lack of clarity in relation to protocols for action and an absence of a sense of accountability. The report also highlights the lack of collaboration between children's services and adult services.

Inspection into the *Care and Protection of Children in Eilean Siar* found that there were many indicators of sexual, physical, emotional abuse and neglect, which were logged and known to a range of professionals and that if they had been examined rigorously, the probability of abuse should have been evident to those working with the children.

Consent to Information Sharing

- There are many situations in which a professional can share information legally without obtaining consent from the child or parent. These are not limited to situations where there is an imminent danger or risk of harm to the child. Frequently, when an initial assessment of the risk factors affecting a child or family is being undertaken, information will be shared without consent (relying upon statutory powers and duties). *The safety of the child is always the paramount consideration*
- Agencies beginning work with families should explain their policy on information sharing and confidentiality carefully, help parents and, where appropriate, children and young people, understand the circumstances under which information may have to be shared without their consent
- All those involved with children and young people are likely to hold personal information about them, including sensitive personal information. The Data Protection Act 1998 covers how personal information is to be protected. The Act requires that data is gathered and processed fairly and held securely and is used solely for the purpose for which it was collated

(Data Protection Act 1998) <http://www.ico.gov.uk>

Guidance for Practitioners on Sharing Information (Pan Grampian eCare Project)
<http://www.hi-netgrampian.org/hinet/file/1885/PractitionerGuidance.pdf>

In General, Agencies and Professionals should:

Six Key Points

- 1 Explain openly and honestly at the outset what information will or could be shared and why, and seek agreement - except where doing so puts the child or others at risk of significant harm
- 2 Stress that the child's safety and welfare must be the overriding consideration when making decisions about whether to share information about them
- 3 Respect the wishes of children and families who do not consent to share confidential information - unless in your judgement there is sufficient need to override that lack of consent
- 4 Seek advice when in doubt
- 5 Ensure information is accurate, up to date, and necessary for the purpose you are sharing it, share only with those who need to see it, and share it securely
- 6 Always record the reason for your decision - whether it is to share or not

Medical Consent and Confidentiality: Consent to Examination or Assessment for Child Protection Purposes

The law on this is complex and needs to be considered in each individual case with the examining doctor prior to examination.

Medical treatment is only lawful with consent. Very exceptionally it may be in a child's best interests to undergo an examination without consent. Reasons for this should be clearly recorded in medical notes.

Who can give consent?

The Child:

Definition of Child

UN Definition: The United Nations Convention on the Rights of a Child is defined thus: a child is every human being below the age of 18 unless under the law applicable to the child, majority is attained.

Therefore, for the purposes of these guidelines, a child is defined as a person less than 16 years of age.

Where protective action is believed to be appropriate for persons over the age of 16, such as a young person with special needs, or a child between the ages of sixteen and eighteen subject to a supervision requirement, the agencies involved may find the general principles within these Guidelines helpful in considering their roles and responsibilities.

Legal Capacity to Consent to Medical Procedure or Treatment

Under *The Age of Legal Capacity (Scotland) Act 1991*, a person under the age of 16 years shall have legal capacity to consent, or refuse, on his/her own behalf to any surgical, medical or dental procedure or treatment where in the opinion of a **qualified medical practitioner** attending him, he/she is capable of understanding the **nature and possible consequences** of the procedure or treatment.

If the child is competent to give consent then parental consent is irrelevant. If a child is deemed competent to consent and then refuses, this **must** be respected. Neither a parent nor any order under the Children (Scotland) Act 1995 can override the consent or refusal of the competent child.

Those with Parental Responsibilities

Who has parental responsibilities?

- A natural mother (unless responsibilities removed by a court). See section below
- A birth father who is or was married to the child's mother at the time of conception or subsequently
- An unmarried (birth) father with formal arrangements (e.g. Parental Responsibilities and Parental Rights Order) or whose name is on the birth certificate on or after 4 May 2006
- Guardians appointed in writing and signed. (But only after death of the parent who appointed them)
- Any person holding a Residence Order
- A person who has care and control of a child, unless it is within their knowledge that a parent would refuse consent (See below for care and control situations)

Parental Responsibilities can be Removed by Court by:

- An Adoption or Freeing Order
- A Court Order under Section 11 of the Children (Scotland) Act 1995
- A condition authorising medical treatment in a Child Protection Order, Child Assessment Order, Warrant or Supervision Requirement
- A specific issues order

Care and Control Situations

These are informal arrangements where children are, for example, with Grandparents, Childminders, Foster Carers, at Boarding Schools or on School Trips. It excludes the powers of Teachers or School Administrators as care and control is restricted to the school setting and governed by the Education (Scotland) Act 1980.

Only in emergencies it is appropriate to seek consent for a medical examination from 'care and control' adults. The right to consent in this situation is limited to 'what is reasonable in all the circumstances to safeguard the child's health, development and welfare'. Carers need to be clear that if they *know* the parent would not consent, then they are prevented from consenting.

PART 2

Agency Roles and Responsibilities

This section provides a broad overview of the roles and responsibilities of agencies and other associated groups in relation to child protection.

An awareness and appreciation of the roles of others is essential for effective collaboration.

Social Work

Social Work Services, on behalf of the Local Authority, have a general duty to promote the welfare of children in need (Children (Scotland) Act 1995 (S22)) and a specific duty to cause enquiries to be made where information is received suggesting that a child may be in need of compulsory measures of supervision and give to the Reporter any information they have been able to discover about the child (Children (Scotland) Act 1995 (S53)).

The proof required (grounds) needs to satisfy the test of 'on the balance of probabilities' and is in regard to the risk of harm to a child or young person (*see legal section for an explanation of S53 enquiries and S52 grounds*)'

Local Authority Children and Family Social Work Teams

Are, along with Police, the main points of contact for children about whom there are welfare concerns and have responsibilities for:

- Assessing, planning and providing support for children in need including those suffering or likely to suffer harm
- Undertaking enquiries under S53, Children (Scotland) Act 1995. (Child Protection Enquiries) where grounds are believed to exist
- Convening and chairing Case Conferences (on behalf of the NESCP)
- Ensuring that information held on Child Protection Register is accurate and that any changes to child/family circumstances are notified to the Keeper of the Register timeously
- Endeavouring to ensure that all agencies co-ordinate their activities to protect the child
- Undertaking a core assessment in relation to each child on the Register with contributions from the other key agencies
- Convening regular reviews of the child's progress through core group and Review Child Protection meetings
- Initiating legal proceedings where necessary, e.g. referral to Children's Reporter
- Within Aberdeen City, the Joint Child Protection Unit is staffed by Social Workers from Aberdeen City Council based within the Family Protection Unit in Aberdeen. They have a responsibility for all new and suspected Child Protection enquiries, and where concern is in relation to 'open case' consult with the relevant area team. The JCPU also assist in enquiries where concerns arise about a child within the Royal Aberdeen Children's Hospital. The child may reside anywhere in the Grampian area.

Social Work - Adult Services

Social Workers may work in a substance misuse team, criminal justice team, domestic abuse team, learning disability team, and mental health team. Teams might be single service or multi-disciplinary.

All have important Roles and Responsibilities in relation to protecting children. Although the professional focus might be on the adult, account needs to be taken of the impact of the adult's circumstances on the needs of any children who may be family members or have substantial contact with the adults concerned.

<http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=165&SID=81>

Social Work/Criminal Justice Services - Work with Offenders

This service seeks to protect children through its work with offenders. The service has a statutory duty to supervise offenders, reduce offending and protect the public. Staff work with individuals who have convictions for offences against children, and also have contact with others who have children who may be in need. Some offenders under supervision may misuse drugs or alcohol, or be involved in domestic abuse, whilst having responsibilities for children. Others may be on licence after release from prison following sentence for sexual offences against children. The risk posed by such offenders may relate to children living in the community in general, or to specific children with whom offenders live.

Implications of Schedule 1 Status

- Relevant Local Authority will keep a record of their status
- Information about their conviction may be disclosed to other agencies on a 'need-to-know' basis
- If they plan to stay in, or regularly visit, a household where children live, this may be grounds for informing another person who holds parental responsibility
- Children who are members of any such household may be referred to the Children's Reporter
- They may be subject of an exclusion or other orders
- In most circumstances their record will prevent them from gaining paid or voluntary work with children

Protecting Children: Guidance on the Imprisonment and Preparation for Release of Schedule 1 Prisoners-Circular SE JD 18/2003 sets out guidance to help Local Authorities, the Prison Service and other agencies deal with prisoners who may be a threat to children because of their involvement or suspected involvement in a Schedule 1 Offence (listed in legal Section). The procedures in this guidance cover both adult prisoners and young offenders whether they are released unconditionally at their normal release date or are being considered for conditional release.

In order to assess the degree of risk that the release of an offender represents a *Circular 18 Case Conference* should take place. Social Work for the area to which the offender is being released is responsible for convening the Conference.

Although the procedures in this circular are intended primarily for convicted prisoners, they may also be applied in circumstances where an offender's behaviour and surrounding circumstances suggest that the prisoner is likely to constitute a risk to children in general or to a specific child.

High Risk Offenders: Multi-Agency Public Protection Arrangements (MAPPA)

MAPPA's are critical to the improved overall strategy of protecting the public from sexual and violent offenders.

MAPPA's provide a framework for the delivery of a consistent approach to the assessment and management of risk by the responsible authorities and agencies under a 'duty to co-operate'.

MAPPA's make important contributions and strengthen collaboration between agencies at a local level, where the focus is on the dangerous offender in the community. They bring together the main statutory agencies: Police, Prisons and Local Authorities and other bodies such as Health and Housing, including registered social landlords.

The arrangements are an important mechanism for inter-agency working to protect children. For example, if it comes to light at a MAPPA meeting that a high-risk offender intends to move in with a vulnerable family then members of MAPPA can agree actions to prevent this dangerous situation by, for example, redirecting the offender. Agreed actions can take place without invoking the more formal Child Protection Processes or they can dovetail with them. MAPPA and its processes mirror inter-agency Child Protection Case Conferences, but with the focus on managing risk posed by the offender.

<http://www.scotland.gov.uk/publications/2007/03/circjd1506updmar07>

Police

The main role of Grampian Police is to uphold the law, prevent crime and disorder and protect the public. Children, like all citizens, have the right to the full protection offered by the law.

It is the duty of every police officer and member of police staff within Grampian Police to protect and safeguard children and is not solely the role of the Family Protection Unit.

The Family Protection Unit (FPU) has a responsibility to investigate complex or serious sexual and physical abuse of children within the Grampian Police area. They also have a responsibility to investigate reports of historic abuse reported by adults.

There are Family Protection Units consisting of detective officers situated within Aberdeen, Elgin and Fraserburgh. The Family Protection Unit within Aberdeen is co-located with the Joint Child Protection Unit. (See the Social Work Section)

There are occasions when the circumstances are such that the Criminal Investigation Department or Divisional Officers will investigate the case.

Police responsibilities include:

- A statutory duty to enquire and gather evidence in criminal investigations; the Crown Office and Procurator Fiscal Service make the decision concerning the investigation of criminal proceedings
- Conduct joint investigations with partner agencies where necessary
- Report incidents to the Children's Reporter where children are found to be vulnerable or at risk, in circumstances which meet compulsory measures of care, commonly referred to as Non-offence Referrals

- Report crimes or offences to the Children's Reporter after assessment by the Youth Justice Management Unit
- Co-ordination of and attendance at the monthly multi-agency Youth Offending Review Group meetings where children are discussed holistically, their needs and risks assessed and relevant interventions put in place at the appropriate time to deal with the complex needs of children who actively and persistently offend
- Sharing relevant information about children at risk of harm as well as those who cause such harm
- Attendance at Child Protection Case Conferences
- Executing Emergency Powers to ensure protection of children believed to be at risk of immediate significant harm. (Children (Scotland) Act 1995, Sect 61 (5))

All Police Officers are aware of basic child protection matters and know how to access advice from the Family Protection Unit or Guidance documents.

Health

Structures within Health

The Scottish Government requires NHS Grampian to have a Director at board level with responsibility for Child Protection, and a multi-disciplinary strategic group, the NHS Grampian Child Protection & Vulnerable Children's Action Group. This feeds into the North East of Scotland Child Protection Committee and other NHS Grampian structures.

The Designated Doctor for Child Protection, a Consultant Paediatrician who is the Senior Regional Clinical Expert and also advises NHS Grampian on strategic planning, standards and guidelines and also is responsible for training.

The Nurse Consultant post mirrors the Designated Doctor's post for nursing. There is a Named Doctor and Nurse in Moray and the Aberdeen Maternity Hospital, these posts are being developed in each clinical area. Specialist services are at Royal Aberdeen Children's Hospital and there are local tiers at Dr Grays Hospital. (See Contact Nos: Appendix 1)

Shared Health Responsibilities

Health service professionals are often the first to be aware that families are experiencing difficulties looking after their children.

All Health Professionals are required to:

- Protect children and this guidance applies to staff in all NHS and private and voluntary service whether working directly with children or with parents and carers
- Understand risk factors and recognise children in need and at risk of abuse, including risk to an unborn child
- Contribute to Initial Referral Discussions and decisions
- Contribute to planning support for children at risk of harm. All Health Professionals are required to provide written reports as requested or as indicated for Child Protection Case Conferences, Reporter to the Children's Panel, Procurator Fiscal

- Have responsibilities in relation to comprehensive and forensic medical examinations (***Details about Medical Examinations and Roles and Responsibilities are contained within Part 3***)
- Help ensure children who have been abused have access to services to support them and help them recover
- Make referrals to the Reporter and attend Children's Panels when necessary
- Participate in Child Protection Case Conferences in order to share information and help evaluate risk to a child
- Liaise with 'Key Worker' for children on the Child Protection Register, ensuring that they are informed of any changes in child/family circumstances
- Attend Child Protection Core Group meetings
- Contribute to Significant Case Reviews. There is an obligation upon Health Professionals to report critical incidents as per NESPC protocols and to participate in enquiries as requested

Family Records

- Within NHS Grampian, Midwives, Health Visitors and School Nurses can open a Family Record where there are vulnerability, childcare or child protection concerns. The opening of the record is communicated to the GP, Community Child Health and children's hospital records to inform professionals working with the family of the children's potential vulnerability. The record allows details of more than one family member to be recorded so that a comprehensive assessment of the family's needs can be made and a care plan implemented and reviewed.

Child and Adolescent Mental Health Services

- Need to share information with relevant agencies to decide whether child abuse or neglect is a factor in a child's mental health problems.
- Have an active role in the provision of a range of psychiatric and psychological treatments.

Adult Mental Health Services

Including those providing general adult and community, forensic, psychotherapy, alcohol and substance misuse and learning disability. Services have:

- A duty to seek to discover whether any patient/client they have responsibility for has significant contact with a child, and to consider the impact his/her condition may have on the child and share any concerns with the Area Children and Families Social Work Team
- Responsibilities; contribute to assessments and decide whether it is in the best interests of a child to visit a patient detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or in hospital on a voluntary basis
- Responsibilities to contribute to any assessments and to participate in Child Protection Case Conferences

Mental Health professionals should refer to Royal College of Psychiatry policy documents including 'Patients as Parents and Child Abuse and Neglect: the Role of Mental Health Services': <http://www.rcpsych.ac.uk>

Education Services

The Education Service has a crucial role to play in recognising actual or potential abuse. They have a duty and responsibility to share concerns with the statutory and other relevant agencies such as Pre-School staff, Teaching staff, Pupil Support Services, Educational Psychologists and other school staff. These because of their day-to-day contact with individual children during school terms, are particularly well placed to observe outward signs of abuse and therefore play the greatest role in helping children and young people stay safe and well. Education Services play an important part in:

- Helping to identify welfare concerns, and indicators of possible abuse and neglect, at an early stage, contributing to an assessment of a child's needs and where appropriate ongoing action to meet these needs
- The prevention of abuse and neglect through creating and maintaining a safe environment and teaching children and young people about staying safe and how to speak up about concerns or worries
- Ensuring that a Lead Officer is nominated, with responsibility for co-ordinating Child Protection Policy across schools maintained by them
- Ensuring that designated staff are up to date with Child Protection Policy and legislation and that they attend (or nominate from their staff group) relevant Child Protection training

Each educational establishment must have a designated member of staff, who has responsibility for liaising with Social Work and other relevant agencies in relation to Child Protection concerns.

Designated Staff Members are responsible for:

- Producing internal Child Protection Policies and Procedures, which reflect the roles of staff and parents in relation to Child Protection
- Sharing concerns with relevant agencies and contributing to Initial Referral Discussions (**Ref IRD - see Part 3 page 31**)
- Monitoring and supporting attendance and development of children whose names are on the Child Protection Register
- Ensuring relevant information about a child is disseminated to appropriate staff within the school
- Ensuring records are sent to receiving schools when children change schools. <http://www.scotland.gov.uk/Publications/2005/08/0191408/14115>
- Maintaining accurate and secure Child Protection records.
Link to Safe and Well - A Handbook for Staff, Schools and Education Authorities. <http://www.scotland.gov.uk/Resource/Doc/57346/0016229.pdf>

Independent Schools

The Scottish Council for Independent Schools has issued specific Child Protection Guidelines for these schools. This requires them to follow local guidance.

Other Agency Roles and Responsibilities

Other agencies with a role to play include relevant Voluntary Organisations, Local Authority Housing Services, Local Authority Adult Social Work Services, Local Authority Sport, Leisure and Youth and Community Services, and the Armed Services.

Other Local Authority Service Roles and Responsibilities:

Cultural Sport and Leisure Services/Youth and Community Services

play an important role in:

- Ensuring managers take responsibility for briefing casual or temporary staff members about Child Protection issues and adopting safe working practices
- Ensuring that each part of the service has internal procedures in place for staff to share concerns about children
- Working closely and supportively with children and young people and are well placed to know when a young person might be at risk. Children/young people will often confide in a person from a more informal setting
- Assisting Social Work with an assessment by providing background

Housing Services Provided by the Local Authority

Have a duty and responsibility to inform and share concerns about a child/family with the relevant Area Social Work Team, Key Worker or Joint Child Protection Unit.

