

# Child Protection Procedures

# 2023

## Foreward

*In East Dunbartonshire we are committed to working together to keep children safe and make a difference at the earliest possible opportunity. The East Dunbartonshire Child Protection Committee (EDCPC) sees the value in collaboration across the workforce and provides opportunities to learn and develop together.*

*These Child Protection procedures are crucial to the multi-agency partnership in providing consistency of practice, as well as supporting the additional knowledge and skills needed to intervene when significant harm is identified. They embed the National Child Protection Guidance (2021) and were written by Moira McKinnon and Cecelia Gray, commissioned by North Strathclyde Partnership, Pan-Lanarkshire and West Dunbartonshire. The procedures were also reviewed continually by a front-line practitioner group to ensure they will work in practice.*

*The EDCPC supports the values of early intervention and sees these procedures as an extension of the important work being carried out across universal and statutory services. They are designed to provide clear step-by-step guidance to practitioners who are involved in the Child Protection process and the Appendices provide a central place to learn about, and be signposted to, specific concerns and vulnerabilities affecting the children we work alongside. I encourage all practitioners across all sectors to use these procedures and remember that protecting children is 'Everyone's Responsibility' (CPC Scotland, 2023).*

*Carole Auld,  
Independent Chair of EDCPC*



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## Section 1

# General Principles

### Child Protection in Context

- 1.1 The National Guidance for Child Protection in Scotland (2021) states that:
- 1.2 “All agencies have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement...Effective partnerships between organisations, professional bodies and the public are more likely if key roles and responsibilities are well defined and understood.”
- 1.3 These Child Protection Procedures reflect child protection arrangements set out in the [National Guidance for Child Protection in Scotland 2021](https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/) (<https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/>) and should be read in conjunction with them. These procedures outline how all agencies should work together with parents, families and communities to prevent harm and to protect children from abuse and neglect.
- 1.4 Inter-agency procedures are for all staff working within East Dunbartonshire. Child protection procedures will not in themselves keep children safe, everyone has an individual responsibility to protect children from harm and to work collaboratively ensuring good communication and joint working.
- 1.5 Practitioners have their own agency’s child protection procedures and should ensure they are familiar with them.
- 1.6 Underpinning these Multi-Agency Child Protection Procedures is a significant and substantial policy context relating to wellbeing and child protection alongside general principles of participation. This can be found via the following hyperlinks:

[United Nations Convention on the Rights of the Child \(UNCRC\)](https://www.unicef.org/child-rights-convention)  
<https://www.unicef.org/child-rights-convention>

[Getting it right for every child \(GIRFEC\)](https://www.gov.scot/policies/girfec/)  
<https://www.gov.scot/policies/girfec/>

[#KeepThePromise](https://thepromise.scot)  
<https://thepromise.scot>

[Trauma Informed Practice Toolkit](https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/)  
<https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/>

## Involvement of Children and Families in Child Protection

- 1.7 Children must be helped to understand how child protection procedures work and how they can contribute to decisions about immediate safety and their future. Practitioners must ensure they listen to children, seek their views at every stage of the child protection process and give them information relating to the decisions being made subject to their age, stage and understanding. Where available or where it is deemed to be in the child's best interest Advocacy Services should be sought to assist the child to illicit and or articulate their views.



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

## Involving children

- 1.8 Children's right to participation is on par with their right to protection and the provision of conditions favourable to their development. Rights are important anywhere and anytime but paying attention to them may become particularly urgent in a setting where children have been exposed to an increased risk of harm.
- Whenever possible children and young people must have the opportunity to be involved in all decisions affecting their lives. Their right to protection and participation are enshrined in the United Nations Convention on the Rights of the Child, predominately in Article 12
  - It is important that the principles of working in partnership with children and their families/carers are at the forefront in child protection
  - Child protection investigations should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect



- Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals
- Anyone working with children should involve them at every stage of the child protection process, see and speak to the child; listen to what they say, take their views seriously; and work with them collaboratively when deciding how to support their needs
- Child protection investigations need to be conducted taking cognisance of the fact that children may fear reprisals if they disclose, i.e., grooming/coercion.
- The social worker should explain the purpose and outcome of the investigation to children (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.

### Involving families/carers in child protection investigations

- The social worker has the prime responsibility to engage with family members/carers
- Parents and those with parental responsibility should be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of significant harm or undermine a criminal investigation
- Good communication should be maintained with parents throughout the investigation, concerns should be shared with them in a way that doesn't judge them or blame them and allows them the opportunity to reflect, learn and bring about the change needed to keep their children safe



**Expectations from parents who may be involved in child protection processes (National Child Protection Guidance, 2021)**

### **Attendance at child protection meetings - Parents/Carers**

- 1.9 A parent's/carer's attendance direct or indirect in meetings should take into consideration:
- Parents must be invited and encouraged to participate in all child protection meetings unless it is likely to prejudice the welfare of the child
  - Parents should be supported to enable them to participate by timely preparation and information, such as leaflets, being provided about the process and their role
  - Where available Advocates should be facilitated to support parents
  - A meeting with the Chair prior to the meeting should take place
  - Those parents for whom English is not a first language must be offered and provided with an interpreter, if required. A family member should not be expected to act as an interpreter of spoken or signed language.

### **Attendance at child protection meetings - Children**

- 1.10 A child's attendance direct or indirect in meetings should take into consideration:
- the child's understanding of the process
  - their expressed implicit/explicit wish to attend
  - the impact of the meeting on the child
  - any barriers which would impede the child's attendance and how they will need to be overcome (e.g., learning disability, hearing impairment, English not first language)
  - The child should be offered the opportunity to contribute to all child protection meetings concerning them, either directly or indirectly
  - The social worker, other professional or independent advocate (the person with the most significant relationship with the child) should prepare the child for attendance at the meeting, either by assisting them to prepare a report or identifying points the child wishes to make
  - Where an assessment concludes that it would be inappropriate for the child to attend a meeting, arrangement should be made to ensure the child's views, wishes and feelings are conveyed to the meeting
  - If the decision is reached that the child should attend, the Chair should meet with them individually prior to the meeting and explain how the meeting will be conducted, whether they should attend in full or in part, if the child wishes to be supported by a parent/carer/social worker/advocate or other person of choice
  - Where it is agreed that a child's attendance at meetings should be managed indirectly prior arrangements must be made by the social worker to ensure the child is comfortable with the type of communication agreed, i.e., pre-meeting with chair, virtual via tablet/phone, written report by child/advocate or person of the child's choice.

## Information Sharing

- 1.11 Sharing relevant information is an essential part of protecting children from harm. Practitioners and managers in all services should understand when and how they may share information. Where there is a child protection concern, relevant information should be shared with police or social work without delay, provided it is necessary, proportionate and lawful to do so. The lawful basis for sharing information should be identified and recorded.
- 1.12 Practitioners with child protection concerns may share relevant information in order to:
- clarify if there is a risk of harm to a child
  - clarify the level of risk of harm to a child
  - safeguard a child at risk of harm
  - clarify if a child is being harmed
  - clarify the level of harm a child is experiencing
  - safeguard a child who is being harmed.

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

## Section 2

# Key Definitions

### Context

- 2.1 The National Child Protection Guidance, 2021 recognises that physical and emotional safety provides a foundation for wellbeing and healthy development. We all must work together to prevent harm from abuse or neglect from pre-birth onwards, including safe transitions of vulnerable young people towards adult life and services.
- 2.2 [The National Child Protection Guidance 2021 Part \(https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/\)](https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/) provides definitions and explanations of key terms applicable to child protection processes and provides full and accurate legal definitions.

### Definition of a child

- 2.3 For the purposes of these procedures, the protection of children and young people including unborn babies, children and young people under the age of 18 yrs.
- 2.4 The independent legal status of a child commences at birth. In any action to safeguard and protect an unborn child, the needs and rights of the mother must be taken into account.
- 2.5 The needs and rights of ALL siblings should be considered in any process that has a focus on a single child.

### Definitions of parents and carers

- 2.6 A **'parent'** is the genetic or adoptive mother or father of the child. Parental rights are necessary to allow a parent to fulfil their responsibilities, which include looking after their child's health, development and welfare, providing guidance to their child, maintaining regular contact with their child if they do not live with them, and acting as their child's legal representative. To fulfil these responsibilities, parental rights include the right to have their child live with them and to decide how their child is brought up. Parents continue to hold parental rights for a child up until 16 years unless and until these are removed. If this happens, it must be clear who does hold parental rights and responsibilities.
- 2.7 A **'carer'** is someone other than a parent who is looking after a child. A carer may be a 'relevant person' within the children's hearing system.
- 2.8 A **'kinship carer'** is a carer for a child looked after by the local authority, where the child is placed with the kinship carer in accordance with Regulation 10 of the Looked After Children (Scotland) Regulations 2009 ('the 2009 Regulations').

- 2.9 Foster carer** means a person approved by a local authority as a suitable carer for the child.
- 2.10 Private fostering** refers to children placed by private arrangement with persons who are not close relatives. 'Close relative' in this context means mother, father, brother, sister, uncle, aunt, grandparent, of full blood or half blood or by marriage.

## What is child abuse and child neglect?

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

[Appendix A](#) provides detailed definitions of harm.