They play an important role in safeguarding and promoting the welfare of children by:

- Becoming aware of needs and welfare issues in their day-to-day contact with families
- Where appropriate, providing homeless families with children on the register, temporary or permanent accommodation near to supportive extended families
- Ensuring that dangerous offenders are not offered tenancies in locations offering high levels of access to children
- Holding significant information about mobile families that can be shared when there are concerns about safety or welfare of children
- Having a front line emergency role in housing adults and children fleeing for example domestic abuse
- Environmental Health Officers having an awareness of home conditions that can impact adversely on children

Arrangements for Child Protection in the Armed Forces

Armed Forces

Family life in the Armed Forces is, by its very nature, different to that in civilian life. The Forces control the movement of the family in relation to service commitments, and families often endure long periods of separation without extended family support. It is essential for Local Authorities and other agencies to note these

differences and share information with the Service Authority when a family becomes the subject of Child Protection Enquiries. Each service has their own welfare organisation, which supports service families. In addition the service authorities provide housing for their families, and due to the frequency with which families move it is important that the Service Authorities are fully aware of any child who is deemed to be at risk within their family.

Forces Based in Scotland

The Service Authorities seek to co-operate with statutory agencies and to support service families where child abuse or neglect occurs. The information they hold on any family can help in the assessment and review of such cases. Procedures exist in all the services overseas to register and monitor the protection of children at risk. Legislation places the primary responsibility for the care and protection of children on the Local Authority.

Army Welfare Service (AWS)

The welfare of Army families whose children are considered by a Social Work Service to be at risk is the responsibility of the Army Welfare Service (AWS). The AWS provides a confidential professional welfare support service to all Army personnel and their families through Army Welfare Workers (AWW). Social Work Services should liaise with the AWS Personal Support team, which provides a service to the whole of Scotland. The team should be invited to send a representative to any Child Protection Case Conference. Social Work Services can also liaise on more general matters with the two Welfare Support Officers (WSO) who between them cover the whole of Scotland. They respond to the Divisional Welfare Support Officer (DWSO) who works together with the Divisional Personal Support Officer (DPSO), a qualified Social Worker, in Army Headquarters 2nd Division.

Contact addresses and telephone numbers are in [Appendix 1](#).

Royal Navy

The Naval Personal and Family Services (NPFS) handle all child protection matters within the Royal Navy. They provide a confidential and professional Social Work Service to all naval personnel and their families, liaising as appropriate with Local Authority Social Work Services, as required by statute for child protection cases. Child protection issues involving a member of the Royal Navy should be referred to the Civilian Area Officers listed in Appendix 1 who are in position to negotiate service action on behalf of naval families and should be invited to any Case Conference concerning them. The Eastern Area abroad initially handles all cases.

Royal Marines

All welfare matters within the Royal Marines are dealt with by the Royal Marine Welfare Service, which is now formally aligned with the Naval Personal and Family Service. This is a non-statutory Agency, which provides a confidential and professional service to all Royal Marine personnel and their families. The Royal Marine Welfare Service will liaise with the local Social Work Service and will negotiate service action on behalf of families. The Royal Marine Welfare Service should be informed in all cases of Child Protection involving a member of the Royal Marines. In the event that no one is available within the Welfare Team, then contact should be made with the main NPFS office in Scotland of which the address is appended in Appendix 1.

Royal Air Force

The Royal Air Force is supported by an independent Social Work Service: SSAFA Forces Help (The Soldiers, Sailors and Airmen's Families Association). Most Stations have trained Personal & Family Support Workers but small Stations are still offered a service from a local designated team. The Officer Commanding Personnel Management Squadron (OCPMS) is the main focus within the RAF system in relation to the welfare of families on their Station. In cases of Child Protection relating to a family of a serving member in the RAF, the Local Authority Social Work Service should make contact with the parent unit, or if this is not known, the nearest RAF unit by contacting the OCPMS or SSAFA Forces Help. Every RAF unit has an officer appointed to this duty and he/she will be familiar with Child Protection Procedures. If you wish to discuss issues informally, please contact the SSAFA Forces Help – RAF (UK) Social Work Service, Social Work Team manager on (01334) 839471 Ext. 7444

Service Families Going or Returning from Overseas

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

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

When there is a Child Protection Plan in this area for a child in a service family who are to move overseas, the Social Work Service concerned should notify SSAFA Forces Help in writing with full documentation, case summary, case conference notes, etc, to the Director of Social Work.

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

- The case may be entered on the overseas British Forces Child Protection Register
- The practitioners at the overseas bases can be alerted and a Case Conference arranged and appropriate support and supervision provided to the family

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

Emergency Action Regarding Service Families Overseas

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

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

The Scottish Commission for the Regulation of Care

The Scottish Commission for the Regulation of Care are the regulatory body for children and young people up to the age of 16 under the Regulation of Care (Scotland) Act 2001.

Care Commission Officers are responsible for registration, inspection, complaint investigations and enforcement in these services, which includes any private, or Local Authority nursery classes, crèches, childminders, after school clubs and playgroups.

All agencies providing group care must have a designated person who is responsible for liaison with the statutory agencies in relation to concerns about a child's welfare. All staff within agencies providing care for children should have knowledge of child protection and know what to do if abuse or neglect is suspected.

Voluntary and Private Sector Services

A number of voluntary and private organisations have formal partnership arrangements with Local Authorities to provide a range of services and programmes aimed at preventing or reducing the risk of child abuse or neglect, or helping children and families recover from child abuse.

The main role in relation to child protection is to provide a safe supportive environment and to be alert to the signs of abuse and share concerns as appropriate. Voluntary organisations have an important contribution in:

- Providing support services to families under stress to reduce harm and to participate when necessary as part of a child protection plan
- Providing direct services such as therapeutic work with children who have been sexually abused or advocacy
- Providing advice and expertise to statutory agencies in relation to children with disabilities, communication difficulties or other special needs

People Appointed to Child Care Positions

The Protection of Children (Scotland) Act 2003 creates a list of people unsuitable to work with children and young people.

It is designed to ensure that those who have harmed children in the past, or exposed them to harm, are not able to work with children.

Disqualified people will commit an offence if they continue to work with children.

Organisations must refer people in child care positions to the list if they harm a child or put a child at risk and are dismissed or moved away from contact with children as a consequence.

They can check whether people they are considering appointing to child care positions are disqualified.

Retrospective referrals can be made to the list if organisations have appropriate evidence.

Legal Framework/Role of the Children's Reporter

The Children's Reporter is an independent official employed by the Scottish Children's Reporter Administration with the responsibility to receive and make decisions about referrals. He/she needs to decide whether there is enough evidence to support one of the grounds (as set out in S52 (2) of the Children (Scotland) Act 1995) to refer on to a Children's Hearing. (See Legal Section for grounds)

The role of the Children's Reporter is to investigate whether compulsory measures of supervision are required for any child referred. Proceedings are conducted under civil law.

The Reporter would, in the first instance, require to be satisfied that he/she could substantiate grounds (reasons) for referral in court before a Sheriff, if need be, by competent evidence. In order to make such a decision, the Children's Reporter would make further enquiries with relevant agencies. If he/she is not satisfied that the child is in need of compulsory measures of supervision he/she will take no further action or may refer on to the Local Authority for voluntary support.

Where the Reporter considers that a child may be in need of compulsory measures of supervision and there are sufficient grounds to substantiate this, a Children's Hearing will be convened. The Children's Hearing is a Statutory Tribunal comprised of a panel of three trained volunteers who have been approved by the Scottish Executive.

Where grounds for referral are not accepted by the child and family, or if the child is too young to understand the grounds, then the Children's Hearing can discharge the case or instruct the Reporter to apply for proof to the Sheriff, who will listen to the evidence and decide whether to dismiss the case or uphold the grounds of referral and remit the case back to a Hearing to make a decision about compulsory measures of supervision.

A Supervision Requirement may:

- Order that a child resides in a specific place
- Order that the whereabouts of the place is not disclosed
- Require a child to have medical treatment (but cannot override the child's informed consent to refuse it)
- Restrict a child's contact with any person
- Require a child to attend any centre etc

A child, subject to a supervision requirement, is Looked After by the Local Authority and all professionals from relevant agencies have a responsibility to inform the Local Authority of any matter relevant to the welfare of the child.

The Sheriff Court

The Children (Scotland) Act 1995 makes provision for the Local Authority to apply to the Sheriff for Statutory Orders to protect, or further protect, children at risk of significant harm.

These provisions are:

- A Child Assessment Order
- A Child Protection Order
- An Exclusion Order

(Details within Legal Section of guidance – pages [76](#) & [77](#))

The Sheriff considers each application and the written and verbal evidence in support of it before reaching a decision on granting the order.

Where a Child Assessment Order is applied for but the Sheriff considers that the evidence satisfies the criteria for a Child Protection Order he/she will grant a CPO.

Where an Exclusion Order is applied for and the Sheriff considers that the evidence indicates that a Child Protection Order is necessary, he/she may grant a Child Protection Order instead.

The Procurator Fiscal Service

The Police carry out investigations and report allegations of crime to the Procurator Fiscal. The Procurator Fiscals maintain a high degree of independence although they are subject to direction and control by the Lord Advocate.

Procurator Fiscals:

- Take account of information available about the impact on victims or vulnerable witnesses were an accused to be released on bail
- Ensure that a particular victim or witness is notified of any condition of bail for their protection, as soon as possible
- Advise about what to do if the accused breaches conditions of bail
- Need to be satisfied that the circumstances disclose a crime known to the law of Scotland. He/she must then consider whether the evidence is sufficient, admissible and reliable. If not, no action will be taken

When there is sufficient evidence the Procurator Fiscal may decide not to prosecute because:

- It is not in the public interest
- The case should be dealt with in some other way e.g. by diversion from the criminal justice system, perhaps to Social Work
- In prosecutions that proceed to trial, the Procurator Fiscal will consider whether it is necessary for the child to give evidence in court. A range of measures can be put in place to support the child, such as using screens or CCTV

Child Witness Preparation

The Vulnerable Witnesses (Scotland) Act 2004 included provision, which was designed to reduce stress on children who were required to give evidence in criminal proceedings. These provisions will only benefit children to the maximum extent when practical support is given to children preparing them for the experience of going to court.

In order to alleviate the stress for child giving evidence, it is possible to:

- Have a support person present
- Use screens to hide the accused from the child, or to use a live television link when the child is giving evidence
- In appropriate cases, the Procurator Fiscal can make an application to the Court, with whom the final decision on use of these options rests

If an alleged perpetrator of abuse is to be prosecuted, child victims should always be provided with support, information and preparation for the experience of being a witness in court. Social Work and other agencies need to consider a range of issues.

If the child needs counselling or therapy before criminal proceedings are concluded then the needs of the child are paramount, and counselling should not be withheld solely on the basis of a forthcoming prosecution.

Acknowledging this need for practical support, the Vulnerable Adult and Child Witness pack was developed in 2005. The pack consists of several booklets, designed to help younger children, older children and one for parents/carers.

There is also a handbook providing guidance for those with responsibility for carrying out preparation.

(For further information see: <http://www.scotland.gov.uk/>)

PART 3

Recognition and Response/Categories of Abuse

Recognition: What is Child Abuse?

Professionals take timely and effective action to protect children (Framework for Standards: Standard 2)

The identification and diagnosis of child abuse is rarely simple. The features are made up of a complex mix of medical symptoms and signs, social and emotional presentation, behavioural characteristics and background factors. What follows is a brief guide to help professionals look out for and pick out those factors that can lead to or indicate abuse.

Child abuse is often episodic in character. Before a child is injured or neglected, a build up of stress may take place. Many children are abused as a result of factors that existed prior to the child's birth. This is why child abuse can so easily be highlighted with the benefit of hindsight.

The Scottish Executive Guidance (1998) states that:

Children 'may be in need of protection where their basic needs are not being met in a manner appropriate to their age and stage of development, and they will be at risk through avoidable acts of commission or omission on the part of their parent(s), sibling(s) or other relative(s) or a carer (i.e. the person(s) while not a parent who has actual custody of a child).'

('Protecting Children: A Shared Responsibility', Scottish Office 1998)

Categories of Abuse

For the purposes of the Child Protection Register, child abuse is divided into 5 categories of abuse: physical injury, physical neglect, emotional abuse, sexual abuse and non-organic failure to thrive. The categories may be further clarified as:

1 Physical Injury

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

- All children where there is physical injury
- Where it is known, admitted or reasonably suspected that the injury was inflicted by any person caring for the child or any person likely to be a member of the same household
- Anyone caring for the child knowingly failed or prevented the injury or acted without due regard for the safety of the child

Physical Punishment of Children

Physical chastisement and its relationship to child abuse is a difficult area. Professional assessment in consultation with other agencies is paramount.

Currently, in Scottish law a parent is allowed to show disapproval by reasonable chastisement, and discipline by the use of limited force. In determining any question as to whether what was done was a justifiable assault a Court must have regard to:

- The nature of what was done, the reason for it and the circumstances in which it took place
- Its duration and frequency
- Any effect (whether mental or physical) which it has been shown to have had on the child
- The child's age

2 Physical Neglect

'This occurs when a child's essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth. A lack of appropriate care, including deprivation of access to health care, may result in persistent or severe exposure, through negligence, to circumstances, which endanger the child.'

Child neglect is a serious condition that can result in delayed physical and emotional development and can have fatal consequences.

Neglect may also occur when a child is left unattended or inadequately supervised. Child supervision is an issue subject to wide sub-cultural variability. Factors include the age of the child and his/her maturity as well as the length of time the carer is away. A further consideration is often the age and maturity of the temporary carer. (See Part 6 - Legal Section – page 73)

3 Emotional Abuse

Is the persistent emotional ill treatment of a child such as to cause severe or persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as to meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing them to frequently feel frightened, or by the exploitation or corruption of children.

Emotional abuse can take the form of:

- Rejecting
- Isolating
- Terrorizing
- Ignoring
- Corrupting
- Negative/derogatory remarks

Childhood inevitably includes experiencing some of these patterns at sometime or other, but a child's capacity to cope with such treatment in an environment where it is repeated over and over is fairly limited. Such behaviour delivered consistently towards a child is damaging.

Egeland et al. (1983) claim from a longitudinal study that emotional abuse has the most serious consequences for a child's social and intellectual development.

Some form of emotional abuse is involved in neglect, physical and sexual abuse of children although emotional abuse can occur alone.

4 Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may involve children looking at, or being involved in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Activities involving sexual exploitation, particularly between young people may be indicated by lack of consent: inequalities in power and balance; or actual threatened coercion or grooming.

Sexual relationships where one or both partners are under the age of 16 remain illegal. (Further guidance on allegations of harm resulting from underage sexual activity (heterosexual and homosexual) is contained within Part 4. Legislation on this is contained within Legal Section – pages [73](#) / [75](#)).

5 Non-Organic Failure to Thrive

Children who significantly fail to reach normal growth and developmental milestones (i.e. physical growth, weight, motor, social and intellectual development), where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

Response: How do I Respond when I have a Concern about a Child?

Sharing Concerns

Agencies and professionals share information about children where it is necessary to protect them (Framework for Standards: Standard 4)

All individuals working with children have a duty and responsibility to share any suspicions or concerns of a child protection nature, which come to their attention.

Statutory and other relevant agencies will decide after initial discussions/assessment whether concerns are likely to be of a child protection nature. Ongoing discussions and sharing of information will establish whether or not there are grounds to initiate a formal Child Protection Enquiry.

Everyone will come across situations when they suspect abuse but are uncertain how to act.

These basic principles will help you to ensure that:

- The protection and welfare of the child must be the paramount consideration in all decisions and actions
- All people concerned should be aware that clear record keeping and information sharing between agencies is of crucial importance
- A planned approach should be adopted in addressing concerns about children, except where they need immediate medical attention, or where a child may be at immediate risk of harm

Some Do's and Don'ts

- DO Be alert to signs of abuse and neglect. It can happen anywhere
- DO Have an open and inquisitive approach, regardless of any assumptions arising from previous assessments
- DO Be prepared to respond calmly. Children are more likely to allow you to help them if you are prepared to listen and appear not to panic

- DO Keep a clear record of your concerns and what action you take
- DO Consult any agency procedures or protocols and consult a designated person and/or Social Work or Police if you are in any doubt
- DO Where circumstances allow, be as honest as possible with parents/carers about your concerns and actions. (unless they are responsible for the abuse)
- DO NOT Promise a child that you will not tell anyone else. Instead explain that to help them stop the abuse you will need to talk to other people
- DO NOT Try to 'go it alone'. Children are best protected when all agencies

WORK TOGETHER

You should:

- Follow your own internal procedures such as consultation with an identified Child Protection Co-ordinator
- Discuss any concerns with the relevant statutory agencies - i.e. Social Work or Police
- (list of contacts in Appendix 1). It is the responsibility of these statutory agencies, in conjunction with health to determine what further action to take. *Concerns should be passed on as soon as possible and not being able to access a designated person should not delay this process*
- Follow discussion **by passing on to the relevant agency a written record of your concerns** (some agencies have a written proformas for sharing concerns)
- Clearly identify yourself and agency/service and give your contact details
- Give as much basic information as possible, including names, dates of birth of the child and any other person(s) known to be in household
- Share any knowledge of any other agency involved
- Include any information you have on the child's developmental needs and parent's ability to respond to these within the context of the wider family and environment.

(The Framework for Assessment of Risk, including the My World Triangle can help structure thinking and information gathering - Appendix 3)

- Remember that allegations of abuse or neglect may lead to a criminal investigation, so do not attempt to investigate or do anything that may jeopardise police investigation, for example by asking leading questions. Whenever there is a suspicion that a crime or offence has been committed against a child, or is still being committed, the Police should be informed immediately on telephone 0845 600 5 700 or 999 in an emergency

Action to investigate concerns and protect a child from abuse is only likely to be effective if everyone involved works together and follows this guidance. Unilateral action is not likely to be in the interests of a child and family - especially if it cuts across or is intended as a substitute for formal child protection enquiries.

It is never appropriate for anyone with a concern about possible abuse or neglect to interview a child or parent except in the context of a formal enquiry.

Talking to Parents/Carers

Human Rights

The Human Rights Act 1998 asks public authorities to act proportionally when balancing the rights of various individuals. A child has the right to be protected by the State, but the Act also expects public authorities to protect the right to family life and the right to privacy. On occasions it seems as though the various rights are in opposition to one another. Such contradictions and conflicts arise all the time in child protection work, and this guidance reflects the commitment to act in the best interests of children, whilst having respect for family life and parental views. If a decision is made not to intervene the reasons for this must be clearly documented.

Research shows that, where possible, being open with parents/carers from the outset results in better protection for the child.

Contact with parents can be delayed until you have sought advice from a designated person for Child Protection in one of the statutory agencies.

A child's views should be taken into account and recorded when the child expresses a wish that their parents are not to be informed at this stage.

There may be circumstances, however, when it is not appropriate for parents to be informed immediately of the concerns you have, as this may prejudice any investigations that may be necessary and may place the child at even greater risk.

Social Work and/or Police will decide in the following situations where:

- Discussion would put a child at risk of significant harm
- Discussions would impede a Police investigation or Social Work enquiry
- Sexual abuse is suspected
- Organised or multiple abuse is suspected
- The fabrication of an illness is suspected
- To contact parents/carers would place you or another at risk
- It is not possible to contact parents/carers without causing undue delay in making the referral

A reasoned judgement, in consultation with others, must be made in each case.

Agency (Social Work/Police/Health/Education) Response

What does Social Work/Police/Health/Education do in Response to Reported Concerns?

Initial Assessment Stage/Initial Referral Discussion (IRD)

Police, Social Work, Health and Education (where relevant) maintain a common aim in the manner in which they carry out Initial Referral Discussions. This aim is to protect children and young people from harm or injury.

Every Initial Referral Discussion (IRD) starts with one agency contacting another with information that a child is believed, or suspected to be at risk of harm or injury or has been harmed or injured. Initial Referral Discussions should be considered where there is a cluster of concerns such as incidents of domestic violence.

The IRD between Social Work, Police, Health and Education (where relevant) is to determine whether or not grounds exist to initiate a formal enquiry or whether a

criminal offence is believed to have been committed. The IRD is not a single event but a continuing process. The process should enable agencies to continually share, review and evaluate information, as it becomes known.

Background information will be sought from local Points of Contact within Social Work, Police, Education (where relevant) and Health. Health records should include attendances at Accident and Emergency, Primary Health Care Clinic or GP attendances, and admissions to hospital and outpatient attendances. Other health records, which are of relevance, include health visitor records, child development records and school health records. It is the responsibility of each agency to progress the appropriate checks and record and share findings.

Background information should also be sought in relation to adults in the household.

The Child Protection Register must be checked by the relevant designated officer and note taken about whether the child is already registered, the reason for previous registration, the name of the case co-ordinator, and whether the new incident has been notified to the Child Protection Register.

The NESPCPC maintains the Central Register for Aberdeen City, Aberdeenshire and Moray

This contains basic information on children who, following a Child Protection Case Conference, have been placed on the Register and are subject to a Child Protection Plan

Even if the child is known to services it is very important that the register is still checked so that all enquiries are logged for that particular child

During normal office hours (Office closes 4 pm Friday) - 01224 814641

Out of Hours Social Work Service:

Aberdeen City: 01224 693936

Aberdeenshire: 0845 840 0070

Moray: 08457 565656

It is the responsibility of the OOHESWS to check the Register outwith normal office hours.

If the outcome of Initial Referral Discussions is that no further action is necessary then the referrer should be informed in writing by the agency that referrer made initial contact with.

If further information is required before a decision is made then agreement should be made about who will be responsible for gathering this and timescales agreed for further discussion and evaluation of the information shared.

Interim plans should be made via the IRD process to identify necessary actions to be taken to protect the child/children during any investigation or period leading up to a Case Conference. Actions should be outcome focused and Specific, Measurable, Achievable, Realistic and Timebound. Each agency professional represented will be individually responsible for recording and acting on any tasks assigned to them.

Joint Social Work/Police/Health Enquiry

If the outcome of the IRD is to proceed via a Joint Enquiry, then Police, Health and Social Work have different responsibilities within the ongoing joint enquiry process.

Planning enquiries is a responsible and complex responsibility. Accountability for decisions made is therefore located with operational managers in the services concerned.

Activities need to be co-ordinated in a way that promotes best outcomes for the child/children. Joint planning ensures:

- That the immediate safety of the child is secured
- That plans are sufficiently robust and comprehensive so that each child is not unnecessarily subjected to repeat enquiries, interviews or medical examinations
- That best evidence is gathered on which to make decisions and support any legal proceedings

Joint Police/Social Work Investigative Interview

If the plan is to proceed via a Joint Investigative Interview then decisions via a **strategy discussion/meeting should be made** (and recorded) about:

- Whether or not the child is in need of immediate protection and if so, the arrangements to be made for his/her care. This should include whether the Local Authority should accommodate the child or if extended family or other carers known to the child can make other safe arrangements
- How race, ethnicity, religion and culture of a child and family should be taken into account and whether an interpreter is needed
- How any disability of the child or any member of the family should be taken into account and how the process of investigation can be adapted to ensure their full participation
- Who should be interviewed, by whom, for what purpose and when
- The timing and handling of interviews with alleged victims, their families and witnesses; the way in which interviews are carried out can play a significant part in minimising any distress to children thus increasing the likelihood of maintaining constructive working relationships with families. Only in exceptional circumstances should interviews be carried out at times that are likely to impinge on a child's normal sleeping routines
- Where a decision has been made to undertake an interview of the child as part of the criminal investigation, guidance should be followed as set out in 'Guidance on Interviewing Child Witnesses in Scotland'
<http://www.scotland.gov.uk/Resource/Doc/47176/0025087.pdf>

Where possible, the child's parents or carer should be involved in the decision to interview a child although exceptionally, a child may need to be interviewed without the knowledge or consent of their parent or carer (e.g. when it is suspected that the parent/s may be implicated in, or have colluded with, child abuse) (See Part 1 on consent). The child may wish to have an adult present at the interview for support. This should not be the alleged perpetrator

- What further action can be taken if consent is refused for interview or medical. This includes legal action.

As well as dealing with matters in relation to the child, discussions should also include other matters, where relevant, such as:

- Identification and interviewing of potential witnesses
- Treatment of suspects (arrest/detention, medical evidence/forensic examination, search warrants, etc.)
- Whether there should be liaison at this stage with the Reporter and/or legal services

Strategy Meetings

Strategy discussions in relation to the joint enquiry process will usually take place via telephone but face to face meetings are likely to be more effective

- in complex or unusual situations
- where there are large number of individuals to be interviewed
- where the number of professionals involved would make planning via telephone impracticable

Strategy meetings should always be minuted.

Consideration should always be given to the involvement of paediatricians and/or designated doctors at strategy discussions/meetings especially if there are different perceptions of the risk and a potential need for further independent comment.

Interview of suspects/accused persons

Interviewing of suspects/accused persons is carried out by Police Officers and Social Work will not usually have any part in these interviews. Social Work are, however, entitled to be made aware of the outcomes of any such interview and of any relevant charges which may have been made.

In situations where the suspect/accused person is a child it may be necessary to have a Social Worker present to fulfil the role of an appropriate adult. In these circumstances the Social Worker used should not be the person who was present at any interview with the victim, but should be a person who may best represent and protect the interests of the suspect/accused person.

Medical Examination/Assessment

Medical assessments/examinations are an integral part of enquiries/ investigations.

The medical examination of a child will be the responsibility of a Consultant Paediatrician.

In cases of physical injury the examination will normally take place on the same day.

Examinations should take place in *suitable surroundings*. It is desirable that the child or young person is given a say in whether the examination is conducted by a male or female doctor, but it must be recognised that the important factor for both the child and the enquiry/investigation is what the examination reveals. In this respect the expertise rather than the gender of the doctor is paramount.

The examination should be carried out according to the law on consent. (See *guidance on consent and parental responsibilities in Part 1*)

A comprehensive medical assessment is an essential component in a multi-disciplinary assessment of all suspected child abuse cases.

Comprehensive Medical Assessment aims to:

- Provide immediate treatment
- Identify all health needs
- Secure ongoing care
- Inform the child abuse investigation
- Provide evidence for legal proceedings
- If the child is in hospital or receiving services from a Child Development Team, discussion should involve the Medical Consultant responsible for the child's health care, and if the child is an in patient, the Senior Ward Nurse. Consider how best to ensure safe transfer of the child, when he/she is fit for discharge

In some cases Forensic Medical Assessment will also be necessary

This aims to:

- Provide a comprehensive medical examination plus forensic evaluation
- In child sexual abuse cases and selected physical injury cases this is undertaken jointly by a Paediatrician and Police Surgeon to provide a single corroborated examination

Timing of Medical Assessments

The situations below should inform the timing of medical assessment:

- *Immediate medical assessment.* In an acute medical emergency when a child has profuse bleeding, loss of consciousness or dehydration or when the child is in pain, immediate care via A&E is indicated
- *Urgent assessment* is directed by clinical or forensic need. There may be Police procedures or Social Work childcare issues, which require urgent evaluation. There may also be circumstances when there is significant child and family anxiety and a medical is indicated for this reason
- *Non-urgent medical assessment* can be undertaken if there is disclosure of historical abuse, especially if the alleged perpetrator is no longer in the area. Other possible indicators for at-risk siblings or more non-specific presentations such as vaginal discharge or sexualised behaviour

The core skills required for the expert medical examination of children are:

The ability to communicate with children, to understand and to be sensitive to children's development, social, emotional and intellectual needs, to be aware of consent and confidentiality and to have competence in all aspects of the medical evaluation of a child. Specific additional skills are required for forensic medical assessments including child sexual abuse examinations.

Concerns not Substantiated as a Result of Enquiry

- *Social Work* should discuss with parents and other professionals what supports or services, in light of initial assessment and investigations, are required
- Consider whether further work is necessary to complete a core assessment to decide what help the child and family need

- *Health* should consider whether the child's health and development require continued monitoring against specific objectives and who has the responsibility for monitoring
- *Police* should compile a report and send this to the Reporter
- Consider the likely effect any subsequent legal proceedings may have on the child and/or the family, including any siblings involved
- All agencies should record all decisions and reasons for them

Agreed decisions and actions should be recorded and sent to all relevant agencies/professionals

Concerns Substantiated and the Child Judged at Continuing Risk

Social Work Managers should ensure that a Child Protection Case Conference is convened as soon as possible to enable professionals involved with the family and the children and family themselves to assess all relevant information and plan how to promote and safeguard the child's welfare.

Debriefing

The Social Worker, Police Officer, Education Representative (where relevant), and Health Professional conducting a Joint Child Protection Enquiry will continually update those operational managers responsible for ongoing planning with information discovered by them. However, at the conclusion of every Joint Child Protection Enquiry, operational managers will ensure that they confer with each other to consider:

- How the initial information was managed via the Initial Referral Discussion
- The decision-making process and its effectiveness
- The use of resources
- Any residual issues that provide lessons
- This can be an informal or more formal process according to the circumstances

Lack of Consensus Between Agencies

Occasionally disputes may arise between agencies about the management of individual cases that require to be settled as a matter of some urgency to allow a joint enquiry to proceed. Such disputes should be remitted to individuals in the relevant agencies who have reached the appropriate level of seniority to allow for a consensus to be reached between the agencies.

Emergency Protection of Children where Actual or Imminent Significant Harm Child Protection Order

Where there is risk to the life of a child or the possibility of serious immediate harm, an agency with statutory child protection powers (Social Work or Police) should act quickly to secure the immediate safety of the child.

Emergency action may be necessary as soon as referral is received or may become apparent over time as more information is gathered during Initial Referral Discussions or following investigation.

Planned emergency action will normally take place following an immediate strategy discussion/meeting between Police, Social Work and Health (*see Section below- Emergency Powers and Legal Section for range of statutory powers available*) (*Appendix 1 for contact nos*).

Any person may apply to a Sheriff under Section 57 of the Children (Scotland) Act 1995.

(*Any person* can be a Local Authority, a parent, a constable, but will normally be the Local Authority.)

The Sheriff needs to be satisfied that one of the following conditions is satisfied:

- There must be reasonable grounds to believe that the child is being, or will be harmed
- The harm that the child must be suffering, or threatened with, is significant harm. It may be physical or emotional

And, the order must be seen to be necessary, i.e. this is the only or most appropriate way in the circumstances of protecting the child. The child's welfare is the Sheriff's paramount consideration.

The removal of a child to a place of safety must be notified to the Reporter immediately. The Reporter will arrange a Children's Hearing on the 2nd working day after the implementation of the CPO.

Urgent Medical Attention

If the child is suffering from a serious injury, the professional must seek attention immediately from Accident and Emergency services and must inform Social Work and the duty Consultant Paediatrician at the hospital. (See Appendix 1 for contact nos.)

Where abuse is alleged, suspected or confirmed in a child admitted to hospital, the child must not be discharged until:

- A strategy discussion/meeting has been held including relevant hospital and other agency professionals

Social Workers/Police/Health should:

- Initiate a Strategy Discussion/Meeting immediately to plan emergency action or as soon as possible after an agency has had to take immediate protective action
- Obtain legal advice before initiating legal action, in particular where an Emergency Child Protection Order (CPO) is being sought under S57
- When considering emergency action always consider whether action is required to safeguard other children in the household of an alleged perpetrator, or elsewhere

Emergency Powers (Section 61)

There may be situations where either:

- A Sheriff is not available to grant a CPO
- It appears that a child's safety can only be secured by his or her immediate removal from a source of danger in these situations, a CPO might not be available quickly enough.

Section 61(1) permits a Justice of the Peace to grant authorisation for a Place of Safety if the conditions specified in S57(1) for the granting of a CPO are satisfied. **Any person can apply.**

Under S61(5), a child can be removed from, or kept away from, a source of immediate danger **without any involvement of the Sheriff or Justice of the Peace by a Police Officer** who has reasonable cause to believe:

- That the conditions for granting a CPO exist but is not practicable in the situation for him or her to obtain a CPO
- It appears that a child's safety can only be secured by his or her removal from a source of danger

Both of these orders must be implemented within 12 hours and last 24 hours. It is assumed that an application to a Sheriff for a CPO would be initiated within that time.

Prior to consideration of using emergency powers to remove a child, the following options should be considered first:

- The alleged abuser agrees to leave the household
- Those with parental responsibilities make safe arrangements for the child to be cared for within the extended family or with other suitable people known to the child
- The Local Authority provides accommodation for the child under S25 of the Children (Scotland) Act 1995, with agreement of those with parental responsibility

(for further information see Part 6 - Legal Section – page 73)

Focus on Outcomes for the Child

Consider what interventions are intended to achieve, and what will be the benefits to the child's long-term wellbeing.

Aim for good long-term outcomes in terms of health, development, and educational achievement.

Considering the Safety Threshold

How do you know when a concerning situation in a family represents an immediate threat to a child's safety?

When considering emergency protective action (via e.g. a Child Protection Order) conditions have to be met in relation to the application. There needs to be reasonable grounds to believe that a child is being so treated (or neglected) that he or she is suffering '**significant harm**'.

The requirement to show significant harm only applies when considering protective action via a Child Protection Order, an Assessment Order or an Exclusion Order. (See legal section). It is not a prerequisite for instigating general protective procedures.

It is really important to be able to judge when something occurring within a family situation has reached a safety threshold.

Whilst evaluating information gathered during the course of an enquiry then it can be a challenge to judge whether you have information that represents a threat to a child's safety.

The guidance in this section is to help you think through the concept of significant harm/threat to safety.

There is a general acceptance that there is a distinction between:

- Child abuse
- Risk of abuse
- Threats to a child's safety

While these are related concepts, it is important to distinguish between them to understand how each influences decision-making and the nature of intervention.

Abuse and risk of abuse encompasses any form of abuse without regard to the level of severity.

Safety is only concerned with harm that is, or is likely to be, severe.

Child abuse is limited to a more present orientation and is often incident based. It relates to a child that has already been harmed or the harm is occurring at the present time.

Risk of abuse is future oriented but the future timeframe is not specified.

Child safety, however, specifies a narrower time frame for judging what threats are likely to become active. It relates to a near future i.e. over the next several days.

The safety threshold refers to the point when, within a family situation, behaviours, attitudes, emotions, intent, etc., are manifested in such a way that they are beyond being risk influences and have become threatening to a child's safety.

They are risk influences that are active at a heightened degree and greater level of intensity. They have crossed a threshold in terms of controllability and have implications for 'dangerousness'. This is consistent with the concept of significant harm. The severe effect is believed to be imminent which means it could happen at any time within the near future.

<http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=234&SID=81>

PART 4 – Child Protection Case Conferences

An Overview

The purpose of the Child Protection Case Conference is to bring together everyone with relevant information to assist in the decision about whether a child needs a multi-agency Child Protection Plan in order to protect him/her from significant harm or potential significant harm. If such a plan is necessary, the child's name is placed on the Child Protection Register.

The Conference recommends the framework for a Child Protection Plan, and this is carried forward to a multi-agency Core Group, whose task it is to decide the details of the Child Protection Plan and to ensure that it is implemented and monitored.

There are four types of Child Protection Case Conference; an initial, a review, a pre-birth and a transfer conference.

Initial Child Protection Case Conference

An Initial Child Protection Case Conference is usually called when initial enquiries are complete and further action is required within Child Protection Procedures, i.e. enquiry reveals significant harm or the possibility of significant harm to a child or children.

Purpose

The purpose of the Case Conference is to allow the participants to share the information they have about the child and family in order to assess risk, determine how best to safeguard the child and to work with the family whilst maintaining the focus on the child.

The Child Protection Case Conference will undertake some of the following tasks:

- Ensure all information is shared and collated
- Assess the degree of existing and likely future risk to the child
- Identify the child's needs and any services from any of the agencies that may be needed to help him/her whether or not the child is registered
- Appoint a Key Worker
- Formulate a new or review current Child Protection Plan

The Conference will decide:

- Whether a child's name should be placed on the Child Protection Register
- If the child is registered, then arrangements for the multi-agency Child Protection Plan
- Referral to the Reporter

The Child Protection Review Conference

The first Child Protection Review Conference will be held within 3 months of the initial Child Protection Conference if the child's name has been included on the Child Protection Register. Subsequent Child Protection Review Conferences should be held within 6 months of the preceding conference.

The purpose of the Review Conference is to review the safety, health and development of the child against the intended outcomes set out in the child protection plan. Each review should consider whether the child continues to be at risk of significant harm and whether it is necessary to have a formal child protection plan and ongoing registration. The Plan should be amended as appropriate to address outstanding child protection concerns.

Review of Plan where Child is Looked After, via Accommodation and Subject to a Child Protection Plan

In principle, no child should be subject to a Looked After Care Plan and Child Protection Plan unless

- The LAC care plan does not provide adequate security for the child
- The LAC care plan does not sufficiently reduce or eliminate the risk of significant harm identified by the Initial Child Protection Case Conference

This might be where:

- A decision has been made about rehabilitating the child back home and the child is likely to be returning home within 3-6 months
- The level of parent/carer co-operation and ability to work in partnership with the Local Authority is unknown or inadequate and there is no legal order in place to protect the child
- The substitute carers may not be able to fully co-operate with the plan

Where the above criteria applies and it is necessary for a child to be subject to two reviewing processes, one meeting should take place to review the child's overall care plan. This meeting should be held within the timescales for the statutory Looked After Child reviews.