## What is child protection?

- 2.13 Child protection refers to the processes involved in gathering and assessing and planning what action may be necessary where there are concerns that a child may be at risk of harm. Child protection procedures should be initiated when police, social work or health professionals determine that a child may have been abused or may be at risk of significant harm.
- 2.14 The child protection process involves:
- immediate action, if necessary, to prevent significant harm to a child
  - inter-agency investigation about the occurrence or probability of abuse or neglect, or of a criminal offence against a child. Investigation must extend to other children affected by the same risks as the child who is the subject of a referral.
  - assessment and action to address the interaction of behaviour, relationships and conditions that may, in combination, cause or accelerate risk
  - focus within assessment, planning and action upon listening to each child's voice and recognising their experience, needs and feelings
  - collaboration between agencies and persistent efforts to work in partnership with parents in planning and action to prevent harm or reduce risk of harm
  - recognition and support for the strengths, relationships and skills within the child and their world in order to form a plan that reduces risk and builds resilience.
- 2.15 Children who are subject to child protection processes may already be known to services and have a child's plan in place. Child protection processes should build on existing knowledge, strengths in planning and partnership to reduce the risk of harm and to meet the child's needs. The level of risk a child is exposed to can change quickly as circumstances

change or new information emerges.

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

- 2.16 Protecting children involves preventing harm and/or the risk of harm from abuse or neglect. A child protection investigation is triggered when the impact of harm is deemed to be significant.
- 2.17 In assessing whether harm is or may become 'significant', it will be relevant to consider:
- the child's experience, needs and feelings as far as they are known
  - the nature, degree and extent of physical or emotional harm
  - the duration and frequency of abuse and neglect
  - overall parenting capacity
  - the apparent or anticipated impact given the child's age and stage of development
  - extent of any premeditation
  - the presence or degree of threat, coercion, sadism and any other factors that may increase risk to do with child, family or wider context.
- 2.18 Sometimes, a single traumatic event may constitute significant harm – for example a violent assault, suffocation or poisoning. More often, significant harm results from an accumulation of significant events, both acute and long-standing such as neglect, that impacts the child's physical and psychological development.
- 2.19 Significant harm is a matter for professional judgement and requires practitioners to make a decision about a child's needs, the capacity of parents or carers to meet those needs, and the likelihood of harm, significant or otherwise. In understanding risk it is important to that the wishes, feelings and reactions of the child inform the assessment of need and risk.

## Section 3

# Roles & Responsibilities in Child Protection

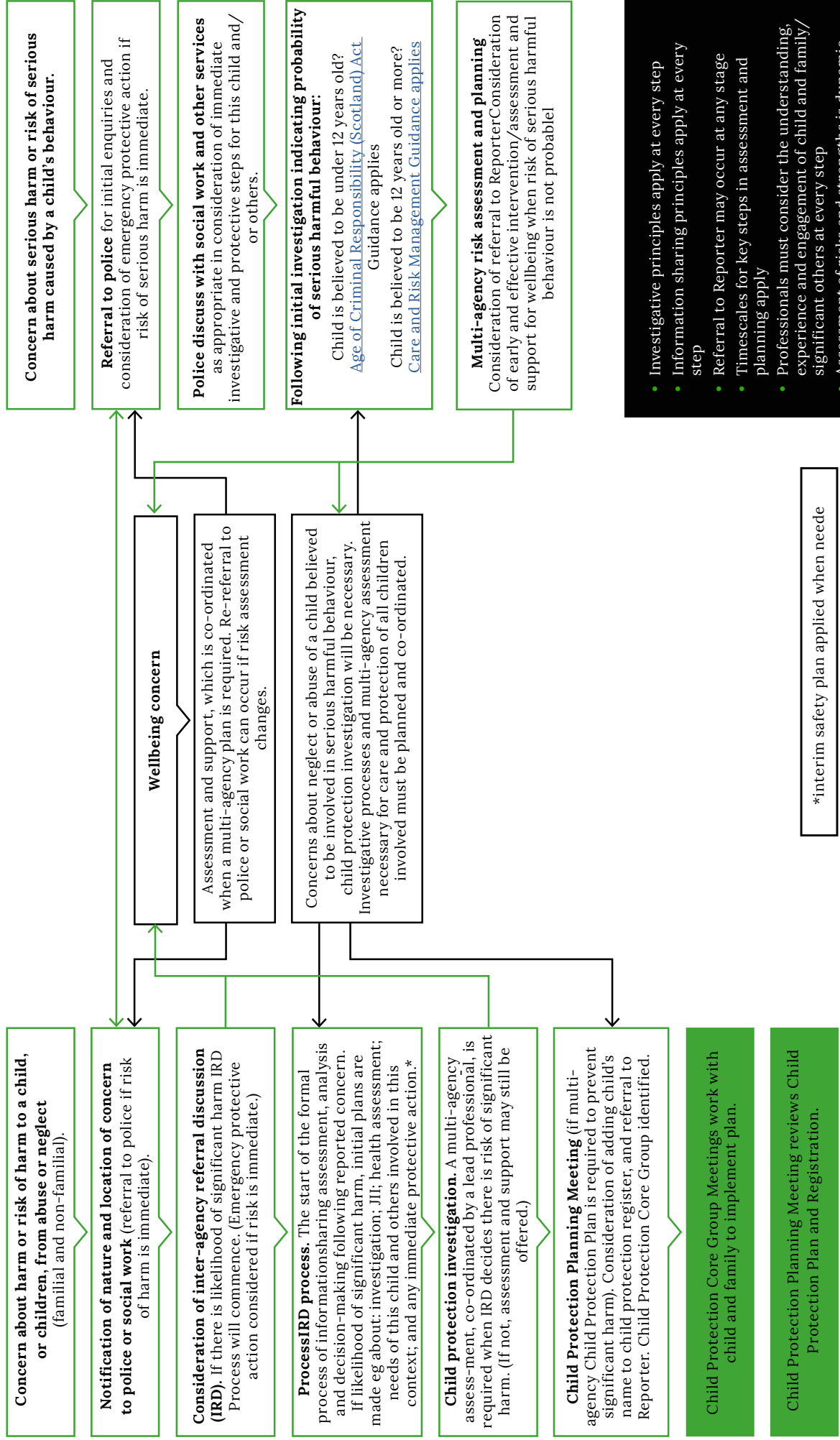
### Collective Responsibilities

- 3.1 “All agencies have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement”. (National Guidance for Child Protection in Scotland 2021)

### Single Agency Responsibilities for Child Protection

- 3.2 All services and professional bodies should have clear policies in place for the identification and sharing of concerns about risk of harm to a child or children. Practitioners are responsible and accountable to adhere to their own professional guidelines, standards and codes of professional conduct.
- 3.3 [The National Child Protection Guidance 2021 \(https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/\)](https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/) clearly sets out agency responsibilities for statutory and non-statutory services.  
[Appendix B](#) provides an overview of those responsibilities.

## Child Protection Pathway



\*interim safety plan applied when needed



## Section 4

# Making a Notification of Concern to Police/Social Work

### When to make a notification of concern?

- 4.1 All staff who work with or come into contact with children, young people and their families have a key role in child protection. They should be alert to the signs and symptoms which may indicate that a child or young person is being exposed to harm and/or abuse.
- 4.2 Staff must ensure they are fully conversant with their own service/ agency's child protection procedures/protocols, how to access them and who is the designated Child Protection officer and how they can be contacted. Any concerns regarding children should be immediately reported to the person's line manager, and to social work or the police.
- 4.3 A notification of concern should be made to social work, or the Police as soon as any concerns regarding a child arise. The notification should be made to the Advice and Response Team or if the referral is received outside office hours a referral should be made to Glasgow and Partners Emergency Social Work Service or the Police.
- 4.4 Contact details:
  - Advice and Response Team - 0141 777 3000
  - Glasgow and Partners Emergency Social Work Service- 0300 343 1505

## What information do you need to make a referral?

- 4.5 Concerns about harm to a child ([Appendix A](#)) from abuse, neglect, exploitation, or violence should be reported without delay to social work or in situations where risk is immediate, to Police Scotland. Prompts below are not an assessment. They may support accuracy in an initial outline of concerns, assisting prompt, efficient response. Local reporting protocols apply.

Name role/contact details of person reporting concern

Key contacts

Name of the child, age, date of birth and home address if possible

Name/address/phone of parents/carers or guardians

Culture/language/understanding: any considerations in communication?

Name of child's school, nursery/early learning centre or childcare

Is it known if the child is on the Child Protection register?

Immediate needs and concerns

What is the nature of the child protection concern?

Where is the child now?

How is he/she now?

Physically: does he/she have any known injuries or immediate health needs and do they require medical treatment?

Emotionally: how is he/she right now and what does she/he need immediately for their reassurance/understanding?

Communication and understanding: is he/she able to communicate without interpreting/without additional support for communication?

Is the child safe now?

If not, in your view, is there action that might be taken to make them safe?

Record of concerns

When did these concerns first come to light? What happened? (e.g because of an injury?, through what this or another child has said? because of how a child appears? or due to e.g. parental behaviour?)

Is a person/persons believed to be responsible for harm to a child?

If so, is/are their name/address/occupation/relationship to the child known?

Are you aware if this person has/these persons have access to other children? (Name, age and address details of such children if available)

If the concern was raised by this child then who has spoken to him/her?