This meeting should be chaired by the Review Manager who has an overall view of the child's whole situation. The Looked After Child's Plan should incorporate any plans to minimise risk to the child and agree dates for core group meetings to review progress.

Once a Conference decides, using the same criterion as for registration at an Initial Child Protection Conference, that the child is no longer at risk of significant harm, then the child's name should be removed from the Child Protection Register. This can occur once the Child Protection Review Conference is satisfied that, because of progress made through the Child Protection Plan, a Child Protection Plan is no longer required to ensure the safety of the child.

A child whose name is removed from the Child Protection Register may still require additional support and services as a Child in Need. A support plan can be put in place to be taken forward by the core group members.

Pre-Birth Child Protection Case Conference

Agencies should consider convening a Case Conference about an unborn child if there appears to be a risk of significant harm to the child when he/she is born. This Case Conference will have the same status and form as any other. Parents/carers should be invited to a Pre-Birth Case Conference and fully informed and involved in the planning for the child's future unless this would increase risk of harm to the unborn child, for example by prompting the family to avoid contact with ante-natal services or to move out of the area. The Case Conference may decide that the child's name should be placed on the Child Protection Register at birth and agree an inter-agency Child Protection Plan. The Conference may recommend that the Local

Authority seek a Child Protection Order at birth. The Plan may also include tasks to be undertaken by agencies to support and prepare parents prior to the birth of the child. The administrator for the Child Protection Register must be advised of any births following a Pre-Birth Case Conference where the decision is to place on the Register at birth.

Close liaison will be required between Social Work, Community Midwifery and hospital based medical staff to ensure all agencies are informed of the child's birth so that the multi-agency Child Protection Plan can be implemented with immediate effect. The Social Work team based at the maternity hospital should be informed of the circumstances if the case is being held by one of the Children and Family Teams.

Transfer Case Conferences

When a registered child moves from one Local Authority to another the child's name should be placed on the new authority's Child Protection Register pending a transfer/review case conference to discuss the child's new circumstances. The Local Authority in whose area the child was registered should retain responsibility for managing the case until a review/transfer Case Conference takes place and arrangements agreed for the transfer of the multi-agency Child Protection Plan.

The Authority into whose area the child has moved should arrange a transfer/review Child Protection Case Conference without delay. Social Work, Education and Health records and case files should be transferred speedily to the relevant receiving authority. Where the transfer school has contributed to the Child Protection Plan, the Head Teacher should ascertain what arrangements the family have made for the child's education in the receiving Authority.

These arrangements should also apply to cases transferred to Local Authorities in England and Wales and Northern Ireland.

The Senior Social Worker/Team Manager responsible for line managing the child's Social Worker should inform the Head of Social Work in the receiving authority immediately and follow this up in writing, providing information about the registered child/children and their family, and should include minutes of the last Child Protection Case Conference and a copy of the Child Protection Plan. The letter should state arrangements for the transfer of the child's file.

If a family in which a child has previously been named on the Child Protection Register moves to another Local Authority area, the transferring Local Authority should give the receiving Local Authority written information about previous concerns and previous and current multi-agency involvement. Both Authorities should consider together whether the family's new circumstances increase the likelihood of any risk to the child recurring or whether the child and family may be in need of support.

Confidentiality

Information shared at Conferences, whether verbally or through a written report, must be regarded as highly confidential and should not be passed by professionals to third parties without permission of the Chair.

Closed Confidential Section

Parents and young people attending conferences **will be invited to the whole meeting.**

- Full sharing of information provides best protection for children. The child's safety and welfare must be the overriding consideration when making decisions about the information sharing process within case conferences
- Children and Families should be fully involved in the Case Conference process. Their initial experiences influence future relationships with professionals
- The experience of a practice that routinely involves closed sessions does not help build trusting relationships with professionals
- There may be **exceptional circumstances where information needs to be shared in a closed session**

Exceptional Circumstances

All professionals invited to attend case conferences should consider, prior to the conference, whether they can share full information in an open session. If they believe that a closed session is necessary, then the onus is on that professional to notify the chair, prior to the conference, that a closed session is believed to be necessary and give reasons for this.

If the chair agrees to this then the family should be informed prior to the conference about the closed session and reasons for this.

Within each service, professionals attending case conferences should be given guidance about what information is third party or restricted access to help them come to an informed decision about the necessity for a closed session

Exceptional circumstances may be:

- *Where professionals may feel that they have important information about an individual, which they regard as confidential and should not be shared with family members*
- *Where Police intelligence is held in relation to relevant persons*
- *In cases of sub judice*
- *Where third party information is received regarding the family*
- *Where the interests of the parent and child conflict*

Sharing of Information

Multi-disciplinary collaboration is considered central to child protection work. The Scottish Executive in '*Protecting Children – A Shared Responsibility*' is clear that *confidentiality can be breached and should be as part of Child Protection Procedures*. Information might relate to a child or their siblings. Information about parents or suspected perpetrators can also be disclosed if it has a direct bearing on a child's physical or emotional safety, e.g. a parent's history of drug/alcohol misuse, previous convictions.

All information must be shared in the best interests of the child.

Quorum

In order for a Conference to be quorate, at least two agencies must be present. A CPCC should not go ahead if only Social Work personnel are in attendance.

Considerations for the Conference

The Conference should consider the following question when determining whether to register a child:

- Is the child at continuing risk of significant harm?

The test should be that either:

- The child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment are likely
- Professional judgement, substantiated by the findings of enquiries in this individual case or by research evidence, is that the child is likely to suffer ill treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect

If the child is at continuing risk of significant harm, it will therefore be the case that safeguarding the child requires inter-agency help and intervention delivered through a formal Child Protection Plan.

De-registration

There are specific circumstances which are required to enable de-registration to occur:

- De-registration can occur at a Child Protection Review once the criteria for de-registration have been satisfied
- If the child and family have moved permanently into another local authority area, once a transfer Child Protection Conference in the new area has been held and addressed any Child Protection Issues
- A child has reached the age of 18 years or has died or has permanently left the UK (in these circumstances Children and Young People's Directorate must consider the need to contact the International Social Services)
- Where a child is protected by care proceedings or is the subject of another Children and Young People's Directorate plan

In all circumstances members of the Conference will be informed about the appropriateness of de-registration.

Structure of the Conference

All Conferences will be conducted using the following structure:

- Brief explanation of the purpose of the meeting
- Introduction of all participants
- Apologies (including a decision as to who should receive a full set of minutes)
- An explanation of ground rules (including issues of confidentiality and the use of appropriate language)

- A brief summary by the Chair of the issues to be discussed, the reasons for the Conference and the outcomes of any previous conferences
- Summary of the Social Work report by the Social Worker, giving a summary of met and unmet need, and including the views of family members
- A summary of reports from each agency by the author, their representative or the Chair in their absence
- Questions and comments from all participants about the reports is encouraged
- A summary of the issues by the Chair
- A discussion about unmet needs of the children; the degree of harm likely if needs are left unmet; what is required to meet those needs including whether registration and a Child Protection Plan is required
- Agreement of a category of registration if required
- Identification of Key Worker and core group if children are registered (agreeing the composition of a core group may be appropriate without registration in order to ensure complex needs are met)
- Agree a Child Protection Plan for those children registered, which will normally include a core assessment and recommended action. The Plan should identify ways for parents to ensure that risks to their children are reduced at the earliest opportunity
- Agree a date for the first core group (see following section for more details on Core Groups)
- Agree a Child Protection Review Conference date within appropriate timescales

Child Protection Plans

Protection Plans

The Case Conference will formulate the Child Protection Plan.

Core Group Meetings are responsible for implementing and developing the Child Protection Plan into a detailed working tool, and monitoring the effectiveness of the plan.

The Plan must make clear to the child, family, and all relevant professionals the exact nature of the concerns which resulted in the decision that a Child Protection Plan was required.

The Child Protection Plan should set out what work needs to be done, why, when and by whom. The Plan should:

- Describe the identified developmental needs of the child, and what support and therapeutic services are required
- Describe the services that will be required to enable the parents to care for the child effectively
- Be sensitive to the ethnic, cultural, and religious needs of the child and family
- Address any issues arising from any disability

- Include specific, achievable, child-focused outcomes intended to safeguard and promote the welfare of and reduce the risk to the child
- Set out realistic strategies and specific actions to achieve the planned outcomes, including any further specialist assessments of the child and the family
- Clarify roles and responsibilities- including tasks for family members - what and within what specified timescales
- Set out the arrangements for monitoring including the nature and frequency of contact by professionals, e.g. GPs, health visitors and teachers as well as professionals providing additional support with children and family members
- Ensure that arrangements are in place for the child to be seen alone and spoken to, depending on age and understanding
- Establish specific short term and long term aims and objectives;
- Identify timescales for the aims and objectives to be achieved;
- Identify measurements for success (how will the family and professionals know there has been a change);
- Establish a method of monitoring and evaluating progress, including identifying which professional is responsible for checking required changes;
- Establish a contingency plan to deal with a sudden change in circumstances, or a situation where insufficient change occurs
- Family group conferencing could be considered as a means of progressing actions in some of these areas
- It is important that services are provided to give the child and family the best chance of achieving the required changes/outcomes. If a child cannot be cared for safely by his or her parent(s), he or she will have to be placed elsewhere whilst work is being undertaken with the child and family

A key issue in deciding on suitable interventions is whether the child's developmental needs can be responded to within his or her family context and within timescales that are appropriate for the child. These timescales may not be compatible for the caregivers who are receiving therapeutic help.

The Child Protection Plan can be used as evidence in any legal proceedings of the efforts which have been made to work in partnership with the child and family and to reduce the level of risk.

If the Child Protection Plan is not successful in achieving its objectives, a Child Protection Review Conference must be convened.

Decision to refer to Children's Reporter (SCRA)

Where there is a conference decision to refer to SCRA, this should be done within 5 working days.

Core Group Meetings

Core Group Meetings are responsible for implementing and developing the Child Protection Plan into a detailed working tool and monitoring the effectiveness of the plan. Regular core group meetings must be held on all children whose names are on the Child Protection Register.

At the Initial Case Conference, the Conference Chair will clarify the different purpose and remit of the Initial Conference, the Core Group meetings and the Child Protection Review Conference.

The Conference will:

- Agree a date for the first core group meeting and the frequency of further meetings
- Agree the membership of a core group of professionals and family members who will develop and implement the Child Protection Plan as a working tool.
Family members must always be invited to attend Core Group meetings unless the criteria for exclusion (see section below) are met

Core Group meetings must take place sufficiently frequently to facilitate working together to reduce risk to the child, monitor actions and outcomes against the Child Protection Plan and make necessary changes according to circumstances. As a minimum, core groups should meet within 10 days of the Initial Case Conference and, at a minimum, every 6 weeks following that meeting. More regular meetings may be required according to the needs of the child. Frequency will be agreed at the Initial and Review Case Conference

Core Groups will be chaired by the Senior Social Worker or Team Manager of the child's key worker (normally a social worker)

All members of the Core Group are jointly responsible for the formulation and implementation of the Child Protection Plan.

Core group members must be informed within 5 working days of any change in an agency's allocated worker.

The Core Group must request a review case conference if plans cannot be achieved or need to be significantly altered.

A written record must be completed on an agreed format and distributed to all members within 7 working days.

Core Group minutes must detail the progress of the protection plan and the related tasks allocated to individuals.

Minutes will inform assessment within future reports for Review Case Conferences.

Role of Conference Chair

Social Work has responsibility for organising, hosting and chairing of Case Conferences. The designated Chair will ensure as far as practicable, times and venues for Case Conferences, which are convenient for participants, taking into account school and surgery or clinic times, and parents and children's needs. Sufficient notice of conferences should be given to enable professionals such as GPs or teachers to arrange cover or to send written reports. The person who will take the minutes of the meeting should be identified in advance, and should not be the Chair.

The following are guidelines for the Chair:

- The Chair will take time prior to the Case Conference to become familiar with the issues
- The Chair will consider and rule on requests that a parent is excluded from the Case Conference or requests that the child should attend the Case Conference
- Where there is a decision to exclude a parent/s from the Case Conference, the Chair must ensure that this is recorded in the introduction to the minute and shared, in writing, with the parent/s as soon as practical after the conference
- In each and every case the Chair will meet with the professionals attending the Case Conference prior to its commencement and before the parents and child are invited in, to confirm if any professional needs to share information without the parents being present. If so, this should be done prior to the parents joining the Case Conference
- The Chair will meet with the parents (and child if attending) prior to the Case Conference and confirm their understanding of the purpose and process of the Case Conference and to ensure they have had an opportunity to read all relevant reports
- Written decisions made at the Conference will be distributed to the appropriate agencies and the parents in line with individual Local Authorities own policies
- The Chair will ensure the accuracy of the Case Conference minutes and that they are distributed to the appropriate agencies and the parents in line with individual Local Authorities own policies
- The Chair will usually chair any Case Conference that reviews the registration of the child
- The Chair will check whether there are any issues of disability or ethnicity, religious or cultural background that the Conference should take into consideration
- The chair will have the authority to challenge any lack of progress in taking forward the Child Protection Plan

Role of Key Worker

In every case where a child's name is entered onto the Child Protection Register, a Key Worker must be appointed. The Key Worker must be a Social Worker or Senior Social Worker or Senior Social Work Practitioner.

The Key Worker carries no responsibility for the monitoring of the practice of other caseworkers in the Child Protection Plan. The responsibility lies with the line management of the appropriate agency. However, no caseworker should deviate from the agreements made at a Case Conference without reference to the Key Worker and the Conference Chair.

The following are guidelines for the Key Worker:

- The Key Worker will hold the overview of the multi-agency Child Protection Plan

- The Key Worker will, where possible, act as the investigating Social Worker if further referrals are made whilst the child's name remains on the Child Protection Register
- If agreed by the Case Conference that the child may be in need of compulsory measures of supervision, the Key Worker will refer the matter to the Reporter
- The Key Worker will receive information from other agencies working with the child/family updating the Key Worker of any progress or concerns the agency has knowledge of
- The Key Worker will contact prison based staff where an alleged or convicted offender is remanded in custody or is serving a custodial sentence as the case may be, and, where he or she is a parent of or has parental responsibilities for the child, advise him or her of any arrangements for a Case Conference, the outcome of any Case Conference, Assessment or multi-agency Child Protection Plan
- The Key Worker may have additional professional tasks as part of the Child Protection Plan

Invitations

All requests to convene an Initial Child Protection Conference should be made to the Child Protection Team who have the responsibility for arranging and sending out invitations for all Child Protection Conferences. The Child Protection Team will liaise with the professional who has requested the Conference in order to decide which professionals are most appropriate to be invited.

Parents/carers and all those with Parental Responsibility for the child should always be invited to attend a Conference, unless the criteria for exclusion are met.

Consideration should also be given to inviting children who are the subject of the Conference, as long as professionals agree that the child is of sufficient age and understanding, and that it is in the best interests of the child. Where the interests of the parent and child conflict, the child's interests will take priority.

Role of Other Participants in Child Protection Case Conference

The Conference will require certain information from those attending. This information should be factual. The Conference may ask for judgement and professionals' opinions. This too should be based on fact as well as experience and fact or opinion should be clearly identified as such.

The Conference will require accurate and up to date information about the child subjects, parents/carers and other members of the household.

From Social Work:

- Details about the reason for the need for the Conference
- A chronology of significant events, agency and professional contact with the child and family
- Information on the child's current and past state of health and development
- Information on the capacity of the parents and other family members to ensure the child's safety from harm, and to promote the child's health and development

- **Consideration of all adult members of a household, whether or not resident at that address and those with significant contact with the child.**
- The expressed views, wishes and feelings of the child, parents and other family members
- An analysis of the implications of the information obtained for the child's future safety, health and development in terms of unmet need within the family
- Recommendations about how needs can be met in a manner that ensures the safety of the child and promotes their health and development

From other agencies:

- An explanation about the service that has been provided and about how the family has responded to that service
- Concerns about the safety and development of the child from that agency's perspective
- Recommendations about how unmet need can be addressed
- It is recognised that for some professionals, especially those who do not attend Case Conferences on a regular basis, the prospect of doing so can be quite a daunting one. The key to contributing effectively is preparation and the following pointers should be of some help
- Make sure you understand the process of the Conference (the Chair will be happy to discuss this with you in advance of the Conference)
- If you have submitted a written report, it is good practice to let the parents and, where appropriate, the child, read it in advance of the meeting
- Basic information about the family must be accurate (spelling and pronunciation of names, dates of birth, etc.)
- The way you give your information should be well thought out. At times difficult and sensitive information must be shared about parents and in their presence. This must not be watered down due to the professionals' anxiety, but should be presented in a way that is as manageable as possible to the parent
- The parents have the right to challenge information, so it is important to ensure it is accurate
- Other participants need to be left with a clear idea of your involvement
- All opinions should be substantiated with an explanation of how they were arrived at. You should not make unsubstantiated value judgements
- If you have positive comments to make about the child/family, make sure these are made
- If you disagree with any points made by other professionals you should voice your disagreement and the reasons for it
- It is a good idea to give some thought to what contribution you could make to a Child Protection Plan should the child's name be placed on the Child Protection Register. This should include the amount of time as well as professional expertise you could contribute

Involving Child and Family Members

The parents, carers or those with parental responsibility **MUST ALWAYS** be invited to attend the Conference and helped fully to participate unless the criteria for exclusion is met. Social Work should give parents information about local advice and advocacy agencies, and explain that they may bring an advocate, friend or supporter. ***The child, subject to consideration about age and understanding, should be given the opportunity to attend if s/he wishes, and to bring an advocate, friend or supporter.*** <http://www.scotland.gov.uk/Publications/2004/03/19028/34027>

Where the child's attendance is neither desired by him/her nor appropriate, the Social Work professional who is working most closely with the child should ascertain what his/her wishes and feelings are, and make these known to the Conference.

The involvement of family members should be planned carefully. It may not always be possible to involve all family members at all times in the conference, for example, if one parent is the alleged abuser or if there is a high level of conflict between family members, or confidential third party information. Adults and any children who wish to make representations to the conference may not wish to speak in front of one another.