Is the person who has spoken to the child available to be spoken with?

What has the child said to this point? (Please note and share)

What has he/she been asked, when and by whom? (Please note and share)

If concerns were not reported when they first arose, was there a reason for this?

- 4.6 Members of the public may wish to refer without giving their name/details, if this is the case, they should be advised it can cause difficulties in establishing whether or not a child is at risk of abuse.

### **What happens next?**

- 4.7 You should:
- Record the name and details of the person you made the referral to
  - You should receive written acknowledgement of your referral being received
  - Ask them to give you feedback on your referral where this is possible (and it does not prejudice any legal action).

### **What happens when social work/police receive your referral?**

- 4.8 On receipt of a referral, social work and/or police will carry out an initial assessment of the information. Where the information indicates a very low level of concern the matter may be diverted to a single agency for appropriate action, or to multi-agency partners to coordinate a plan for a Child in Need.
- 4.9 Where it is deemed to be a child protection matter, child protection procedures will be implemented. The receiving agency, social work and or police will:
- Treat every referral seriously, gather information, assess and analyse this jointly and make decisions based on the information.
  - Jointly assess the situation and determine how best to progress the matter. The welfare of the child will always be of paramount consideration.
  - Identify who will be responsible for feeding back to the referrer.
  - Agree the need to arrange an Inter-agency Referral Discussion (IRD) to plan the child protection investigation.
  - Consider the need for any emergency legal measures required or statutory measures via a referral to the Children's Reporter.

## Section 5

# Initial Agency Referral Discussion (IRD)

- 5.1 Below is a brief overview of the IRD process. East Dunbartonshire Council has inter- agency IRD guidance which should be followed, and which sets out the IRD process and agency roles and responsibilities. North Strathclyde Inter-agency Referral Discussion Guidance (Updated November 2021.)

### Consideration of the Need for an Inter-Agency Referral Discussion

- 5.2 An inter-agency referral discussion (IRD) is the formal process of information sharing, assessment, analysis, and decision-making following reported concern about abuse or neglect of a child or young person up to the age of 18 years.
- 5.3 Concerns may relate to familial and non-familial concerns, and of brothers / sisters or other children within the same context. This includes an unborn baby that may be exposed to current or future risk.
- 5.4 An IRD takes place whenever a child protection referral is received from any agency by police, health or social work and indicates that a child has suffered, is suffering or may be at risk of significant harm, abuse, or neglect. The IRD provides the strategic direction through joint information sharing, assessment and decision making.

### Timescales

- 5.5 *'An IRD may constitute one or a series of discussions depending on the situation. It is expected that IRDs will take place within 24 hours of the notification of concern being received although it is recognised that some concerns may require a more planned discussion. In the exceptional circumstances that a more planned approach is necessary, this **should not exceed 48hours** unless it is safe to do so, such cases may include allegations of historical abuse where the alleged perpetrator has no ongoing contact with the child/young person, in such instances the discussion should not take place later than 5 working days from the point of referral. In cases where an IRD has been delayed beyond 24 hours, clear reasons should be articulated in the IRD record.'*

Inter-agency Referral Discussion Multi-agency guidance for Practitioners and Managers (Updated November 2021)

## Process

- 5.6 The IRD can be a process rather than a single event. Information must be gathered, shared, and recorded at each meeting, to support co-ordinated decision-making and response by the core agencies. Where concerns exist in relation to multiple families/children, a strategic and coordinated response will be required. Additional agencies including adult services, or third sector agencies may also contribute information to inform the decision-making process.
- 5.7 Social work services have lead responsibility for enquiries relating to children who are experiencing or are likely to experience significant harm and assessments of children in need. The police have lead responsibility for criminal investigations relating to child abuse and neglect and share responsibilities to keep the child safe. A designated health professional will lead on the need for and nature of recommended health assessments as part of the process.

## Agency representation

- 5.8 Core agency representatives will be responsible for joint decision making within the IRD. They must be sufficiently senior to assess and discuss available information and to make decisions on behalf of their agency. This would normally be a senior social worker, a detective sergeant, the identified child protection advisor at NHS Greater Glasgow and Clyde, and an appropriate education manager. On some occasions, senior managers from private schools, nurseries, adult services or third sector organisations may be included for the duration of the IRD.

## Interim safety plan

- 5.9 The purpose of an interim safety plan is to ensure a child's immediate safety until such time as a CPPM is held. An interim safety plan is about safety right now and those who are participants in the plan must understand and agree what they must do to ensure a child's safety. The safety plan must be recorded and shared and must be in plain language.

The plan should:

- set out how risk is to be managed and reduced
- describe the actions that persons or services will take
- state how the plan will be monitored
- clearly set out how any person or service involved in the plan can immediately signal concern
- contain contact details for those with defined responsibilities within the plan.

## **Closure of IRD and progression to child protection planning meeting**

- 5.10 The IRD process will not be considered completed until a decision is made as to the need for a child protection investigation. This should be reflected in the IRD record along with an agreed safety plan which identifies individual tasks and timescales to protect the child or young person during the investigation.
- 5.11 An IRD can be re-convened at any stage, regardless of the decision of the initial IRD.
- 5.12 If a child protection investigation takes place and a CPPM takes place this must be held within 28 calendar days of the concern being raised unless there is an IRD decision that this is not required. A senior social work manager may insist, having reviewed the available information, that a CPPM is held.

## Section 6

# Joint Investigative Interview (JII)

- 6.1 Below is a brief overview of the JII process. East Dunbartonshire Council has inter- agency IRD guidance which should be followed and contains additional information on the use of Scottish Child Interview Model. This sets out the process and agency roles and responsibilities. North Strathclyde Inter-agency Referral Discussion Guidance (Updated November 2021.)/ North Strathclyde Pilot FAQ

### Purpose of the joint investigative interview (JII)

- 6.2 An investigative Interview is a “*formal planned interview with a child, carried out by staff trained and competent to conduct it...*” Guidance on interviewing Child Witnesses in Scotland, Scottish Government 2011.
- 6.3 The decision to undertake a JII of a child witness will be taken by the core agencies during the Inter-Agency Referral Discussion (IRD)
- 6.4 The main purposes of the Investigative Interview are to:
- Learn the child’s account of the circumstances prompting the enquiry
  - Gather information to permit decision-making on whether the child in question or any other child is in need of protection
  - Gather sufficient evidence to suggest whether a crime has been committed against the child or anyone else
  - Gather evidence that may lead to a ground of referral to the Children’s Hearing being established.
- 6.5 Interviews should always be tailored to the needs of the child and the circumstances leading to the investigation.

### The Scottish Child Interview Model (SCIM)

- 6.6 Scottish Child Interview Model is a new approach to joint investigative interviewing which is trauma informed, maintaining the focus upon the needs of the child in the interview and minimising the risk of further traumatisation, whilst seeking to achieve to best evidence through improved planning and interview techniques.

## Planning

- 6.7 Where a decision is taken during an inter-agency referral discussion on the need for an Investigative Interview, police and social work managers will:
- Identify interviewers to carry out the joint investigative interview.
  - Ensure, within the planning of the joint investigative interview, the availability of recording equipment either at a fixed site or utilising mobile recording equipment.
  - Provide the child or young person with the opportunity to specify the gender of the lead interviewer in advance of the joint interview taking place in compliance with the Victims and Witnesses (Scotland) Act 2014.
  - Agree the arrangements for the interview (time/date, location, additional support needs of the child e.g. an interpreter, and parameters).
  - Ensure the interviewers are briefed, with all the detailed information gathered to that point to enable them to develop the interview plan, including any additional needs of the child. This will include the development of a written interview plan.
  - Ensure that the interviewers are given the opportunity to prepare their investigative interview.
  - Confirm arrangements for the debriefing of interviewers to explore fully and access the information elicited during the interview.
  - Ensure that a detailed record of all stages is completed, including all decisions made, who was involved in making them and reasons for these decisions. Copies of this record must be kept by police and social work.

## Briefing and Debriefing

- 6.8 Briefing and debriefing of interviewers are essential parts of the planning process for an investigative interview and are conducted by a supervising officer from either the social work service or police. Briefing and debriefing by out-of-hours social work services will be undertaken with a supervising officer from police.
- 6.9 Once the interview and an agreed joint record of its proceedings have been completed, a debriefing session will take place between the interviewers and the managers of social work and/or police overseeing the investigation.
- 6.10 The debriefing session will be documented and both agencies will keep records identifying decisions made, by whom and the reasons for them.
- 6.11 Although the findings from the interview will be discussed during debriefing, any decisions on further action will be taken by the inter-agency referral discussion. The social work manager and/or police supervisor conducting the debriefing session will feed back the findings of the interview to the inter-agency referral discussion, before taking further action.
- 6.12 The inter-agency referral discussion will review all available information and consider the need for any further action e.g., the arrangement of a medical examination or a further interview.