<http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=190&sID=81>

Exclusion from Child Protection Conferences

Exceptionally, it may be necessary to exclude one or more family members from a Conference, in whole, or in part. The Conference is primarily about the child, and while the presence of the family is normally welcome, those professionals attending must be able to share information in a safe and non-threatening environment. Professionals may themselves have concerns about violence or intimidation, which should be communicated in advance to the Conference Chair. The Conference Chair will base the decision to exclude a family member for one of the following reasons:

- A strong risk of violence or intimidation by a family member at or subsequent to, the Conference, towards any member of the Conference.
- The Chair, in consultation with the Social Worker, considers that the parent/child would be unable to cope due to issues of psychiatric illness or trauma. This decision should be based on some evidence and not rely on participants' anxieties about what might happen.
- A major part of the information to be discussed may be third party, e.g. spouse/current cohabitee. This may also be the case when another Local Authority holds significant information.
- Evidence indicates that the parent/child's behaviour is likely to disrupt, obstruct or otherwise exploit the Conference.
- Where the interests of the parent and child conflict, the child's interests will take priority.

These clauses do not necessarily imply that the family should be excluded from all of the Conference, but rather the relevant parts of it.

Reasons for partial or complete exclusions must be recorded in the minutes.

Involvement of a Friend/Advocate

Where a parent/child wishes to have a representative present at a Case Conference, the request should be referred to the Chair. The Chair will be responsible for determining whether the identified representative should be invited to participate. Where parents/children have extra needs, e.g. English is not their first language, learning difficulties, physical disabilities, mental health issues, the Chair should be made aware of these so that appropriate supports and personnel can be made available to them to allow for their full participation in the Case Conference.

The parent/child should be made aware of the role of the representatives present at the Conference. An advocate is an individual who is employed by a recognised Advocacy Service. S/he will assist the parents/child to represent their views. An advocate should not be present at any closed session that the parents/child are excluded from. A solicitor or a friend may attend, with the Chair's consent, as a support to the parent/child. They should not be viewed as participants and should not advocate on behalf of their friend/client.

Administration and Chairing of Child Protection Case Conferences

Case Conferences should be chaired by a senior member of Social Work with appropriate training and skills in the chairing of inter-agency conferences. The Chair should not have first line management responsibility for decision-making about the case.

- Social Work has responsibility for the administration and chairing of all Child Protection Case Conferences
- Notice will be sent out as far in advance as possible
- Conferences will be held at a time and venue that is convenient to the majority of attendees
- All Conferences must have a dedicated person to take notes and produce a minute of the meetings
- All participants will receive a copy of the minutes

Invitations

All requests to convene an Initial Child Protection Case Conference should be made to the Child Protection Team who has the responsibility for arranging and sending out invitations for all Child Protection Case Conferences. The Child Protection Team will liaise with the professional who has requested the Conference in order to decide which professionals are most appropriate to attend.

Parents/carers and all those with Parental Responsibility for the child should always be invited to attend a Conference unless the criteria for exclusion are met. Consideration should also be given to inviting children who are of sufficient age and understanding, and that it is in the best interests of the child. Where the interests of the parent and the child conflict, the child's interests will take priority.

Attendance

Initial Child Protection Conferences will only involve agencies and professionals who have a significant contribution to make, and should include:

- Family members, including the wider family, as appropriate
- Social Work staff who have undertaken an assessment of the child and family

- Police, including staff involved in enquiry
- Foster Carers, current and former, as appropriate
- Professionals or agencies involved with the child (e.g. Health Visitors, Midwife, School Nurse, Children's Guardian, Paediatrician, Education Staff, Early years staff, GP). A Midwife must attend in the case of an unborn child.
- Professionals or agencies involved with the parents (e.g. Family Support Services, Adult Mental Health Services, Probation, GP, Local Authority Housing Services)
- Local Authority Legal Services (Child Care)
- Local Authority Reporter or representative
- Voluntary organisations
- A representative of the Armed Services, in cases where there is a service connection

Note: GP's should always be invited to a Case Conference and whether or not they attend, should always receive a copy of the Decisions and Recommendations and a full minute of the Conference.

Reports for Child Protection Case Conferences and Partnership with Families

The Children (Scotland) Act, 1995 highlights the importance of working, as far as possible, in partnership with families. In order to do this in CPCCs reports must be made available to families at least 24 hours prior to the CPCC and an opportunity offered to families to be able to discuss the content of the Report with the writer.

Families should be fully prepared for CPCCs and advised on the purpose, tasks of the Conference and potential outcomes. The Social Worker is often in the best position to do this but agreement about roles should be reached following enquiries and/or joint investigation.

Where a child or young person is not in attendance, every effort should be made by the Social Worker or other appropriate delegated person to ensure their views are recorded and therefore heard at the CPCC.

If parents are not in attendance, minutes should still reflect views of parents as provided by Social Work.

Attendance at a CPCC is potentially very stressful for a parent or child. They should therefore be given the opportunity of providing a report to the Conference.

When relevant family members do not attend, arrangements must be made to share the outcome of the Conference with the family. The Key Worker should do this soon after the CPCC.

Decision Making: Lack of Consensus

When conference members cannot agree on registration the decision will be made on the basis of a majority vote. The view of each agency will be recorded in the minutes. The chairperson does not have a vote unless there is an equally split decision when they will have a casting vote.

If parents/carers disagree with the decision, the chair must discuss the issue with them and explain their right to appeal.

If any professional believes that the decision of a Child Protection Conference has placed a child at risk then they should discuss this with their line manager who will take the issue up with the social work service manager (child care).

The Child Protection Case Conference Minute

The Chair is not responsible for taking the minute, but will check it for accuracy and sign it. However there is a responsibility for all attendees to check the minute. A copy of the minute should be circulated to all those invited to attend.

The minute will:

- Record who attended and any apologies or absences
- Summarise established or new information and key points from the discussion at the Conference
- Identify one main category of abuse and highlight any others that are relevant
- Record decisions of the Case Conference and responsibility for action on registration, recommendations for the inter-agency Child Protection Plan and the date and time of the next conference with any reservations or dissenting views on these matters also being recorded

Parents will receive a copy of the minute, but this will not include a note of any discussion that took place during any closed session held prior to them joining the meeting.

Status

There are no statutory provisions relating to Child Protection Case Conferences. The arrangements for the Child Protection Case Conference detailed in these guidelines have been agreed by the agencies represented on the Child Protection Committee and members of staff from these agencies are expected to adhere to them.

Complaints and Appeals

Parents, carers or children may have concerns regarding Case Conferences that can be articulated as follows:

- An appeal against a Case Conference decision
- A complaint regarding the Case Conference arrangements or process
- A complaint regarding the actions or decisions of an agency contributor at the Case Conference

When there is an appeal **against a Case Conference decision**, this should be referred to the Social Work Manager who has line management responsibility for the Chair of the Case Conference. The Social Work Manager should ('Protecting Children - A Shared Responsibility', 4.48) offer to meet with the complainant and should investigate the background to the decision-making.

The Social Work Manager will either, refer the matter back to the Case Conference Chair to re-convene the Case Conference (which may be appropriate if relevant information comes to light which the Case Conference was unaware of) or, uphold the Case Conference decision as responsibly made on the evidence available to the Social Work Manager.

The Case Conference decision is a multi-agency decision and cannot be overturned by the Social Work Manager.

Should the complainant remain dissatisfied with the Case Conference decision their only recourse is to seek a judicial review through the legal system.

Should the complainant be dissatisfied with the actions of the Social Work Manager the basis of that dissatisfaction would be referred to that Department's Head of Service or complaints procedures as appropriate.

Any complaint regarding the Case Conference arrangements or process should be investigated through Social Work complaint procedures as Social Work has administrative responsibility for Child Protection Case Conferences.

The complainant should be advised of the individual Council's statutory complaint procedures and should the complainant remain dissatisfied, following investigation and decision, they would have the right to take their complaint to a statutory Complaints Review Committee.

Parents, carers or children who have a complaint about a particular agency's services or actions, whether at a Case Conference or outwith, should be advised to raise this with the agency concerned in line with that agency's complaints procedure.

All agencies should be mindful that parents, carers or children may need help to raise complaints or appeal and should be assisted to do so.

Information to parents, carers and children regarding the Case Conference process and decision, e.g. Case Conference minutes and Child Protection leaflets, should contain advice as to how decisions can be appealed or complaints raised in line with the foregoing.

Child Protection Register

Purpose of the Register

Registration is an administrative system for alerting workers to the fact that there is sufficient professional concern about a child to warrant a multi-agency Child Protection Plan and ensures that the plans for these children are formally reviewed at least every six months. The Child Protection Register provides a central point of rapid enquiry for professionals concerned about a child's safety, development or welfare. Placing a child's name on the Register does not in itself afford that child protection, protection comes from the multi-agency Child Protection Plan.

Registration Categories are within Part 3

It is important that professionals who have concerns that a child may have been abused check whether the child's name is entered on the Child Protection Register. Within each agency there are designated persons with the authority to check the Register. Once the enquiry is entered onto a database the number of queries made about a registered child will be logged and passed on to the Key Worker. This could form part of the picture in terms of the level of inter-agency concern about that child.

Location of and Access to the Register

The North East of Scotland Child Protection Committee maintains the Central Register for Aberdeen City, Aberdeenshire and Moray. The Register contains basic information on children who, following a Child Protection Case Conference, have been placed on the North East of Scotland Child Protection Register and are subject to a Child Protection Plan. The Register is located at the Aberdeen Exhibition and Conference Centre, Bridge of Don, Aberdeen.

- During normal office hours individuals authorised by their own Agencies*, can through a telephone call-back system, make an enquiry by telephoning **01224 814641**. Each Friday the office is closed from 16.00 hrs
- Callers should be prepared to provide information to allow the administrative assistant/clerical assistant to confirm the caller's authorisation and to log the call
- Subject to appropriate checks, the authorised caller will be called back and the relevant information and who to contact will then be provided

Concerns about a child outwith normal working hours should be directed to the Out of Hours Social Work Service – Aberdeen City **01224 693936**, Aberdeenshire **0845 8400070** or Moray **08457 565656**. Out of Hours are required to check the Register

*Individual Agencies have to advise the Child Protection Committee of their Agency's authorised individuals, though in the case of General Practitioners, G-Docs and hospitals the expectation would be that the General Practitioner/Doctor would themselves be the authorised level.

Significant Case Reviews

Purpose

The overarching objectives for a review is to:

- Establish whether there are lessons to be learned about how better to protect children and young people and help ensure children get the help they need when they need it in the future
- If and when appropriate, to make recommendations for action
- Consider how recommended actions are to be implemented
- Increase public confidence in public services, providing a level of assurance about how those services acted in relation to a significant case about a child

Criteria

An Initial Case Review (ICR) should first determine whether a Significant Case Review (SCR) is merited. The detail and level of review will depend on the individual case and circumstances. A review should not be escalated beyond what is proportionate taking account of the severity and complexity of the case.

Any of the circumstances below could suggest that a SCR may be required.

When a Child Dies:

- **And** the child is on, or has been on, the Child Protection Register (CPR) or a sibling is or was on the CPR. This is regardless of whether or not abuse or neglect is known or suspected to be a factor in the child's death unless it is absolutely clear to the Child Protection Committee that the child having been on the CPR has no bearing on the case
- **And** the child was Looked After by the Local Authority and, in addition to this, the incident or accumulation of incidents (a case) gives rise to serious concerns about professional and/or service involvement or lack of involvement

When a child has sustained significant harm or risk of significant harm, under one or more of the categories of abuse and neglect:

- **And**, in addition to this, the incident or accumulation of incidents (a case) gives rise to serious concerns about professional and/or service involvement or lack of involvement

It is expected that the NESPC will consider any request made to them for a review, even if the case had been considered at the Initial Case Review to require no further action.

Any concerns raised by families and similar interested parties will be addressed through the normal complaints procedures for each agency involved.

The Remit of the Review Team is to:

- Establish a chronology of agencies' and professionals' contact with the child. Once the chronology has been established, it should be circulated to the agencies and professionals to check for accuracy
- Establish the circumstances leading to and surrounding the death/serious harm of the child. It is recognised that this may be difficult if there are parallel inquiries taking place, e.g. a criminal investigation
- Appreciate the need for clarity about the difference of remit and task of a Significant Case Review as opposed to other ongoing proceedings relating to that case such as a criminal investigation
- Gather and interpret relevant information from a wide variety of sources
- Analyse factors that may have contributed to the 'Significant Case'
- Make recommendations for local action (which could be single agency or multi-agency) and perhaps also for National action, spelling out resources that may be required to implement them
- Identify whether inter-agency working can be improved to better protect children
- Contribute to the development and sustainability of robust quality assurance procedures and continuous improvement
- Produce Conclusions and Recommendations in a report. The draft and final report will be presented to the Portfolio Group who will forward onto the main Child Protection Committee

<http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=185&SID=81>

PART 5

Children Affected by Particular Circumstances

This section notes particular types of situations where specific circumstances should be taken into account. However the principles and guidance in previous sections should always apply.

Children Growing up with Parental/Carer Drug and Alcohol Misuse

<http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=165&SID=81>

'Of the one million children living in Scotland, many are living in poverty or are suffering as result of family breakdown, parental drug and alcohol misuse' (Getting Our Priorities Right - 2001)

Between 40,000 and 60,000 children in Scotland are affected by parents drug problems (*Hidden Harm* - 2004)

Problem substance misuse is so defined when:

'The use of alcohol or drugs has a harmful effect on a person's life. The substance use becomes the person's central pre-occupation to the exclusion of significant personal relationships and to the detriment of their health and social functioning.'

(*'Protecting Children living in Families with Substance Misuse'* Edinburgh & Lothians, August 2005)

Problem substance users who are parents are most likely to find that their substance use affects their ability to look after their children and maintain positive relationships with their families. Problem substance use is usually a chronic, relapsing condition, which requires continuous review and long-term flexible support.

Whilst a parent/carer's drug or alcohol misuse should not automatically lead to a Child Protection Enquiry or increased levels of intervention, there is increasing evidence of the negative effects in parental problem substance use on the welfare of children. In particular, problem substance use is associated with an increased risk of child abuse and neglect. Parental problem alcohol and drug use can and does compromise children's health, development and welfare from conception onwards.

- Infants in particular are vulnerable to the effects of physical and emotional neglect or injury
- Finances may be spent on procuring alcohol or drugs
- The parent/carer may not be emotionally or physically available to the child whilst under the influence of a substance
- Lifestyle and behaviour of the parent/carer or their associates may also impact the safety and welfare of the child. Children may be exposed to criminal activities, violence, drug taking, injecting and problem drinking
- Babies born to drug using mothers can be born with neonatal abstinence syndrome caused by withdrawal from drugs such as opiates, benzodiazepines, alcohol and barbiturates

Staff working in all services need to be aware of these implications and seek advice whenever unsure or worried about the impact on a child.

All Agencies, when undertaking an assessment of a substance misusing adult, should:

- Gather basic information about household composition including whether they are expecting a child
- Ask about stresses on the family members including children
- Keep the focus on the child
- Be aware of changes in family circumstances and notice whether the children appear well and are thriving or not
- Use 'The Checklist of information to be collated concerning substance misuse and its Impact on Parenting.'
- Try to help parents/carers to understand any concerns they may have about their child's welfare or safety, and to motivate them to make the necessary changes to promote and safeguard their child's welfare
- Discuss concerns with the local Children and Family Social Work Team (this should normally be with the parent's knowledge and consent)

If any worker is uncertain about whether the care of, or conditions for the child (children) are adequate, they should seek advice from a senior colleague with responsibility for child protection, or from Social Work.

Each agency will have a named individual responsible for ensuring the Child Protection Guidelines are correctly adhered to. See 'The Grampian Framework for Reducing the Harm' June 2007. Copies available from:

<http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=164&SID=81>

Pregnant Women Who Also Misuse Substances

Due to the related medical and social problems associated with drug or alcohol misuse, it is likely that women misusing substances will have a high-risk pregnancy. Such pregnancies therefore require multi-disciplinary assessments and care planning. (**A Framework for Maternity Services in Scotland, Scottish Executive 2001**)

All practitioners who become aware that a woman is pregnant should:

- Recommend immediate referral to the specialist midwifery team at Aberdeen Maternity Hospital (See Contact No in Appendix 1)
- Recommend referral to alcohol/drug advice for assessment and treatment, if they are not already attending
- If you are in specialist drug/alcohol treatment services, liaise closely with staff providing maternity care so that substance use treatment plans are clearly understood and parents do not receive conflicting advice/help
- Ensure that women have access to the same range and quality of services as other women throughout pregnancy and childbirth. Good practice suggests that early engagement and support from all services could lead to better outcomes for the mother and child
- Consider any potential risk where the pregnant woman does not have a problem with substance misuse, but her partner does

There must be:

- An Initial Referral Discussion between Social Work, Police and Health as highlighted in these Guidelines. This discussion should decide whether or not to proceed to Pre-Birth Case Conference
- A multi-agency assessment considering the needs of the pregnant woman, her unborn child, her partner and any children
- An assessment of any risks that may exist for the unborn baby and any other children and consideration of need for Pre-Birth Conference
- A Care Plan, with identified Key Worker
- Potential involvement of all the following services – Maternity Care, Primary Care, Drug Services, Social Work, Police and Reporter

A Pre-Birth Child Protection Case Conference should be held by 28 weeks gestation and never later than 32 weeks, where assessment indicates risk of significant harm.

If a Pre-Birth Conference is not held, (due to whatever reason, e.g. late booking, or premature delivery) and risks of harm exist, an Initial Child Protection Case Conference will be held within 5 days of the birth.

Any new baby, whether in hospital or the community, who develops neo-natal abstinence syndrome and has not been identified pre-birth should be referred to the relevant Children and Families Team for assessment of the child's needs.

Children and Young People Who Use Substances/Alcohol and/or Drugs

Young people under the age of sixteen whose substance use is causing them problems can represent one of the most vulnerable groups in society. They can be characterised as often being reluctant to access services and having a multitude of health and social problems of which problematic substance use may be just one. The number of young people directly seeking help for problems related to substance use is small, and problems are more likely to be identified by adults expressing concern. When young people do seek help, or others raise concerns, practitioners need to be clear about the young person's rights in terms of treatment and intervention.