## Recording

- 6.13 A visual recording of a joint interview provides a far superior record of an interview than 'verbatim' written record. All joint investigative interviews therefore must be visually recorded, unless there are specific reasons why this may be inappropriate, e.g., the alleged offence involved video recording or photography of the child/young person.
- 6.14 The visual recording includes all the pauses, body language and demeanour of the child, the interviewers, and any support person present. As well as the information provided by the child that may be of evidential value, the visual recording will also give a clear impression of how evidence was obtained.
- 6.15 As there is a visual recording of the joint interview, the second interviewer is no longer required to take a verbatim record of the interview. However, the second interviewer will take written notes, recording salient points and details. This will be required to inform the assessment of the child witness, the level of concern and whether any action needs to be taken.
- 6.16 During any journey to the interview, any conversation about the case should be avoided. However, if the child raises issues material to the case, or its circumstances, the conversation should be re-directed to neutral topics.
- 6.17 A comprehensive written record of the conversation during the journey must be made at the earliest opportunity. In addition, this information must be referred to in the recording of the interview. At the conclusion of the interview, both practitioners will agree the written notes/record taken during the interview.

## Procurator Fiscal Requests (PF)

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

## Witness JII's

- 6.19 The JII team manager will assess the complexity of the case and consider if the child has needs that would require additional support. Where no protection or welfare concerns are evident and the threshold for an IRD is unmet, a referral can be progressed without the need for an IRD.

## Section 7

# Heath Assessment and Medical Examination

### Reason for examination

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

### Decision to carry out a medical examination

- 7.2 The decision to carry out a medical assessment and the decision about the type of medical examination is made by a paediatrician informed by multi-agency discussion with police, social work and other relevant health staff. Through careful planning, the number of examinations will be kept to a minimum.
- 7.3 The decision to conduct a medical examination may:
- Follow from an IRD and inter-agency agreement about the timing, type and purpose of assessment
  - Follow when a person presents to health services. This includes the possibility of self-referral for victims of rape and sexual assault who are over 16 years old as described below.

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

**Joint Paediatric Forensic Examination (JPFE).** Examination by a paediatrician and a forensic physician. This is the usual type of examination for sexual assault and is often undertaken for physical abuse, particularly infants with injuries or older children with complex injuries.

**Single doctor examinations with corroboration by a forensically trained nurse.** These are sexual assault examinations undertaken for children and young people aged 13-16. In some areas/situations a JPFE would occur, and in all areas/situations JPFE should be considered.

**Specialist Child Protection Paediatric/Single Doctor/Comprehensive Medical Assessment.** This type of examination is often undertaken when there is concern about neglect and unmet health needs but may also be used for physical abuse and historical sexual abuse. Comprehensive medical assessment for chronic neglect can be arranged and planned within localities when all relevant information has been collated. However there may be extreme cases of neglect that require urgent discussion with the Child Protection Paediatrician.

- 7.5 All medical examinations/assessments are holistic, comprehensive assessments of the child/young person's health and developmental needs. There may be variations in who undertakes medical examination, and the purpose of the examination must be clear prior to the examination (usually discussed at IRD or at time of referral for the examination) to allow for a clinician with the appropriate skill set to undertake the assessment.
- 7.6 In some parts of Scotland, where victims of rape or sexual assault are aged 16 and over, they are able to self-refer for a forensic medical examination without first making a report to police. Professional judgement is required as to whether following self-referral, a forensic medical examination is in the person's best interests. This includes clinical and non-clinical considerations. Even when an FME is not provided, the need for healthcare support and treatment must be considered.

- 7.7 Specialist paediatric or Joint Paediatric Forensic Examination (JPFE) is appropriate when:
- the child requires a specialist assessment or treatment from another department (for example, multiple fractures, signs of abusive head trauma)
  - the account of the injuries provided by the carer does not provide an acceptable explanation of the child's presentation
  - the result of the initial assessment is inconclusive and a specialist's opinion is needed to establish the diagnosis
  - lack of corroboration, for example by way of a clear statement from another child or adult witness, indicates that forensic examination, including the taking of photographs, may be necessary to support criminal proceedings against a perpetrator, and legal processes to protect the child
  - the child's condition (for example, repeated episodes of unexplained bruising) requires further investigation
  - child sexual abuse is suspected.
- 7.8 **A comprehensive medical examination** for neglect can be arranged and planned for within localities when all relevant information has been collated. However, there may be extreme cases of neglect that require urgent discussion with the Child Protection Paediatrician.
- 7.9 Significant new information may arise from a medical examination that requires the reconvening of an IRD.

## Preparation

- 7.10 Wherever possible, the wishes of children who may have experienced sexual abuse, should be considered and supported in respect of choice of sex of examiner (Clinical Pathways NHS Scotland 2020).
- 7.11 As far as can be achieved in the circumstances, the examining doctor should have:
- all relevant information about the cause for concern
  - information on previous concerns about abuse or neglect
  - the inter-agency plan to meet the child's needs at this stage
  - relevant known background of the family or other relevant adults
  - information from joint investigative interview if available
  - preparatory discussion with the relevant social work and police officer
  - preparatory meeting with parent or carer and child.
- 7.12 It should be recorded what information is handed over/conveyed verbally to the examining doctor and by whom.
- 7.13 Social work services, the police and the examining doctor should ensure that the child and parent(s) (and/or any other trusted adult accompanying the child) have the opportunity to hear about what is happening, why and where so that they have an opportunity to ask questions and gain reassurance.

- 7.14 Consideration will be given to how the child may be examined in child-friendly surroundings, with the right support for their age, stage and understanding.
- 7.15 Consent must be obtained in one of the following ways:
- from a parent or carer with parental rights
  - from a young person assessed to have capacity
  - through a court order.
- 7.16 The Age of Legal Capacity (Scotland) Act 1991 allows a child under the age of 16 to consent to any medical procedure or practice if in the opinion of the qualified medical practitioner the child is capable of understanding the nature and possible consequences of the proposed examination or procedure. Children who are assessed as having capacity to consent can withhold their consent to any part of the medical examination, for example, the taking of blood, or a video recording. Consent must be documented within medical notes and must reflect which parts of the process have been consented to and by whom. This includes consent to forensic medical examination.
- 7.17 In order to ensure that children and their families give properly informed consent to medical examinations, it is the role of the examining doctor, assisted if necessary by the social worker or police officer, to provide information about all aspects of the procedure and how the results may be used; and to ensure informed consent has been obtained. Where a medical examination is thought necessary for the purposes of obtaining evidence in criminal proceedings, but the parents/carers refuse their consent, the Procurator Fiscal may, in exceptional circumstances, consider obtaining a warrant for this purpose. However, where a child who has legal capacity to consent declines to do so, the Procurator Fiscal will not seek a warrant.
- 7.18 If the local authority believes that a medical examination is required to find out whether concerns about a child's safety or welfare are justified, and parents refuse consent, the local authority may apply to a Sheriff for a child assessment order, or a child protection order with a condition of medical examination. This is still subject to child's consent (under section 186 of the 2011 Act).

## Timing of the examination

- 7.19 Timing of the medical examination is agreed jointly by the medical examiners and the other agencies involved.
- 7.20 Child protection assessments should be carried out, in the child's interests, during the day, unless there is a forensic need or other clinical indication of urgency.
- 7.21 In some cases, when there is not a forensic urgency, it may be a priority that the child has had time to rest and prepare. This may also allow for more information to become available. The majority of cases arise in working hours, and a comprehensive medical assessment will be carried out locally and timeously.
- 7.22 In cases of suspected or reported non-recent sexual abuse, examinations should be planned during normal working hours.
- 7.23 Local arrangements must be in place for medical examinations out of hours, where these differ from daytime/weekday arrangements to ensure the opportunity to collect forensic trace evidence is not lost.
- 7.24 4 The Clinical Pathway for Children and Young People who have disclosed sexual abuse is relevant for children under 16 years of age (or up to 18 years of age for young people with vulnerabilities and additional support needs) (Scottish Government 2020).

## Section 8

# Child Protection Investigation & Assessment

### Child protection investigation

- 8.1 The decision of the Initial Referral Discussion will determine if the investigation will be carried out jointly with the police and social work or by social work. The Investigating workers should carry out enquires and collate information to inform a multi-agency assessment of risk.
- 8.2 There should be ongoing assessment of the risk to the child and appropriate consideration given to the use of emergency protection measures as necessary ([Section 15](#)). There is no single definition of significant harm ([Section 2](#)) and the degree of concern or level of risk will remain a complex matter, subject to professional judgment based on an assessment