Agencies need to:

- Be clear about their Roles and Responsibilities when working with young people. Many young people will experiment and use substances in a recreational way and will not develop serious health or social problems as a result. That is not to say that experimentation and recreational use is without risk or danger. However, it is significant that most adult substance users report first starting to experiment with drugs between the ages of 12-16 years
- Remember that the views of the young person are of central importance and should always be sought and considered. However the child or adolescent is not an adult and any intervention should reflect this and parental responsibility should be respected
- Build trust with young people. A key point in working with this vulnerable group is ensuring that they remain in touch with services

- Be clear that it is appropriate to breach client confidentiality when the child or young person is considered to be at risk of suffering significant harm, and in cases where the life of the child/young person, or a third party is at risk and/or when there is reasonable cause to believe that compulsory measures of supervision may be necessary. (Legal Section: Section 53 Children (Scotland) Act 1995)
- Take a multi-agency approach to engage young people who are misusing substances at a serious level, likely to cause significant harm to themselves or others

Substance Prescribing for Children: Guidelines for General Practitioners and Other Clinical Practitioners

The Department of Health, in 1999, updated its guidelines on clinical practice, which reflected the need to ensure that young people are included in the provision and clinical care in drug services. It states that only in exceptional circumstances should GPs prescribe substitute medication to under 16s and always with the involvement of specialist agencies. (Ref: Guidelines on Clinical Management, Scottish Office 1999).

(Links: Scottish Drugs Forum 1999: Working with Young Drug Users- Guidelines to Developing Policy. Drug Misuse and Dependence – Guidelines on Clinical Management, Scottish Office; The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem.

<http://www.scotland.gov.uk/Resource/Doc/224480/0060586.pdf>

Domestic Abuse

Domestic abuse is consistently under reported but research has shown that 1 in 4 women and 1 in 6 men are victims at some point in their lives. Women face the greatest risk of repeat victimisation and serious injury and, on average; a current or former male partner kills 2 women per week.

Women who experience domestic abuse are, on average, beaten 35 times before they ask for help and then make between 5 and 12 different contacts in an effort to end the violence. Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional well being, despite the efforts of the victim parent to protect the child.

Definition:

The term 'domestic abuse' is understood to mean any abuse between current or former partners in an intimate relationship, wherever and whenever it occurs. The abuse may include physical, sexual, emotional or financial abuse.

Where there is evidence of domestic abuse, the implications for the children in the household should always be considered, including the possibility that the children may themselves be subject to violence or other harm.

The Police or Health Professionals (especially Accident and Emergency Departments) are often the first point of contact with families where domestic abuse takes place. When responding to incidents of domestic abuse agencies, in line with their own guidelines, should establish whether there are any children living in the household and a check should be made to the Child Protection Register via Social Work. Information regarding a child in the household should be passed on to Social Work and consideration given to a referral to the Reporter where it is believed a child may require compulsory measures of care.

Research informs us that domestic abuse can impact in a number of ways:

- An assault on a pregnant woman risks injury to both mother and unborn child
- Older children may suffer blows during episodes of violence and may in fact attempt to protect the vulnerable parent
- Children may be distressed by witnessing the suffering of a parent
- The physical assault and psychological abuse suffered by the adult victim may impair their ability to look after their children
- Domestic violence is exacerbated when combined with drink or drug misuse
- Children can be drawn into the violence or are pressurised into concealing the assaults

The exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress, particularly if that conflict is routed through children.

Social Work must assess the nature of the concerns and what action may be required. If the child is or is potentially, at risk of significant harm, child protection procedures must be followed and consideration given to whether a Child Protection Case Conference is required.

Abuse by Children and Young People

There has been growing recognition of the fact that children and young people are also capable of, and do, perpetrate abuse with other children. This abuse can be defined as activities of a sexual or physical nature between children where one or more of the following characteristics are present:

- Lack of consent
- Inequalities in power
- Actual or threatened coercion
- Drugs or alcohol

It has also been recognised that children who abuse others are almost certainly children who are in need of services as a result of previous trauma or are demonstrating inappropriate behaviour because they are a victim of current abuse or neglect.

A judgement has to be made about the seriousness of the behaviour, the context of its occurrence and the ability of parents or carers to protect other vulnerable children. This will determine the course of action that needs to be followed

When significant harm to a child is alleged to have been carried out by another child or young person, it is important that appropriate procedures are followed in respect of BOTH the victim and the alleged perpetrator.

Where such abuse is identified or suspected, the agency concerned must refer the matter to Social Work and Police without delay.

Once enquiries have been completed, Social Work should consider calling a Conference to consider what steps should be taken to address the matter.

Purpose of Conference

The purpose of the Conference is to consider:

- The degree of risk the child may present to other children or young people (either particularly or generally)
- What steps can be taken to address the behaviour
- The services required to do this
- The need for the young person to be protected from adults acting inappropriately

Young People involved in Underage Sexual Activity

Research has shown that more than a quarter of young people are sexually active before they reach 16 years. Young people under 16 are the least likely to use contraception and concern about confidentiality remains the biggest deterrent to seeking advice.

The major task for child protection agencies is to ensure that all children and young people are given appropriate protection from sexual abuse whilst ensuring that they are also able to access advice and treatment about contraception, sexual and reproductive health including abortion.

This section will help those working with young people to identify where these relationships may be abusive and the young person may need protection or additional services.

<http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=105&sID=81>

Confidentiality Issues

The duty of confidentiality owed to a person under 16 in any setting is the same as that owed to any other person. Young people have a similar right to confidentiality as adults, however this duty is not absolute.

Where there is thought to be a risk to the health, safety or welfare of a young person or others this outweighs the young person's right to privacy. In these circumstances professionals should act in accordance with this guidance.

Sharing Information with Parents

Decisions to share information with parents will be taken using professional judgement and should be based on the child's age, maturity and ability to appreciate implications and risks to themselves from underage sexual activity.

Professionals should encourage young people to share information with their parents where it is safe to do so.

Professional Responsibilities

Decisions about abuse or risk of abuse to a young person involved in underage sexual activity should never be made in isolation of any relevant information that other agencies and services may be able to provide. To assist professionals in making an informed decision about whether or not a young person's involvement in underage sexual activity constitutes abuse or risk of significant harm information about the young person can be sought from the Police, Social Work, Education and Health.

The professional seeking advice should indicate that the information is required to help in making an initial assessment of risk without breaching the confidence of the young person involved at this stage. There must be appropriate child protection justification for breaching confidentiality. A balance must be struck between the duty to protect the young person and the rights of the young person, bearing in mind that the welfare of the young person is paramount. Where any additional information highlights potential abuse or risk then the professional must share information via the IRD process so that agencies can agree a way forward. (Refer to Part 3 of these guidelines for further details of this process).

Where the young person is 12 years or under then a child protection investigation must be initiated.

Professionals working with young people have different statutory responsibilities both with regard to advice given to young people and the actions they take when aware of under-age sexual activity. These differences are detailed below:

Health Staff

It is considered good practice for Doctors and other Health Professionals to consider the following issues when providing advice or treatment to young people under 16 on contraception, sexual and reproductive health.

If a request for contraception is made, Doctors and other Health Professionals should establish rapport and give a young person support and time to make an informed choice by discussing:

- The emotional and physical implications of sexual activity, including the risks of pregnancy and sexually transmitted infections
- Whether the relationship is mutually agreed and whether there may be coercion or abuse
- The benefits of informing their GP and the case for discussion with a parent or carer. Any refusal should be respected. In the case of abortion, where the young woman is competent to consent but cannot be persuaded to involve a parent, every effort should be made to help them find another adult to provide support, for example another family member or Specialist Youth Worker
- Any additional counselling or support needs (<http://www.rcpch.ac.uk>)
- As with other agencies, all Health Professionals must share information where it is considered that the young person is at risk of significant harm. The Health Professional should, where possible, first discuss the reasons for and implications of sharing this information with the young person. (ref. The NMC and GMC Code of Professional Conduct - disclosures may be made only where they can be justified in the public interest, usually where disclosure is essential to protect the patient, or someone else, from risk of death or serious harm.)

Education Staff

Young people need to be able to talk to a trusted adult about sex and relationship issues. Although it is desirable that this person is their parent or carer, this is not always possible. The law allows education staff to respect young people's rights to confidentiality when discussing sex and relationship issues and a disclosure of underage sex is not of itself a reason to break confidentiality.

Young people should be made aware that confidentiality might be breached if they or another young person is believed to be at risk. In these circumstances staff

should consult the young person and endeavour to gain their co-operation to sharing information with the relevant agencies. If that is not possible they should be advised that their confidentiality will be breached

The Regulations were changed in 2003 to reflect the Data Protection Act. The Regulations now state that the education authority must withhold from any parent any information that, if disclosed, would be likely to cause significant harm or distress to the pupil or to anyone else, (The Pupils' Educational Records (Scotland) Regulations 2003.) There must be appropriate child protection justification for breaching confidentiality.

Police and Social Work Staff

Whilst Police and Social Services staff may provide advice and guidance to a young person involved in under-age activity both agencies have specific responsibilities with regards to criminal activities.

Police

The priority for the Police is the identification and investigation of under age sexual activity where the relationship is abusive, either by being intra-familial in nature, or where there is a significant age/power gap between the parties involved.

The Police have a duty to investigate any potential criminal offence and underage sexual activity is a criminal offence. If either person is under 16 the person who is over 16 is breaking the law.

The Police will provide information about a young person to a professional where general information is required to assist in making a professional decision about abuse or risk of significant harm to a young person.

Social Work

Social Work staff have a similar duty to inform Police of criminal offences at the earliest possible opportunity in order to consider jointly how to proceed in the best interests of the child. The welfare of the child is paramount.

Where there is no information to suggest that the young person has been abused or is at risk of significant harm the matter can be dealt with in terms of advice and guidance. However, making a decision about abuse or risk of abuse to a young person involved in underage sexual activity should never be made in isolation of any relevant information that other agencies and services may be able to provide. The welfare of the young person is paramount.

Other Agencies

All other relevant agencies, including voluntary organisations are expected to work in partnership with the statutory agencies and within these guidelines

Children with Disabilities

The guidance to be followed for the protection of children with disabilities are the same as for any other child and are clearly outlined within this document. In addition, an account will require to be taken of the following factors:

- Research has shown that children with disabilities are at an increased risk of abuse and neglect due to their increased vulnerability. This is heightened when the child has difficulties with communication. A lack of social contact may inhibit the child telling others about suffering abusive behaviour

- Physical disability in children often means intimate care is required and this need may have to be met by a large number of adults, thus increasing their vulnerability
- Children with learning disabilities may have an inability to recognise what are acceptable boundaries of behaviour by carers and other adults
- The Initial Referral Discussion should take into account issues around communication, levels of understanding and advice about appropriate and acceptable behaviour. No child with disabilities should be spoken to without appropriate specialist help being available when required

(The Children (Scotland) Act 1995, Regulations and Guidance, Volume 1, Chapter 6, Section 73 through to Section 83 provides helpful guidance.)

Babies with Injuries

The outcome of a number of Child Protection Investigations undertaken in North East of Scotland highlights the need for professionals to be aware of the vulnerability of very small babies and infants aged up to two years. Babies who are not yet mobile would find it very difficult to injure themselves and those professionals who are working with children and families must take very seriously any injury sustained by a baby.

Because of the extra vulnerability of babies, all injuries should result in a medical examination and an Initial Referral Discussion initiated. A Strategy Meeting will be necessary to progress plans.

Children Whose Illness is Fabricated or Induced by Carers (FIIC)

How useful is the FIIC label for protecting children from harm?

It is important that child protection practitioners, doctors and other professionals who work with children are made aware that there are instances where parents intentionally deceive health practitioners about their children's symptoms so that children are subjected to unnecessary and often painful medical procedures.

Fabricated or Induced Illness by Carers previously known as Munchausen's Syndrome by Proxy is not a condition, psychiatric disorder or diagnosis that a parent or carer has. Fabricated or Induced Illness by Carers is what a parent or carer does to a child. The spectrum goes through factitious reporting at one end, to direct illness induction to actual harm from life threatening events.

Any suspected case of fabricated or induced illness may also involve the commission of a crime and therefore Police should always be involved at an early stage. An experienced Detective Inspector must lead such complex cases. The Social Work Manager and Designated Doctor for Child Protection should be involved in Initial Referral Discussions and subsequent strategy meetings.

Carers who fabricate or induce illness in children may cause or place children at risk of:

- Physical or psychological harm as a consequence of the carer's behaviour (for example, poisoning), and failure to provide a nurturing environment to meet the child's emotional and developmental needs
- Physical or psychological harm as a consequence of unnecessary medical intervention (for example, unnecessary surgery, psychological assessment, medication or hospitalisation)

Further information - link to: <http://www.rcpch.ac.uk>

Children and Families who go Missing

Local agencies and professionals should bear in mind when working with children and families where there are outstanding child protection concerns (including where the concerns are about an unborn child who may be at future risk of significant harm) that a series of missed appointments or abortive home visits may indicate that the family has suddenly and unexpectedly moved out of the area. Social Work and the Police should be informed immediately such concerns arise.

Each agency should have their own protocols for alerting staff within that agency and other agencies if a child is missing

A NHSScotland protocol has been implemented to trace vulnerable children who are missing from their current address. Contacting the Nurse Consultant for Child Protection can access this service:

- Key professionals in Health Boards in Scotland and Practitioner Service will be contacted
- Links are made with the 'Children Missing from Education' protocol, NHS 24 and Ambulance Services –
<http://www.scotland.gov.uk/Publications/2009/02/27152211/36>
- Social Work in Moray, Aberdeen City and Aberdeenshire are contacted
- Where there are immediate concerns for a child's safety the Police will be notified

A child whose name is entered on the Child Protection Register is deemed missing if within one week of reporting difficulty with contact, his/her address is not known. The Key Worker should be notified that the child is missing.

The Key Worker (Social Work) should:

- Inform their line manager, who will arrange for the appropriate protocol to be initiated
- Notify the Register that a child is missing
- Inform the other agencies that have involvement with the child and the Chairperson of the last conference

Accessing Information from Inland Revenue to Assist with Enquiries about a Child's Safety and Welfare

The Inland Revenue has legal authority to provide Local Authorities with limited information where it is needed for a Local Authority to fulfil its statutory responsibilities to safeguard and promote the welfare of a child.

Information should only be shared **where there are urgent concerns about a child or family who is missing and all other sources of information, e.g. schools, health services, have been exhausted.**

The request to contact the Inland Revenue should be referred to the Keeper of the Child Protection Register, care of the NESCPCL Lead Officer. The request should be in writing and should include child/family dates of birth and details of searches already made.

Should the Lead Officer, after checking the NESCPCL Register, be satisfied that the enquiry of the Inland Revenue has to be made he/she will raise a written enquiry of the Customer Relations Unit, Child Benefits Office (GB). Once a response is

received the NESPC Lead Officer will pass the information to the Local Authority referrer.

Children from an Ethnic Minority Group: Race and Racism

The McPherson Report into the death of Stephen Lawrence (1999) highlighted 'the collaborative failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, religion or ethnic origin'.

Some forms of abuse are racially motivated. This form of abuse can cause significant harm and could mean the child and/or family concerned will be in need of services or protection. Failure to consider the impact of racism in making enquiries or any other assessment process will undermine efforts to protect children and to provide appropriate services.

Care should be taken to overcome difficulties with language.

It is important to take account of the relevant cultural differences in communication and context, whilst at the same time applying the same definitions and thresholds of child abuse during any investigation.

Use of Interpreters

The NESPC recognises that Recommendation 18 of Lord Laming's Inquiry in the death of Victoria Climbié obliges Local Authorities to make use of interpreters where the child's first language is not English:

'When communicating with a child is necessary for the purposes of safeguarding and promoting that child's welfare, and the child's first language is not English, an interpreter must be used. In cases where the use of an interpreter is dispensed with, the reasons for doing so must be recorded on the child's file.'

The use of an interpreter should also be considered when working with the parent or guardian of a child whose first language is not English.

Child Pornography and the Internet/Cyber Bullying

The Internet has proved a useful tool for people wishing to exploit children. As recent high profile cases in the news have revealed, Internet chat rooms can be used by paedophiles to establish deceptive relationships with children. They then "groom" children to become victims, either psychologically on the Internet itself, or by arranging to actually meet with them. Often victims believe that they are chatting to other children on line.

The Internet is also used in the distribution and collection of child pornography.

When someone is discovered to have placed child pornography on the Internet, or accessed child pornography from the Internet or used the Internet in order to try and gain access to children via chat rooms etc, consideration must be given to possible risks the individual may pose to children. If the individual has access to children at work, through voluntary work or in the family, enquiries may need to be made in the usual way.

Any concerns about the use of computer technology or the Internet should be discussed with the Police at the earliest possible opportunity.

<http://www.ceop.gov.uk>

Cyber Bullying

The last couple of years have seen the rapid rise of a new type of bullying, one that harnesses the modern technologies all teenagers use: mobile phones, email and web-based chatrooms. This type of aggression, known as cyber bullying is defined by Childnet International as the 'sending or posting of harmful or cruel text or images using the internet or other digital communication devices'.

Cyber bullying is an aggressive, intentional act carried out by a group or individual, using electronic forms of contact, repeatedly over time against a victim who cannot easily defend him or herself.

Police experts and children's charities are concerned at the increase of cyber-bullying. Bullying claims the lives of about 20 teenagers a year whilst thousands more suffer physical and psychological torment. Charities are voicing concern that this new phenomenon is 'growing like wildfire'.

In 2001, **mobile phones** were among the most popular Christmas present for children, and over the next two years, cyber-bullying rose by 30 per cent, according to children's charity Kidscape.

At the same time, there has been an explosion of **social networking websites** such as Bebo and MySpace where teenagers meet and chat virtually. In recent years both these Websites have built up a huge following. MySpace for example claims to have more than 80 million users.

As a result, taking a picture or video clip of a child or young person, and sending this to others to make him or her feel threatened or embarrassed, or filming and sharing physical attacks (a practice known as 'happy slapping'), are now part of the bully's armoury.

The Anti-Bullying Network (www.antibullying.net) has identified different types of cyber-bullying, ranging from abusive text messages, emails and phone calls, to bullying in internet chat rooms, social networking sites and instant messaging:

For those working with or caring for children and young people who have internet access, guidelines exist for safe management of websites, email or chatrooms. The industry has taken on cyber-bullies, with helplines (including Chat Danger, Stop the Bully, Childnet International, Internet Watch Foundation, Kindsmart and Cyber-bully) warning about the dangers of interactive online services and offering advice.

Links to <http://www.anti-bullyingalliance.org.uk> <http://www.antibullying.net>

Asylum Seekers and Other Children of Uncertain Immigration Status, and Child Trafficking

This group of children is regarded as vulnerable due to the uncertainty of their situation. Recent lessons learned following child deaths and cases of serious child abuse tell us how these children are able to slip through the child protection net.

- Acceptable standards of personal care, housing, healthcare, education, etc, for indigenous children must also be applied to immigrant children
- Immigrant children are also vulnerable to racism and bullying from members of the wider community

Child Trafficking involves the transportation of children into and out of the UK in order to exploit them for a variety of reasons, which according to the Association of Chief Police Officers can include:

- Bonded labour or servitude
- Commercial sexual exploitation
- Facilitation of benefit fraud
- Trade in human body parts
- Religious practices

Trafficking can also be accompanied by other forms of child abuse including violence and threats, which may prevent victims from fully co-operating with investigations.

Risk assessment should consider the possibility that offenders may seek to abduct children from Local Authority care whilst an investigation is in progress.

Scottish Government has published the multi-agency guidance "Safeguarding Children in Scotland who may have been Trafficked". The guidance can be accessed at:

<http://www.scotland.gov.uk/Resource/Doc/261528/0078243.pdf>

<http://www.scotland.gov.uk/Resource/Doc/261545/0078244.pdf>

<http://www.scotland.gov.uk/Resource/Doc/261550/0078245.pdf>

Female Genital Mutilation

The practice of Female Genital Mutilation (FGM) refers to the removal of part or all of the female genitalia for cultural or other non-therapeutic reasons. It is very painful and can have serious consequences for physical and mental health and can even lead to death.

FGM is:

- Reported to be practised in 28 African countries and parts of the Middle East and Asia. It is not a religious practice and has been condemned as unnecessary and harmful by the leaders of major religions
- Most typically performed on girls between the ages of 4 and 13 years but also may be performed on newborn infants or young women prior to marriage or pregnancy. The procedure is an offence against both girls and women under the Female Genital Mutilation Act 2003 and it is also an offence for UK Nationals or permanent residents to carry out or assist the practice when abroad
- Usually performed in the country of origin by the child's family and should arouse concern if a girl or young woman is making a visit to a country where FGM is practised and talks about a 'special procedure' taking place

If such a case comes to light it is necessary for professionals to be mindful of other female siblings in the family and take appropriate action. If professionals consider a child to be in immediate danger and the parents/guardian cannot guarantee safety the early use of legal powers may need to be considered.

Allegations of Abuse Made against Carers or Agency Employees

When an allegation of possible abuse is made against a carer or member of staff employed or contracted by a statutory or voluntary agency, these guidelines must be followed in the same way as for other circumstances.

Particular attention must be paid by those receiving or investigating information in these circumstances, to ensure that a higher threshold is not applied to allegations being regarded as substantive.

All employers need to give first consideration, both in time and weight, to the need to protect the child. All other considerations must be secondary to this. To safeguard this principle, it should be noted that:

- Those involved in the immediate line management of the employee, or liaison with the carer concerned, should not conduct any part of the Child Protection Investigation
- Consideration should be given to the need to locate the investigation outwith the area in which the alleged perpetrator is employed or supported
- Consideration should be given to the need to suspend a member of staff or the possible need to remove children from the care of the person concerned

- Parents or guardians of the child concerned should be informed
- Regardless of whether or not it is assessed, following an investigation, that an offence has been committed against a child, the investigative team should provide a report to the senior management of the agency/department involved, of circumstances which led to the allegation being made
- The Children's Reporter should normally be notified when it is possible that a child has been abused whether they are currently looked after by the Local Authority or not
- Where allegations involve a number of children or staff, the Local Authority and Police should consider the need to conduct enquiries into multiple or organised abuse as set out below (Link to Protection of Children (Scotland) Act 2003 at <http://www.scotland.gov.uk/Topics/People/Young-People/children-families/17834/10258>)

Allegations of Abuse against a Foster Carer

This applies to Local Authorities foster placements, those provided by independent foster care agencies and to placements arranged by voluntary organisations.

- This guidance will be applied to children in foster care, using the same threshold of concern as for other children
- Investigations should not be carried out by anyone who has been involved in approving the foster carers or who has operational responsibilities for the service
- A strategy meeting should be convened as soon as possible to plan a way forward. This meeting should include the manager responsible for the fostering service, the foster carer's Social Worker and the child's Social Worker. The Strategy Meeting will consider the needs of all the children in the household

Children Living Away from Home

Children are classed as living away from home in the following circumstances:

- Foster care, provided by the local authority or by an independent agency
- Private fostering
- Kinship Care arrangements
- Residential care, provided by the Local Authority or by an independent agency
- Secure units
- Residential schools, both provided by the Local Authority and Independent schools
- Health establishments such as hospitals
- Prisons and Young Offenders Institutions

Where Local Authorities commission services, but do not directly provide them, basic safeguards should be explicitly addressed and stated clearly in contracts with the external provider.

Where an agency puts in place procedures for responding to inappropriate behaviour by a child or young person these procedures should be discussed and agreed with any other services involved with the child or young person

For the purposes of this guidance, it is necessary to reinforce that children living away from home, whether formally Looked After or not, may be subject to all the forms of abuse detailed in the available categories, and that such abuse may be perpetrated by other children as well as by adults in positions of responsibility.

Carers should be made fully aware of any concerns about or knowledge of a child who has been previously abused or has acted in a sexually inappropriate or abusive manner towards another child, young person or adult. They should have comprehensive information about their health, development and emotional needs. The child's Social Worker is responsible for providing this information.

Referring to Skinner's 1992 report, Kent states that in order to protect children living away from home, 'A culture that simply does not tolerate abusive behaviour is required'. Implicit in this is the need for all staff to recognise and report actual and potential harm to children who, for whatever reason, are not living with their families.

Children who are living away from home are entitled to the same rights and treatment as children who live with their families.

The same action should be taken in respect of them as with any other child.

Organised Abuse

When the possibility of organised abuse emerges during an investigation, the Director/Head of Social Work, the Chief Constable and Designated Doctor must be informed.

Police, Health and Social Work will arrange a Strategy Meeting to decide how the incident will be managed. Consideration should be given, where appropriate, to informing other agencies, for example, the Director of Education. Reference may also be made to existing protocols on the management of sex offenders, including those registered in the community.

First consideration should always be given to any child involved as an individual person. In particular the Strategy Meeting will:

- Decide who will take the lead role in the operation
- Ensure effective sharing of information on a confidential basis between the key agencies
- Decide the strategy to be adopted
- Decide upon a media strategy

The principles and practice outlined in these Guidelines should be adhered to, no matter how complex an investigation becomes.

Retrospective Disclosure of Abuse by Adults

On occasion, adults disclose abuse that happened to them as children. The person may be clear that they now wish to make a complaint to the Police. Sometimes, however, the disclosure may emerge in another context, such as therapeutic work. If so, there is a responsibility on those involved with the adult to consult with other agencies when the identity of the alleged abuser is known/divulged.

In certain circumstances an Initial Referral Discussion may take place to discuss the issues involved, in particular whether or not there are children in current contact with

the alleged perpetrator who could be considered at risk of abuse and the appropriate protective action to be taken.

PART 6

Legal Section

Legislative Definitions

Criminal/Statutory Offences

(For detailed description of legislative provision please refer to act or law concerned)

The following offences should be considered in a Child Protection context:

Common Law

Assault, Cruel Treatment, Lewd indecent and libidinous practices and behaviour, Rape, Assault with Intent to Ravish, Abduction, Indecent Assault, Sodomy, Public Indecency, Breach of the Peace, Incest.

MISCELLANEOUS STATUTORY OFFENCES

Cruelty to children under 16 - Children and Young Person's (Scotland) Act 1937, Section 12

Begging - Children and Young Person's (Scotland) Act 1937, Section 15

Exposing children under 7 to risk of burning - Children and Young Person's (Scotland) Act 1937, Section 22

Dangerous performances - Children and Young Person's (Scotland) Act 1937, Section 33

Physical punishment of children - Criminal Justice (Scotland) Act 2003, Section 51

Offence of female genital mutilation - Prohibition of Female Genital Mutilation (Scotland) Act 2005, Section 1

Improper use of public electronic communications network (Obscene Telephone Calls) - Telecommunications Act 2003

STATUTORY SEXUAL OFFENCES

Incest - Criminal Law (Consolidation) (Scotland) Act 1995, Section 1

Sexual Intercourse with a Step-Child - Criminal Law (Consolidation) (Scotland) Act 1995, Section 2

Position of Trust (same household or trustworthy) - Criminal Law (Consolidation) (Scotland) Act 1995, Section 3

Unlawful Sexual Intercourse - Criminal Law (Consolidation)(Scotland) Act 1995, Section 5

Lewd, indecent and Libidinous practices and behaviour towards a girl over the age of 12 years and below 16 years - Criminal Law (Consolidation)(Scotland) Act 1995, Section 6

Abduction and Unlawful Detention - Criminal Law (Consolidation)(Scotland) Act 1995, Section 8

Procuring - Criminal Law (Consolidation)(Scotland) Act 1995, Section 7

Seduction, Prostitution, Etc., Of Girls - Criminal Law (Consolidation)(Scotland) Act 1995, Section 10

Homosexual Offences – Criminal Law (Consolidation) (Scotland) Act 1995, Section 13

PORNOGRAPHY & GROOMING OFFENCES etc

Indecent Child Photographs - Civic Government (Scotland) Act 1982, Section 52

Meeting a Child following certain Preliminary Contact - Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Section 1

Paying for sexual services of a child - Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Section 9

Controlling a child providing sexual services or involved in pornography - Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Section 11

Arranging or facilitating provision by child of sexual services or child pornography - Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Section 12

Abuse of Position of Trust - Sexual Offences (Amendment) Act 2000, Section 3

Meaning of 'Position of Trust'

For the purposes of section 3 above, a person aged 18 or over ('A') is in a position of trust in relation to a person under that age ('B') if any of the four conditions set out below:

The first condition is that A looks after persons under 18 who are detained in an institution by virtue of an order of a court or under an enactment, and B is so detained in that institution.

The second condition is that A looks after persons under 18 who are resident in a home or other place in which accommodation is provided by an authority under section 26(1) of the Children (Scotland) Act 1995, and B is resident, and is so provided with accommodation and maintenance or accommodation, in that place.

The third condition is that A looks after persons under 18 who are accommodated and cared for in an institution which is:

- (a) A hospital
- (b) A residential care home, nursing home, mental nursing home or private hospital
- (c) A community home, voluntary home, children's home or residential establishment
- (d) A home provided under section 82(5) of the Children Act 1989

and B is accommodated and cared for in that institution.

The fourth condition is that A looks after persons under 18 who are receiving full-time education at an educational institution, and B is receiving such education at that institution.

A person looks after persons under 18 for the purposes of this section if he is regularly involved in caring for, training, supervising or being in sole charge of such persons.

SCHEDULE 1 OF THE CRIMINAL PROCEDURE (SCOTLAND) ACT 1995 - Offences against children under the age of 17 years to which special provisions apply

Offences against children to which Schedule 1 applies:

- (a) Any offence under the Criminal Law (Consolidation) (Scotland) Act 1995
- (b) Any offence under Section 12, 15, 22 or 33 of the Children and Young Persons (Scotland) Act 1937
- (c) Any other offence involving bodily injury to a child under the age of 17 years
- (d) Any offence involving the use of lewd, indecent or libidinous practices or behaviour towards a child under the age of 17 years

SEXUAL OFFENCES ACT 2003

This Act replaces the Sex Offenders Act 1997. This Act requires offenders, convicted of certain sexual offences, to notify the Police of certain personal details including their name and address and thereafter any changes in their name or address (address includes their permanent address or an address at which they have resided for seven days or more in a 12-month period). This notification must be made by the offender attending at a designated Police Station within the Police Force area in which they reside and giving verbal notification.

If a person fails without reasonable excuse to comply with this requirement within three days he commits an offence.

If a person notifies the Police in compliance of a registration requirement any information he knows to be false he commits an offence.

A person is only subject to notification requirements for a determined period of time, which is directly related to the sentence received.

SEXUAL OFFENCES PREVENTION ORDER

Sexual Offences Act 2003

A Chief Constable may, by summary application to a Sheriff, apply for an order under this section in respect of a person who resides in the area of his police force or who the Chief Constable believes is in, or is intending to come to, the area of his police force if it appears to the Chief Constable that:

- (a) The person is a qualifying offender
- (b) The person has acted in such a way as to give reasonable cause to believe that it is necessary for such an order to be made

The Court must be satisfied that the order is made 'for the purpose of protecting the public or any particular members of the public from serious sexual harm from the defendant'.

RISK OF SEXUAL HARM ORDER

Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Section 2

A Chief Constable may apply by summary application to a Sheriff in terms of Section 2 of the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, which makes provision for Risk of Sexual Harm Orders (RSHO). These can be made in respect of a person who has on at least two occasions committed a relevant act and, as a result of those acts, there is reasonable cause to believe that it

is necessary for such an order to be made to protect the public or any particular members of the public from the risk of sexual harm.

A relevant act is:

- (a) Engaging in sexual activity involving a child or in the presence of a child
- (b) Causing or inciting a child to watch a person engaging in sexual activity or to look at a moving or still image that is sexual
- (c) Giving a child anything that relates to sexual activity or contains a reference to such activity
- (d) Communicating with a child, where any part of the communication is sexual

This particular piece of legislation was enacted in order to protect children under 16 years from inappropriate sexual behaviour by another.

The Risk of Sexual Harm Order differs from a Sexual Offences Prevention Order and is unique in that it can be imposed on a person who has no previous convictions.

THE SEXUAL OFFENCES (SCOTLAND) ACT 2009

- Part One of the Sexual Offences (Scotland) Act 2009 creates new statutory offences of rape, sexual assault by penetration, sexual assault, sexual coercion, coercing a person to be present during sexual activity, coercing a person to look at an image of sexual activity, communicating indecently, sexual exposure, voyeurism and administering a substance for a sexual purpose. These offences are committed when a person engages in any such conduct without the other person's consent, and without any reasonable belief that the other person consented.
- Part Two of the Act provides for a statutory definition of consent as "free agreement", supplemented with a non-exhaustive list of circumstances in which consent can never be present. It further provides that consent to conduct does not in and of itself constitute consent to any other conduct, and that consent may be withdrawn at any time.
- Part Three of the Act makes provision regarding the capacity of persons with a mental disorder to consent to conduct.
- Part Four of the Act provides for "protective offences" which address predatory sexual behaviour towards children. The Bill maintains the age of consent at 16. It provides that sexual activity of any kind between adults and children under the age of 16 is unlawful. Separate 'protective' offences are provided for in respect of sexual activity with young children (under the age of 13) and older children (from age 13 to age 15). It further provides that sexual intercourse and oral sex between under-16s remains unlawful.
- Part Five of the Act provides for offences concerning sexual abuse of trust. The Act provides that it shall be an offence for a person in a position of trust over a child under the age of 18 or a person with a mental disorder to engage in sexual activity with that child or person.

PROTECTION OF CHILDREN (SCOTLAND) ACT 2003

This Act creates the requirement for Scottish Ministers to maintain a 'List of Persons Disqualified from Working with Children' and a requirement for organisations to notify such details following disciplinary action. It also creates an offence for an individual who is disqualified from working with children to apply for, offer to do, accept or do any work in a childcare position.

FURTHER LEGISLATIVE DEFINITIONS

Civil Law

CHILDREN (SCOTLAND) ACT 1995

This is the main piece of legislation governing legal requirements placed upon a local authority in their dealings with children and young persons. **Various references have been made to same through this document. PLEASE SEE THE ACT FOR FULL DETAILS.**

Child Assessment Orders - Section 55

A Sheriff may grant an order under this section for an assessment of the state of a child's health or development, or of the way in which he has been treated (to be known as a 'child assessment order'), on the application of a Local Authority if he is satisfied that:

- (a) The Local Authority have reasonable cause to suspect that the child in respect of whom the order is sought is being so treated (or neglected) that he is suffering, or is likely to suffer, significant harm
- (b) 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)
- (c) Such assessment is unlikely to be carried out, or be carried out satisfactorily, unless the order is granted

Child Protection Orders - Section 57

Where the sheriff, on an application by any person, is satisfied that:

- (a) There are reasonable grounds to believe that a child:
 - (i) is being so treated (or neglected) that he is suffering significant harm
 - (ii) will suffer such harm if he is not removed to and kept in a place of safety, or if he does not remain in the place where he is then being accommodated (whether or not he is resident there)
- (b) An order under this section is necessary to protect that child from such harm (or such further harm)

He may make an order under this section (to be known as a 'Child Protection Order').

Where the sheriff on an application by a Local Authority is satisfied:

- (a) That they have reasonable grounds to suspect that a child is being, or will be so treated (or neglected), that he is suffering, or will suffer, significant harm
- (b) That they are making or causing to be made enquiries to allow them to decide whether they should take any action to safeguard the welfare of the child
- (c) That those enquiries are being frustrated by access to the child being unreasonably denied, the Authority having reasonable cause to believe that such access if required as a matter of urgency, he may make a Child Protection Order

He may make a Child Protection Order.

EMERGENCY POWERS

Police Emergency Powers - Section 61 (5)

Where a Constable has reasonable cause to believe that:

- (a) The conditions for the making of a child protection order laid down in section 57(1) are satisfied
- (b) That it is not practicable in the circumstances for him to make an application for such an order to the sheriff or for the sheriff to consider such an application
- (c) That, in order to protect the child from significant harm (or further such harm), it is necessary for him to remove the child to a place of safety

He may remove the child to such a place and keep him there. This action should be supported immediately by an application to a Sheriff, by the Local Authority for a Child Protection Order.

CROSS BORDER POWERS

Scotland to England

If a child subject to a Child Protection Order is removed without permission from the place of safety, Section 84 of the Children (Scotland) Act 1995 confirms that an order which grants the Local Authority power to find a child or keep a child in a place of safety, then the Order can be implemented as if it were a warrant for the apprehension of an accused person.

This means that it can be enforced in England or Wales as if it were a warrant to apprehend someone that had been issued in summary proceedings. If a child, subject to a Child Protection Order, were removed to England and there was a need to retrieve the child, a faxed copy of the Child Protection Order should be made available to the Police in the Local Authority where it is believed the child is being kept. The Police could implement the order and remove the child, but ideally a representative of the Local Authority should be present.

England to Scotland

If a child subject to an Emergency Protection Order (within the English jurisdiction this order equates with our Child Protection Order, Section 57, rather than our Emergency Protection Order under Section 61) is taken away to Scotland, there are a number of ways to protect the child:

- (a) Social Worker could see a CPO if danger is imminent and significant
- (b) A Constable could remove the child under emergency powers to a place of safety
- (c) If there is time, i.e. the child is not in imminent danger, the English Authority can apply to their Court for a recovery order. (Section 50 (1), Children Act 1989)

A Recovery Order is enforceable in Scotland unlike their Emergency Protection Order.

The Recovery Order can require the child to be produced, removed from the place they are being held and allows a Police Constable to enter specified premises using reasonable force if required (Section 50 (3), Children Act 1989).