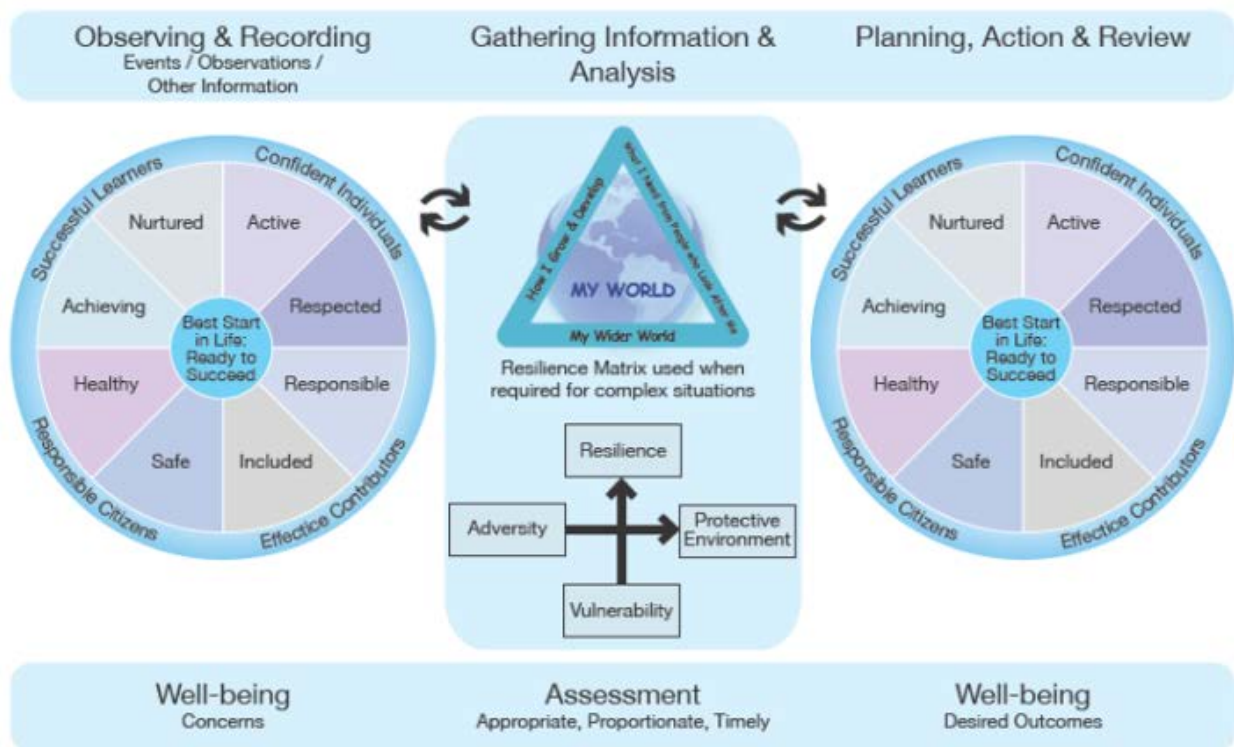
### Lead professional role

- 8.3 The lead professional should ensure they;
- Liaise with the multi-agency team around the child and gather all relevant information including the developmental history of the child
  - Contact the family and share the allegations that have been made (unless doing so is considered to place the child in danger)
  - Assess the family's ability to meet the child's needs and keep them safe
  - See the child on their own and out with the house to ascertain their view.
- 8.4 Good communication must be maintained by the lead professional throughout the child protection investigation. They should:
- Keep regular communication with the multi-agency team informing them of decisions made during the investigation and agreeing how the child and family will be supported
  - Maintain regular contact with the child and their family, informing them of decisions, agreeing the most appropriate supports.
  - Prepare the Child Protection Report ensuring it is informed by the use of the [National Risk Assessment Framework \(2012\) National Risk Framework 2012](https://www.gov.scot/publications/national-risk-framework-support-assessment-children-young-people/) (<https://www.gov.scot/publications/national-risk-framework-support-assessment-children-young-people/>)

## GIRFEC National Practice Model

8.5 The GIRFEC National Practice Model provides shared practice concepts within assessment and planning. Practitioners should be familiar with the core elements such as the SHANARRI wellbeing indicators, the My World Triangle and the resilience matrix. Together they support holistic analysis of safety and wellbeing, dimensions of need and the interaction of strengths and concerns.

### The National Practice Model



8.6 The 'My World Triangle' allows practitioners, together with children, young people and families, to consider:

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

8.7 Whatever the nature of concerns, all practitioners will ensure that child protection processes are underpinned by consideration of rights, relationships and resilience of the child and their family/carers.



## Preparation of reports

- 8.8 A multi-agency child protection assessment, a CP1 report, will be prepared by the lead professional and include the details of the social worker, health and police involvement, information from all other involved services and the assessment of significant harm and future risk to the child.
- 8.9 The report should consider the need for compulsory measures and referral to the Children's Reporter.

## Child protection assessment

- 8.10 The general purpose of a multi-agency child protection assessment is to:
- Gather, share, and analyse such information about a child, family and relevant context as may be necessary for the purpose of determining harm or risk of harm
  - Inform planning of action and support necessary to ensure a child's safety and wellbeing.
- 8.11 Effective engagement to reduce risk is more likely within approaches which stress respectful and rights-based communication with children and families, build upon strengths that have been evidenced, address need and risk, and work with the interaction of relationships and factors in the child's world.
- 8.12 In forming a multi-agency view of risks and strengths and options for supported change, strength-based approaches provide a vehicle for partnership in critical situations.
- 8.13 Assessment evolves with new information and understanding. Any assessment is at a point in time. Immediate safety is a priority. There are likely to be distinctive stages, moving from initial assessment and prevention of significant harm to comprehensive inter-agency assessment of risk and need in context. Professional judgement and reflection on evidence and analysis is necessary at every stage. Even in urgent circumstances there should be a moment to pause and consider safety and best interests within the available options.
- 8.14 Attention should be paid to professional intuition, however this must be located firmly within an agreed and approved framework and approach. Professional curiosity about how children and families are experiencing their situation from the inside out is critical to effective engagement and formation of an understanding of risk and strengths in the child's world.

- 8.15 Whatever the specific concern, effective multi-agency assessment, planning and support is ecological. This includes analysis of the interaction of relationships between a child, their family and their wider world and includes consideration of the present and historical context of harm. Other factors may be relevant such as culture, use of technology, the physical location of risks, barriers to understanding or accessing services, and the interface between adversities including key variables like housing, health and income.
- 8.16 Effective multi-agency assessment must be **developmental**, meaning that it should consider a child's age, stage and transitional needs moving on to another stage, even if the preoccupation of a child protection assessment is prevention of significant harm. A developmental perspective encompasses attention to the impact of a child's experience of attachment and of trauma, and the relevance of relationships with significant others such as siblings and non-resident parents upon assessment of risk, strengths and need.

### Context of harm

- 8.17 Child protection includes recognition, assessment and reduction of risk of harm from outside the family home where this is relevant. Understanding contextual harm or protective factors involves considering safety, risks and stresses within or faced by a family, especially from the child's perspective.

### Specialist assessments

- 8.18 Where risk of harm relates to behaviours or needs that require specialist assessment and support, early consideration should be given to inviting these professional perspectives to assist inter-agency planning around the child. Specialist assessments and assessments commissioned of specialists, if required, should form a considered element of multi-agency assessment.

## Section 9

# Child Protection Planning Meetings (CPPM)

### What is the purpose of the child protection planning meeting (CPPM)

- 9.1 When a child protection investigation has been undertaken and indicates that a child is potentially at risk of significant harm a multi professional Child Protection Planning Meeting (CPPM) should be convened. The purpose of the CPPM is to ensure information is proportionately shared in order that a collective multi professional assessment of risk can be undertaken and a plan agreed to minimise the risk of harm to the child.
- 9.2 The CPPM **must** decide whether the child is at risk of significant harm and requires a co-ordinated, multi-disciplinary Child Protection Plan. If the CPPM decides that a Child Protection Plan is required, the child's name **must** be added to the Child Protection Register.

### Who is responsible for convening the meeting

- 9.3 Social work Services will convene and chair the CPPM. The meeting will be chaired by the social work fieldwork manager or resources manager.

### Invites & timescales for convening a CPPM

- 9.4 Where possible participants should be given a minimum of five days' notice of the decision to convene a CPPM. In some situations, it will not be possible to give five days' notice due to the nature of the concern and the perceived risk.
- 9.5 Invites to CPPMs will be sent electronically and securely by social work Shared Services using agreed Single Point of Access.

### Who should attend

- 9.6 The CPPM meeting is multi-disciplinary and must include representation from the core agencies of social work, health, police, education and any other agencies currently working with the child and their family.
- 9.7 It is the responsibility of the lead professional and team leader to ensure that invites are sent out, but they should consult with the Chair to ensure that all relevant persons are invited.
- 9.8 Consideration should be given to inviting the following:
  - The child
  - Parents, carers and family members including all those with parental responsibility
  - Support person or advocate for the child and/or family

- Social worker and other social work practitioners essential to the formation of the plan
- Police - should continue to be involved if there is continuing police involvement in the case
- Foster Carers - carers may require to be supported to attend
- Early learning and childcare staff or most appropriate education professional
- Primary and acute health professionals, or child and adolescent mental health services if appropriate
- Adult mental health services/addiction services where appropriate
- Third sector organisations supporting children and families
- Housing/support workers
- Representative of the Armed Forces, in cases where there is a service connection
- On occasion a Children's Reporter may be invited to attend, although their legal position means they can only act as an observer and cannot be involved

### **Provision of reports**

- 9.9 Reports should be produced to ensure that relevant, accurate and sufficient information is effectively shared with the CPPM participants, where it is proportionate to do so, to support good decision making. The chair can decide what reports are necessary to ensure all information is relevant.
- 9.10 Reports should include all relevant information and a multi-agency chronology completed by the lead professional. They should also include information pertaining to significant adults in the child's life and provide a clear overview of the risks, vulnerabilities and protective factors, as well as the child's views. Other children in the household or extended family should also be considered.
- 9.11 Invitees have responsibility to share the content of their report(s) with the child and family in an accessible, comprehensive way. Prior to the CPPM consideration needs to be given as to the most appropriate means of sharing reports with the child and family and where it should be done.
- 9.12 A comprehensive risk assessment may not be achievable within the timescales for the first CPPM or the first core group. Therefore, the Child Protection Plan agreed at the CPPM will be provisional until a comprehensive risk assessment can be undertaken.

## Restricted access information

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

## Reaching decisions in the CPPM

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

## Risk indicators

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

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

9.18 When a child's name is placed on the child protection register the Chair of the CPPM will identify the risk indicators that apply to the child and their circumstances. The risk indicators will be recorded on the child protection register.

## Referral to reporter

9.19 The CPPM must consider whether a referral to the Principal Reporter is/is not required if this has not already been done. If a compulsory supervision order is likely to be required to meet the child's needs for protection, guidance, treatment or to ensure compliance, then a referral to the Principal Reporter should be actioned straight away. A referral to the Principal Reporter should include relevant and proportionate information, including

- The reason for the referral
- Where possible the child's plan and full assessment of risk and need.

[Practice and Procedure Manual \(https://www.chscotland.gov.uk/resources/hearings-and-area-support-team-operation/practice-and-procedure-manual/\)](https://www.chscotland.gov.uk/resources/hearings-and-area-support-team-operation/practice-and-procedure-manual/)

## **CPPM record**

- 9.20 The person responsible for the record of the meeting (minute) must be sufficiently trained and should not be the meeting Chair. In East Dunbartonshire, trained members of social work shared services are responsible for recording the minute on a CP2 form. The record should provide essential information from the meeting in a form that all involved in the Child Protection Plan can understand.
- 9.21 Essential information includes:
- Those in attendance and those invited but did not attend
  - Reasons for the child/parent/carer's non-attendance
  - Reports received
  - Summary of the information shared
  - Risks and protective factors identified
  - Views of the child/parent/carer
  - The decisions, reasons for the decisions and note of any dissent
  - Outline of the Child Protection Plan agreed at the meeting detailing required outcomes, contingency plans and timescales
  - Name of the lead professional
  - Membership of the Core Group.
- 9.22 A summary of key decisions and agreed tasks, as approved by the Chair, should be circulated within one day of the CPPM.
- 9.23 Participants, invitees who were unable to attend and Core Group members should receive the record (minute) when approved by the Chair within 15 working days of the CPPM.

## Section 10

# The Role of the CPPM Chair

## Responsibilities of the CPPM Chair

### 10.1 Chairs will:

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

### 10.2 Some areas provide a measure of independence within the chairing of CPPMs by ensuring that those acting in this role have no direct involvement in supervisory function in relation to any practitioner in the case. As far as possible, the same person should chair review CPPMs.

## The Chair's role

### 10.3 This includes:

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



## Quorate meetings

- 10.4 There must be a sufficient number of multi-disciplinary professionals contributing to the information sharing and analysis to enable safe decisions and effective planning.

Minimum participation would be expected from children's social work, police (as relevant), health, education and early learning and childcare. Parents/Carers should be prepared and supported to attend.

## Inquorate

- 10.5 Where a CPPM is inquorate it should not ordinarily proceed and in such circumstances the Chair must ensure that either:
- an existing interim safety plan is produced or
  - the existing plan is reviewed with the professionals and the family members that do attend, to safeguard the welfare of the child or children.
- 10.6 Another early CPPM date must be immediately arranged and held within 10 working days.
- 10.7 In exceptional circumstances the Chair may decide to proceed despite lack of agency representation. This would be appropriate where a child has not had relevant contact with all key agencies (eg. pre-birth CPPM) or sufficient information is available and delay is likely to be harmful to the child. Where an inquorate CPPM is held the Chair must ensure that the reasons for proceeding with the CPPM, and any arrangements to safeguard the child in the meantime, are noted in the CPPM record (minute).
- 10.8 Two consecutive inquorate CPPMs must not be held. Inquorate CPPMs cannot remove a Child Protection Plan or remove the child's name from the child protection register.

## Preparation of the note of meeting (minute)

- 10.9 If parents/carers and other support persons are **not in attendance for part of the CPPM, two minutes will be prepared. Everyone who attended the full meeting will receive a full minute** which will include the restricted information discussed at the meeting.
- 10.10 For those individuals who were in attendance for only part of the meeting they will receive a minute which does not include the restricted access information.

## Section 11

# Participation in the CPPM

### Parents/carers participation

- 11.1 Parents and carers or others with parental responsibilities should be invited to the CPPM. They need sufficient time and support before, during and after the meeting to understand shared information, including concerns and decisions. The Chair should meet with the family prior to the commencement of the meeting.
- 11.2 The Chair should encourage the parent or carer to express their views, while bearing in mind that they may have negative feelings regarding practitioners' intervention in their family. The Chair should make certain that parents/carers are informed in advance about how information and discussion will be presented and managed.
- 11.3 Parents/Carers may need to bring someone to support them when they attend the CPPM such as an advocacy worker. They may also request to bring a friend/family member and this will be at the discretion of the Chair. The support person is there solely to support the parent/carer and has no other role within the CPPM.

### Exclusion of Parent/Carer

- 11.4 In exceptional circumstances, the Chair may determine that a parent or carer should not be invited to or be excluded from attending the CPPM (for example where bail conditions preclude contact or there are concerns that they present a significant risk to others attending, including the child or young person).
- 11.5 The Chair should identify who will be responsible for informing parents/carers that they will not be attending the meeting and for seeking their views which should be shared at the meeting. The reasons for such a decision must be clearly documented in the CPPM note of meeting (minute)

### Children's participation in CPPMs

- 11.6 Consideration should be given to inviting children and young people to CPPMs and consideration given to
  - Ensuring that information is given to them in a way that helps them understand and take part
  - The emotional impact of attending a meeting as meetings can be disturbing or confusing for children who attend
  - The child protection/child safety plan must take into account the child's perspective
  - A decision not to invite the child or young person should be verbally communicated to them, unless there are reasons not to do so. Children and young people attending should be prepared and supported beforehand so

that they can participate in a meaningful way

- Professionals should agree who is best placed to prepare the child for the meeting such as lead professional, advocacy worker, guidance teacher etc
- Meetings should be as child and family friendly as possible and arrangements in place for a child to attend all or part of the meeting
- If a child does not attend the meeting, their views are still necessary before and after the meeting, ensuring that for babies and infants their presentation and pattern of behaviours need to be considered
- The child's views are obtained, presented, considered and recorded during the meeting, regardless of whether or not they are present. The CPPM should consider whether a child should attend the Core Group.
- Reasons for agreeing that older children and young people should or should not attend the CPPM or Core Group meeting should be noted, along with the details of the factors that lead to the decision. This must be recorded in the CPPM note of meeting (minute)

## Professional participation

- 11.7 The people attending the CPPM should be limited to those with a need to know, or those who are essential to an effective plan. Participants attending are there to take an active part, represent their agency and share information to ensure that risks can be identified and addressed. They have a responsibility to share relevant information, if proportionate to do so. ([Information sharing principles Part 1 National Guidance https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/](https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/)) Participants need to understand the purpose and functions of the CPPM, and the relevance of their particular contribution. [Child Protection Process - Public Protection http://www.protectingpeopleeastdunbarton.org.uk/practitioners/childrens-workforce/child-protection-process/](http://www.protectingpeopleeastdunbarton.org.uk/practitioners/childrens-workforce/child-protection-process/)

## Information for children & parents/carers

[Child Protection Processes explained - Public Protection \(http://www.protectingpeopleeastdunbarton.org.uk/im-a-parentcarer/child-protection-processes-explained/\)](http://www.protectingpeopleeastdunbarton.org.uk/im-a-parentcarer/child-protection-processes-explained/)

## Section 12

# Child Protection Plan

- 12.1 The lead professional will be responsible for ensuring the production and review of an agreed multi-agency child's plan as detailed in Part 3 of this Guidance. This should integrate information from previous plans by individual agencies as appropriate. Reports for a CPPM should be circulated to everyone involved, especially the child and family. Reports should be available and presented so that they are accessible to all. This includes, for example, children or parents or carers with learning disabilities.
- 12.2 In child protection cases, the role of a lead professional will be taken by a qualified social worker. Where a child is believed to be at risk of significant harm, a Child Protection Plan should be in place while there is risk of significant harm.
- 12.3 The multi-agency group working with the child and their family will be known as the Core Group.

### Child protection plan

- 12.4 Prior to the CPPM, agencies will have been working to an Interim Safety Plan since the point of IRD. The CPPM should review this plan and develop a Child Protection Plan.
- 12.5 The Plan must:
  - Be developed in collaboration and consultation with the child and their family
  - Link actions to intended reduction or elimination of risk
  - Be current and consider the child's short, medium and long-term outcomes
  - Clearly state who is responsible for each action
  - Include a named lead professional
  - Include named key contributors (the Core Group)
  - Include detailed contingencies if the plan is not being fully implemented
  - Consider how children can sensitively be involved and/or their views represented.

### Plan's Objectives

- 12.6 The Plan's objectives should be Specific, Measurable, Attainable, Relevant and Timebound (SMART) and be regularly re-evaluated. Interventions should be proportionate and linked to intended outcomes in ways understood by all involved especially children and parents.
- 12.7 Participants should receive a copy of the agreed Child Protection Plan within 5 working days of the CPPM.