If route (a) or (b) are used then it is important to negotiate a speedy return of the child to English jurisdiction.

FAMILY LAW (SCOTLAND) ACT 2005 - Parental Rights and Responsibilities

A mother has full parental rights and responsibilities. A father who is or was married to the child's mother at the time of conception or subsequently has full parental rights and responsibilities.

A father has parental rights and responsibilities (whether he is married to the mother or not) if his name appears on the child's birth certificate registered on or after 4 May 2006. Prior to that date if the father was not married to the mother he has no parental rights and responsibilities unless he has obtained same through either:

- (a) Section 11 of the Children (Scotland) Act 1995
- (b) Obtains a 'Parental Rights and Responsibilities Agreement'

In addition, this Act also updates various elements of the Matrimonial Homes (Family Protection) (Scotland) Act 1981. The Civil Partnership Act 2004 also addresses issues of parental rights.

MATRIMONIAL HOMES (FAMILY PROTECTION) (SCOTLAND) ACT 1981

CIVIL PARTNERSHIP ACT 2004

FAMILY LAW (SCOTLAND) ACT 2005

The above three Acts deal with issues around Occupancy Rights, Interdicts and Exclusion Orders. Please refer to the relevant Act for further information. The Civil Partnerships Act 2004 also covers

Children (Scotland) Act 1995 also makes provision for a Local Authority to apply to a Sheriff for an Order to exclude a named individual from a child's home and to attach further conditions. An exclusion order under this Act is valid for up to 6 months.

AGE OF LEGAL CAPACITY (SCOTLAND) ACT 1992, Section 2 (4) - Consent to Medical Examination

This piece of legislation provides that a person under the age of 16 years shall have the legal capacity to consent on his or her own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him or her, he or she is capable of understanding the nature and possible consequences of the procedure or treatment. Children who have legal capacity may withhold their consent. Examinations in child protection cases, even if ordered by children's Hearing or Court, are subject to these provisions, *in other words parents, the Children's Hearing and the Courts cannot override the consent or refusal of the competent child.*

APPENDIX 1

List of Contact Numbers

ABERDEEN CITY - SOCIAL WORK

North Team 1

**Cummings Park Crescent
Aberdeen**

Tel: 01224 694554

(Area covered: Logie, Manor, Bridge of Don, Dyce, Bucksburn)

North Team 2

**Cummings Park Crescent
Aberdeen**

Tel: 01224 694554

(Area covered: Provost Rust Drive, Marchburn, Smithfield, Middlefield, Heatheryfold)

North Team 3

**Cummings Park Crescent
Aberdeen**

Tel: 01224 694554

(Area covered: Sheddocksley, Northfield)

North Team 4

**Greenfern Road
Mastrick
Aberdeen**

Tel: 01224 690404

(Area covered Mastrick, Summerhill)

Central Team 1

**Kirkgate House
Aberdeen**

Tel: 01224 264199

(Area covered: Rosemount, Midstocket, Queen's X, Holburn, Hilton, Tillydrone, Stockethill, Union Street, Old Aberdeen, Woodside, Footdee, Ashgrove, Kittybrewster, Pittodrie)

Central Team 2

**Kirkgate House
Aberdeen**

Tel: 01224 264200

(Area Covered: City Central, Hanover, George Street, Powis, Seaton, Westend)

Central Team 3

**Kirkgate House
Aberdeen**

Tel: 01224 264198

(All initial enquiries – Duty Team)

South Team 1
Peterculter Police Station
North Deeside Road,
Peterculter

Tel: 01224 739590

Area covered: Hazlehead, Cults, Milltimber, Peterculter, Beildside, Garthdee

South Team 2
Faulds Row
Kincorth
Aberdeen

Tel: 01224 874278

(Area covered: Kincorth, Altens, Cove, Girdleness, Balnagask)

South Team 3
Old Tullos Nursery
Girdleness Road
Aberdeen

Tel: 01224 241050

(Area covered: All areas of Torry except Girdleness and Balnagask)

EMERGENCY OUT OF HOURS FOR ABERDEEN CITY

Tel: 01224 693936

SCOTTISH CHILDREN'S REPORTER ADMINISTRATION - ABERDEEN CITY

Tel. 01224 565150

ABERDEENSHIRE - SOCIAL WORK

Banff Area

Tel: 01261 818097

Central Buchan Area

Tel: 01771 638201

Deeside Area

Tel: 01330 824991

Ellon Area

Tel: 01358 720033

Fraserburgh Area

Tel: 01346 513281

Inverurie Area

Tel: 01467 625555

Kemnay & Westhill Area

Tel: 01467 625555

Huntly Area

Tel: 01466 799600

Peterhead Area

Tel: 01779 477333

Portlethen Area

Tel: 01224 783880

Stonehaven Area

Tel: 01569 763800

Turriff Area

Tel: 01888 562427

EMERGENCY OUT OF HOURS FOR ABERDEENSHIRE

Tel: 0845 840 0070

CHILDREN'S REPORTERS OFFICE ABERDEENSHIRE

Tel: 01224 565179

MORAY - SOCIAL WORK

Buckie Area

Tel: 01542 837200

Elgin Area

Tel: 01343 557222

Forres, Speyside and Tomintoul Area

Tel: 01309 694000

Keith Area

Tel: 01542 886174

Lossiemouth and Fochabers Area

Tel: 01343 557222

EMERGENCY OUT OF HOURS FOR MORAY

Tel: 08457 565656

CHILDREN'S REPORTERS OFFICE

Tel: 01343 550015

GRAMPIAN POLICE

For Aberdeen, Aberdeenshire, Moray

Tel: 0845 600 5 700

Joint Child Protection Unit

Te: 01224 306877

HEALTH

For Aberdeen, Aberdeenshire, Moray

RACH Specialist Child Protection Team (Consultant Paediatricians and Nurse)

Tel. 01224 551706 Mon to Fri, usual working hours

Out of Hours: Duty Consultant Paediatrician via Medical Paediatric Registrar

on Tel. 0845 456 6000

Moray Local Services

Dr Grays Hospital, Duty Consultant Paediatrician

Tel. 01343 543 131

CHILD PROTECTION REGISTER

Tel. 01224 814641

CHILDLINE (<http://www.childline.org.uk/>)

Tel. 0800 1111

PARENTLINE (<http://www.parentlineplus.org.uk/>)

Tel. 0808 800 2222

CHILD PROTECTION LINE (<http://www.infoscotland.com/childprotection>)

Tel. 0800 022 3222

NESCPC (<http://www.nescpc.org.uk/>)

Tel. 01224 814646

Contact Numbers for Army Welfare Services

DWSO Tel. 0131 310 2107/2108

DPSO Tel. 0131 310 2618/2108

HQ 2 Division
Building 37
Craigiehall
South Queensferry
West Lothian
EH30 9TN

Personal Support Team Tel. 0131 310 2843 (address immediately below)

Lowlands WSO Tel. 0131 310 2850

Building 29
Dreghorn Barracks
Redford Barracks
Redford Road
Edinburgh
EH13 9QW

Highlands WSO Tel. 01463 233 132

24 Wimberley Way
Inverness
IV2 3XX

Royal Navy

East:

Area Officer (NPFS)
HMS NELSON
Queen Street
Portsmouth
Hampshire
PO1 3HH
Tel. 01705 820932/826774

West:

Area Officer (NPFS)
HMS DRAKE
HM Naval Base
Devonport
Plymouth
PL2 2BG
Tel. 01752 568611

North:

Area Officer (NPFS)
HMS NEPTUNE
Triton House
1-5 Churchill Square
Helensburgh
Argyll & Bute G84 9HL
Tel. 01436 372798

Royal Marines

SCOTLAND

Welfare Officer
Welfare
RM Condor
ARBROATH
Angus
DD11 3SJ

Tel. 0124172201 Ext 2015/6

Team Manager

Naval Personal & Family Service & Royal Marines

Northern Area Office
Triton House
1-5 Churchill Square
HELENSBURGH
G84 9HL

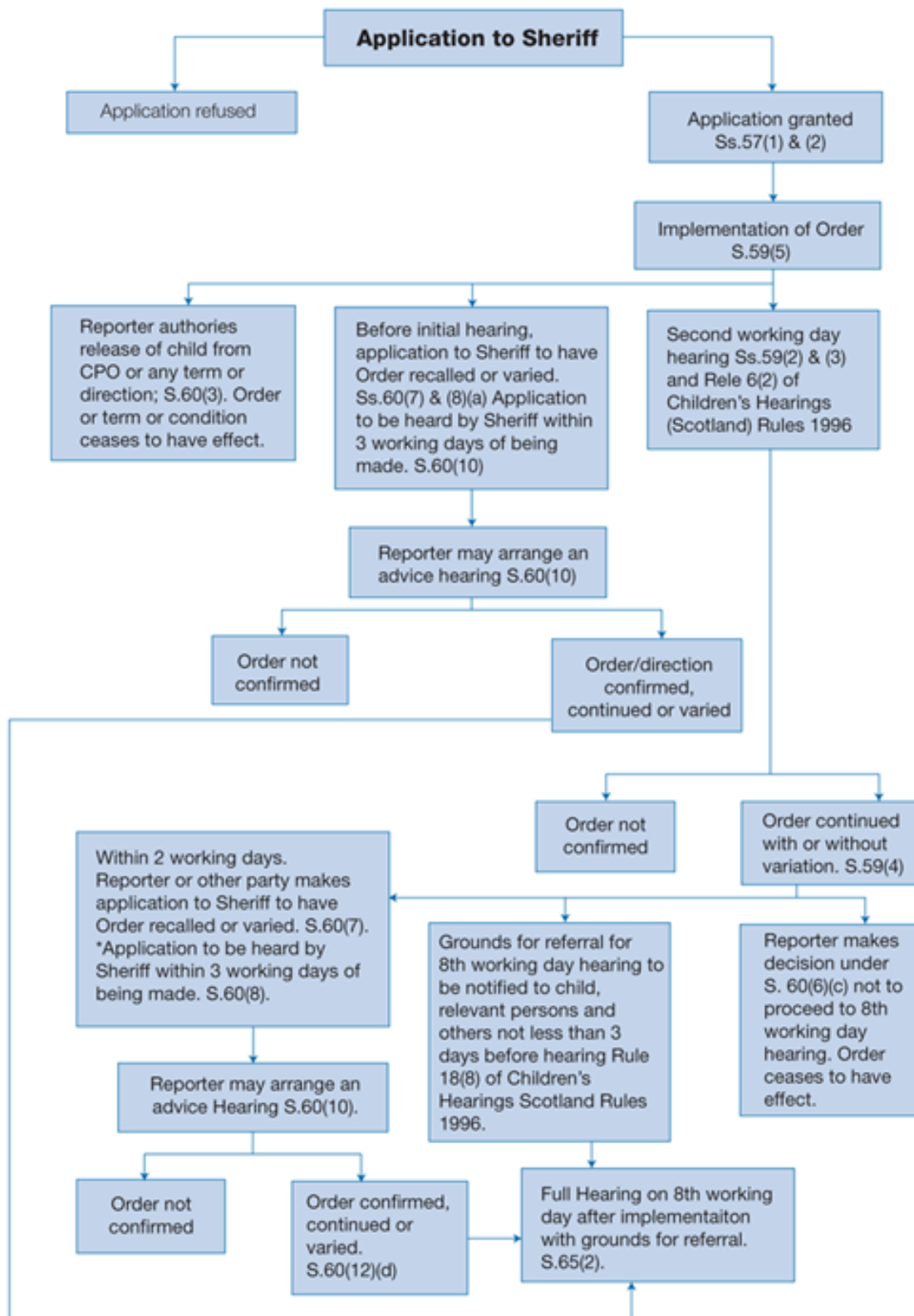
Tel. 01436 672798

When there is a Child Protection Plan in this country for a child in a service family who are to move overseas, the Social Work Service concerned should notify SSAFA Forces Help in writing with full documentation, case summary, case conference notes, etc. to:

Director of Social Work
SSAFA Forces Help
Central Office
19 Queen Elizabeth Street
LONDON
SE1 2LP
Tel. 020 7403 8783
020 7403 8815

APPENDIX 2

Child Protection Order – Sections 57- 60



APPENDIX 3

The Assessment Triangle

The Assessment Triangle identifies generic areas important in the development of all children, which should be taken into account when assessing children and young people.

All those working with children should consider, as part of the assessment process, all the components of the triangle - whatever their professional background or setting.

Considering and reflecting on the components of the triangle will ensure that assessment is holistic and that every child and young person will be able to play his or her part in the process.

The Whole Child:

Physical, Social, Educational, Emotional, Spiritual and Psychological Development



APPENDIX 4

Criminal Injuries Compensation

The Criminal Injuries Compensation Authority (CICA) deals with claims for compensation from victims of violent crime. Compensation can be claimed for injuries directly caused by a crime, for example, physical injury resulting from an assault, sexual abuse or abuse by extreme neglect, or an emotional injury, such as the shock caused by witnessing a violent crime against a close relative. Compensation is usually only payable where the injuries need medical or other professional treatment (e.g. counselling).

There are rules about time limits, about how to claim when a number of injuries have been caused, etc.

Claims for compensation are made to:

The Criminal Injuries Compensation Authority (CICA) <http://www.cica.gov.uk/>

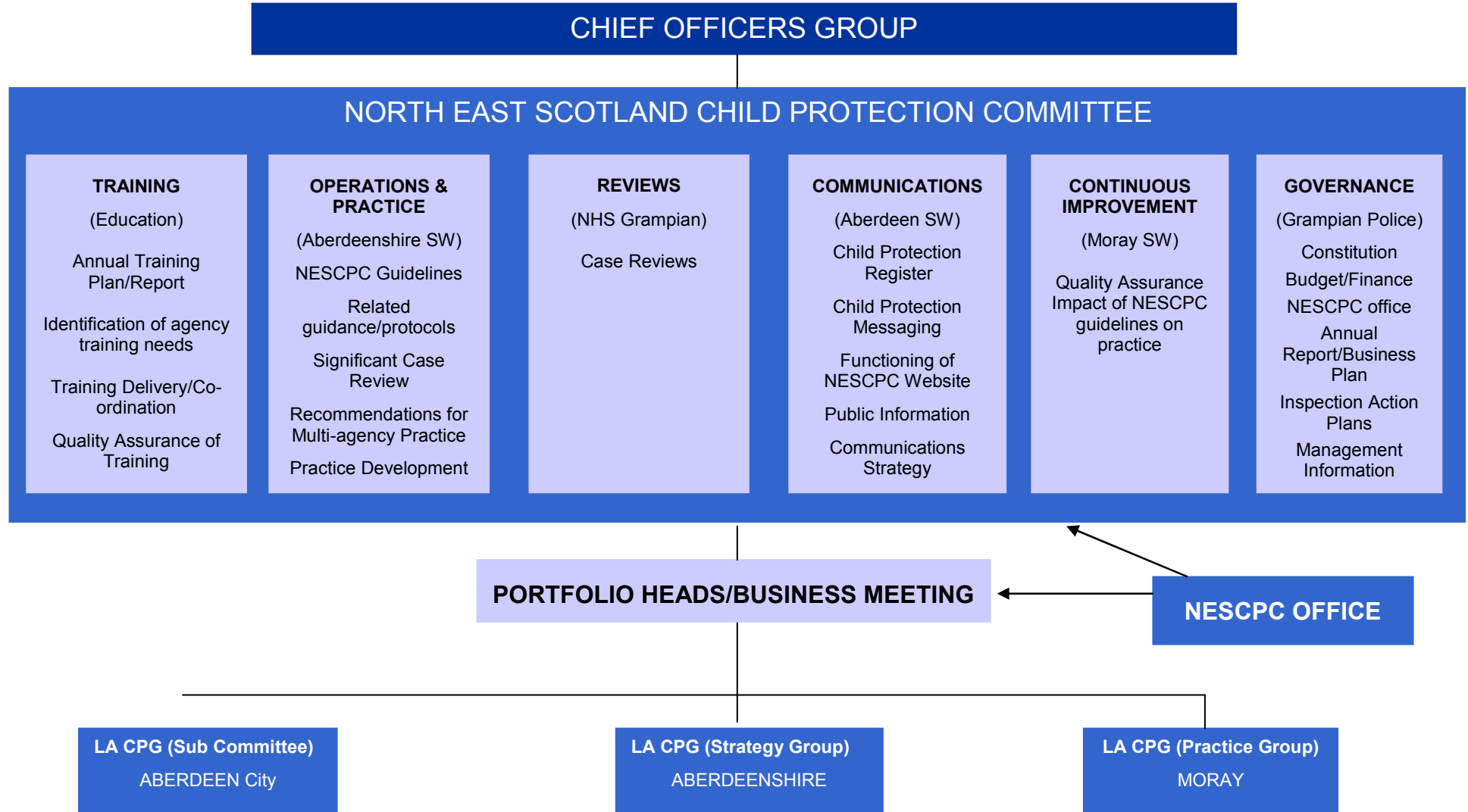
May House
300 Bath Street
Glasgow
G2 4JR

Helpline Freephone: 0800 358 3601

There are special leaflets available on getting compensation for child abuse as well as on appeals.

APPENDIX 5

Role and Structure of the NESPC



The Role of the NESPC

The North East of Scotland Child Protection Committee (NESPC) covers the three local authority areas of Aberdeen City, Aberdeenshire and Moray. Membership of the NESPC is multi-agency, with representatives from public services, such as Education, Social Work, Health and Police and has also Voluntary Sector, Legal Service and Armed Forces representation. The NESPC can be viewed as the primary strategic planning mechanism for inter-agency child protection within the North East of Scotland. Whilst acknowledging that we cannot eradicate child abuse, we can continue to give our full commitment to children and young people's protection and welfare.

The NESPC maintains the Child Protection Register for the North East of Scotland.

The NESPC has, as part of its duties, to ensure that there are local inter-agency guidelines in place to assist those with concerns about a child or young person. These are available, and may be downloaded from our website <http://www.nescpc.org.uk/>

The Website has information about current multi-agency training programmes and how to access them, and other reports and documents relating to child protection available for downloading.

The NESPC also has a duty to have an overview of individual agencies own child protection policies and maintains a register of these, alongside a register of the area's Significant Case Reviews.

Main Office Contact Details:

NESPC
1st Floor, AECC
Balgownie 1
Conference Way
Bridge of Don
Aberdeen
AB23 8AQ

Tel: 01224 814646
Fax: 01224 814642
Email: info@nescpc.org.uk
Website: www.nescpc.org.uk