## Section 13

# Core Groups

### What is the purpose of the Child Protection Core Group?

- 13.1 The Core Group are those who have direct and on-going involvement with the child and/or family. They are responsible for implementing, monitoring and reviewing the Child Protection Plan, in partnership with children and parents.
- 13.2 Core groups are important forums for working and supporting children, families and wider family networks. Where there are conflicts between family members and the work of the core group the child's best interests must always take precedence.
- 13.3 When a child is subject to a Child Protection Plan a qualified social worker must be appointed as the lead professional. The lead professional has responsibility for coordinating the Child Protection Plan.
- 13.4 Membership of the Core Group will be agreed at the CPPM. The first Core Group should be arranged within 15 days of the CPPM, thereafter Core Groups should be 4-weekly.

### Who is responsible for convening and chairing the Core Group?

- 13.5 Social work services have responsibility for convening and chairing the meeting. The meeting will be chaired by the social work team manager.

### Invites and timescales

- 13.6 The first Core Group will be arranged at the end of the CPPM and held within 15 days of the CPPM. Invites to the Core Group should be sent electronically using the Single Point of Access.

## Who should attend the Core Group?

- 13.7 The CPPM will determine the membership of the Core Group and should include only those professionals who will be working directly with the child and their parents/carers.
- 13.8 Consideration should be given to inviting the following:
- The child
  - Parents, carers and family members including all those with parental responsibility
  - Support person or advocate for the child and/or family
  - Social worker and other social work practitioners essential to the formation of the plan
  - Police should continue to be involved if there is continuing police involvement in the case
  - Foster Carers – carers may require to be supported to attend
  - Early learning and childcare staff or most appropriate education professional
  - Primary and acute health professionals, or child and adolescent mental health services if appropriate
  - Adult mental health services/addiction services where appropriate
  - Third sector organisations supporting children and families
  - Housing/support workers
  - Representative of the Armed Forces, in cases where there is a service connection.

## How often should the Core Group meet

- 13.9 After the initial core group meetings should be held 4 weekly. However, if the level of risk is assessed as requiring more regular meetings these should take place to ensure robust oversight of the Child Protection Plan.

## Responsibilities of the Core Group

- 13.10 Members of the core group have joint responsibility for:
- Collecting and analysing information to inform the assessment of need and risk
  - the formulation and implementation of the detailed Child Protection Plan, specifying who should do what, by when
  - implementing the Child Protection Plan and agreeing what resources will be required to ensure the effectiveness of the plan
  - ensuring progress against specified outcomes for the child as identified in the Child Protection Plan
  - making recommendations to subsequent CPPMs about future protection plans in line with the child's needs
  - attending Core Group meetings and reviewing progress to ensure that there is no drift in achieving the aims of the Child Protection Plan
  - coordinating the contacts and the frequency of visits specified in the Child Protection Plan

- ongoing analysis of the risk of harm to the child and information shared with all Core Group members
- Keeping a record of the outcome of the meeting within their own agency recording systems
- Identifying any escalating concerns and putting in place contingency plans when required. Core Group Chair must convey any significant changes to the CPPM Chair immediately or at the latest within 3 calendar days.

## **Reaching decisions in the Core Group**

- 13.11 Core Group members are responsible for reviewing the progress of the outcomes set out in the Child Protection Plan and consider whether any changes need to be made to the plan. Members need to ensure that contingency plans are in place should there be concern about the child's safety or wellbeing .
- 13.12 Participants of the Core Group need to contribute to the assessment and analysis of risk and make a recommendation to the CPPM on the need for the child's name to remain or be removed from the Child Protection register. Where there is no consensus the Core Group Chair will bring this to the attention of the Chair of the CPPM .

## **Child Protection Plan**

- 13.13 The Child Protection Plan should be updated after each Core Group to reflect changes in the child's circumstances. This will be updated by the lead professional and shared with Core Group via the Single Point of Access within 5 working days.

## **Reports from the Core Group for the CPPM**

- 13.14 The updated child's plan is provided to the CPPM as the report from the Core Group.

## **Core Group Record**

- 13.15 The team manager records the decisions of the Core Group on the child's electronic carefirst file.

## Section 14

# Review CPPMs

14.1 Review CPPMs are organised and chaired by social work services.

### Timescales

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

### Early review of the Child Protection Plan

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

### Information from the Core Group

14.4 The Core Group members should prepare an integrated report in the form of a Child's Plan for the CPPM which details progress made, risk and recommendation as to whether registration is required. The lead professional is responsible for collating the Child's Plan.



## Section 15

# Pre-Birth CPPMs

### Early intervention and IRD

- 15.1 All practitioners who work with expectant mothers must be aware of parental behaviour and circumstances that could cause significant harm to an unborn baby. A pre-birth assessment can begin whenever pregnancy is confirmed and the GIRFEC practice model should be used to identify need at an early stage in the mother's pregnancy. When there is a risk of significant harm the assessment should begin as soon as possible. This provides the unborn child with the best possible opportunity to thrive and gives parents maximum opportunity to engage with practitioners and family supports to begin to work towards necessary changes to protect their unborn/child from future harm.
- 15.2 Practitioners must be aware of how to refer concerns about potential harm to social work services or police.
- 15.3 Health, police or social work will trigger an inter-agency referral discussion when there is reason to believe an unborn baby may be at risk of significant harm, as described in [Section 2](#). The potential impact of an interaction of risk factors such as the removal of previous children; the impact of drug use; and/or the impact of domestic abuse and mental ill health upon mother and unborn baby should tip professional judgement towards the need for an IRD.

### Purpose of the pre-birth child protection planning meeting

- 15.4 Pre-birth CPPMs will consider whether serious professional concerns exist about the likelihood of significant harm to an unborn or newly born baby. These meetings will be co-ordinated and chaired by social work services as detailed in [Section 8](#).

### Early assessment & intervention

- 15.5 Early engagement and planned support is essential. CPPMs should take place within 28 calendar days of the concern being raised and always within 28 weeks of gestation, taking into account the mother's needs and all the circumstances in each case. There may be exceptions to this where the pregnancy is in the very early stages and there are concerns that warrant early inter-agency assessment and planning. In East Dunbartonshire a meeting of the Vulnerable Pregnancy Liaison Group (VPLG) meets as an alternative to a CPPM, with decisions being made about what agency can best progress the assessment.
- 15.6 In advance of the child's birth, an inter-agency plan needs to be prepared by social work which will meet the needs of the baby and mother prior to and following birth which addresses identified needs and minimises risk of harm. Plans from discharge from hospital and handover to community-based supports must be clearly set out in the inter-agency plan.

## The pre-birth planning meeting

- 15.7 The CPPM may place the unborn baby's name on the child protection register before birth. If the unborn baby's name is registered the Child Protection Plan must stipulate who is responsible for notifying the birth of the child and what steps need to be taken at that point (eg referral to the Principal Reporter).
- 15.8 Legal measures such as referral to the Reporter and application for a CPO can only be made at birth.

## Pre-discharge meeting

- 15.9 Where a Child Protection Plan is in place prior to the child's birth, the child must not be discharged from hospital following birth until a Core Group has been held. (This may be professionals only depending on the circumstances.)
- 15.10 The meeting will be chaired by the Chair of the Core Group and attended by Core Group members and the child's relevant family members, as well as hospital based maternity ward staff.
- 15.11 The purpose of this meeting is to agree arrangements for the care of the child following discharge from hospital. This should include consideration of the role and level of involvement of community-based supports. Where the decision of this meeting is that the child would be at risk of significant harm by being discharged to the care of the parent(s), the Child Protection Plan should be amended to reflect this and proportionate actions should be taken to keep the child safe.

## Review of Pre-Birth CPPMs

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

## Section 16

# Legal Measures

### Emergency Legal Measures

- 16.1 Where there is a need for urgent action to protect a child at risk of significant harm the most appropriate and proportionate legal routes should be considered.
- 16.2 The Children (Scotland) Act 1995 and the Children's Hearings (Scotland) Act 2011 provide the main legislative framework for the protection of Children in Scotland. The Children's Hearings (Scotland) Act replaced those parts of the Children (Scotland) Act 1995 relating to the Children's Hearings system although many parts of the Children (Scotland) Act 1995 ("the 1995" Act") remain in force.

### Police Powers

- 16.3 A police officer may use emergency powers to remove a child to a place of safety where they are satisfied that the conditions for making a child protection order Section 39 Children's (Scotland) Act 2011 are met and that it is not practicable to apply to the Sherriff, to protect them from significant harm or from further harm.

### Section 25 Children (Scotland) Act 1995

- 16.4 When a child's parents/carers agree the local authority may accommodate the child whilst concerns about the child's safety, or reports of abuse or neglect can be assessed. The child's views must be sought and considered. Every attempt should be made to maintain the child with their family and extended family or the child's wider network should be explored as a matter of urgency.
- 16.5 The 2011 Act contains the grounds of referral to the Children's Hearing system for those considered in need of compulsory supervision, and, along with the 1995 Act, they provide a number of mechanisms allowing for intervention in a child's life when they are considered to be suffering, or at risk of suffering, significant harm.
- 16.6 Beyond voluntary intervention with children and their families these mechanisms take the form of court orders, namely:
- Child protection order
  - Child assessment order
  - Exclusion Order
  - Compulsory Supervision Orders issued by a Children's Hearing.

## Child Protection Order

- 16.7 This is an emergency measure which aims to protect children and young people who are at risk of significant harm and should only be applied for when there is an urgent need for protective action. It authorises the applicant to remove a child from circumstances in which he or she is at risk or retain him or her in a place of safety. The reasons for decisions to apply for the order should be clearly recorded. A child protection order may also specify conditions (e.g., medical examination) attached to the order.
- 16.8 Only the police have statutory authority to use reasonable force to gain entry to premises. The police must therefore be involved in discussions about any case where access to the child has been refused.
- 16.9 The purpose of a child protection order is to ensure that, where it is necessary, urgent action can be taken to remove a child to a place of safety or to prevent the removal of a child from the place they currently are.
- 16.10 A child protection order can do any of the following:
- Require any person in a position to do so to produce the child to the applicant.
  - Authorise removal of the child by the applicant to a place of safety, and the keeping of the child in that place.
  - Authorise the prevention of the removal of the child from any place where he or she is being accommodated.
  - Provide that the location of any place of safety in which the child is being kept should not be disclosed to any person or class of person specified in the Order itself.
  - Authorise the carrying out of an assessment of the child's health, development or welfare or the way in which the child has been or is being treated or neglected.

## Child Assessment Order

- 16.11 A child assessment order is an order of the court authorising an assessment of a child's health and development or of the way a child is being treated. A child assessment order can be used if parents continue to refuse access to a child for the purpose of establishing basic facts about the child's condition but concerns about the child's safety are not so urgent as to require a child protection order. The order enables the court to require the parents to co-operate with an assessment, the details of which will be specific. If specified in the order it can authorise the removal of the child but only for the purpose of the assessment. An assessment order can only last for a maximum of 3 days. The order does not take away the child's own right to refuse an assessment. The parents should be informed of the legal steps which could be used.
- 16.12 A Sheriff may make directions regarding the contact which the child should have with parents, other family members and any person named in the order. Any such direction must be complied with by the local authority.

- 16.13 While making inquiries into a child's circumstances in terms of Section 60 of the Children's Hearings (Scotland) Act 2011 (when it is considered that a child may be in need of protection, guidance, treatment or control and that it might be necessary for a compulsory supervision order to be made), a local authority may consider it necessary to seek a child assessment order.
- 16.14 To satisfy a Sheriff that such an order is necessary; the following three conditions set out in Section 36 (2) require to be met:
- The local authority must have reasonable cause to suspect that the child in respect of whom the order is being sought has been or is being treated (or neglected) in such a way that he or she is suffering or is likely to suffer significant harm.
  - Such assessment of the child is required in order to establish whether or not there is reasonable cause to believe that the child is so treated (or neglected); and
  - Such assessment is unlikely to be carried out, or be carried out satisfactorily, unless the order is granted.
- 16.15 A child assessment order is not an emergency order although it may be made in an emergency, for example where it is not possible to say definitively that the Child protection order tests have been met until an assessment has been carried out. The decision to apply for it should however be planned, and in most circumstances should only be made after a process of consultation with other agencies.

## **Exclusion Orders**

- 16.16 An Exclusion Order may be granted when on application of a local authority when a sheriff is satisfied, that excluding a named person from the family home is necessary for the protection of the child, irrespective of whether the child is for the time being residing in the family home.
- 16.17 The order will only be granted if it better safeguards the child's welfare than the removal of the child from the family home, and if there will be a person specified in the application who is capable of taking responsibility for providing appropriate care for the child and any other member of the family who requires care, and who is, or will be, residing in the family home.
- 16.18 The test for granting is that the child has suffered, is suffering, or is likely to suffer, significant harm as a result of any conduct, or any threatened or reasonably apprehended conduct, of the named person (s76 Children (Scotland) Act 1995). A power of arrest may be attached to an interdict associated with such an order.
- 16.19 An exclusion order lasts for 6 months unless it contains a direction by the Sheriff that it shall cease to have effect on an earlier date.

## Compulsory Supervision Orders

- 16.20 Not all child protection matters will require to be managed on an emergency basis using emergency orders. The use of Compulsory Supervision Orders can allow for the protection of vulnerable children, including their removal from home, on a planned and longer-term basis. Without a Compulsory Supervision Order or Interim Compulsory Supervision Order, agencies are reliant on the voluntary cooperation of families, even for children placed on the Child Protection Register. It is therefore important that all assessments consider whether a Compulsory Supervision Order might be necessary.
- 16.21 Section 60 of the Children's Hearings (Scotland) Act 2011 imposes on the local authority a duty to refer a child to the Reporter where the local authority considers:
- (a) the child is in need of protection, guidance, treatment or control, and
  - (b) it might be necessary for a compulsory supervision order to be made in relation to the child.
- 16.22 When making such a referral the local authority must give any information that it has about the child to the Reporter. The Reporter must then make a decision as to whether, in their view, a compulsory supervision order is required. It should be noted that the threshold for referral to the Reporter is NOT the 'significant harm' threshold.
- 16.23 A child subject to a child protection order is not technically a looked after child under the terms of the Children's Hearing (Scotland) Act 2011 however the Authority has the same obligations to such a child as they would have to a looked after child. The Sheriff may make directions as to contact with the child for any parent, relevant person or other specified person or class of person.
- 16.24 A child subject to a child protection order is not technically a looked after child under the terms of the Children's Hearings (Scotland) Act 2011 however the Authority has the same obligations to such a child as they would to a looked after child. The Sheriff may make directions as to contact with the child for any parent, relevant person or other specified person or class of person. They may alternatively prohibit contact by such a person. They may also direct that medical or psychiatric examination or other assessment or interview of the child or treatment arising out of the examination or assessment take place.

## Child Seeking Refuge

- 16.25 Any child may seek refuge. If the child appears at risk of harm they may be provided with refuge up to 7 days and in exceptional circumstances up until 14 days either by the Local Authority or by a person approved by the Local Authority for this purpose

## Section 17

# Child Protection Register and Movement of Children on the Register

### What is the child protection register

- 17.1 East Dunbartonshire Council is responsible for maintaining a central child protection register for all children who are the subject of an inter-agency Child Protection Plan. This includes unborn babies. The register has no legal status. This is an administrative system for alerting practitioners that there is sufficient professional concern about a child to warrant an inter-agency Child Protection Plan. The decision to place a child's name on the register should be taken following multi-agency assessment and a Child Protection Planning Meeting.
- 17.2 The register should be maintained by social work services. It is a distinct record and must have 24-hour access for the purposes of child protection.

### Criteria for placing a child's name on the register

- 17.3 A child may be placed on the register if there are reasonable grounds to believe or suspect that a child has suffered or will suffer significant harm from abuse or neglect, and that a Child Protection Plan is needed to protect and support the child.
- 17.4 Social work services should ensure the child's name and details are entered on the register, as well as recording the areas of concern identified by the CPPM. Social work services should inform the child's parents or carers verbally and in writing about the information held on the register and who has access to it.  
[Child Protection Processes explained - Public Protection \(<http://www.protectingpeopleeastdunbarton.org.uk/im-a-parentcarer/child-protection-processes-explained/>\)](http://www.protectingpeopleeastdunbarton.org.uk/im-a-parentcarer/child-protection-processes-explained/)
- 17.5 **Police Scotland Vulnerable Persons Database (iVPD)** - Police Scotland has developed a child protection flag for its interim Vulnerable Persons Database (iVPD). This alerts police call-handling staff and police officers attending incidents (whether physical or not) that there has been sufficient previous professional concern about a child to warrant placing them on the child protection register. It also provides contact details for social work services.

## Removing a child's name from the register

- 17.6 If the Core Group working with the child and family assess the risk of significant harm to the child has been sufficiently reduced and the child or young person is no longer in need of a Child Protection Plan, they can recommend to the review CPPM that the child's name should be removed from the child protection register.
- 17.7 The decision to remove a child's name will be made at a review CPPM at which all the relevant agencies are represented, as well as the child and their family. When a child's name is removed from the register, the child and their family must be informed.
- 17.8 The CPPM must consider what support the child and family may require following de-registration and consideration should be given as to whether a different lead professional should be appointed. The CPPM will amend the child's plan to reflect the revised assessment of need and agree what support is necessary to meet the child's need.

## Movement of children who are on the child protection register

- 17.9 Geographical moves are a time of increased stress and risk for children and families. CPPMs must be held to ensure proper transfer of information and responsibilities when a Child Protection Plan is in place. Only a review CPPM can de-register a child from the child protection register.

### Temporary registration

- 17.10 When families move between local authority areas, social work services will notify the receiving authority immediately. A written notification must follow. The receiving local authority should immediately place the child's name on their local register. Where possible, social work services should advise how long the child is expected to stay in the area. Social work services should immediately inform the receiving authority that the temporary registration is no longer required. Information pertinent to keeping a child safe must be shared.
- 17.11 Arrangements must be agreed for the monitoring, supervision and implementation of the Child Protection Plan. If agreement cannot be reached about arrangements, senior managers should be involved to negotiate a resolution that prioritises the child's safety.

### Permanent Move

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



- 17.13 If the risk is on-going or even increased by the move, the receiving local authority is responsible for convening the transfer CPPM. This should be held within the timescales of the receiving local authority but a maximum of 21 working days. Until the transfer meeting, an interim safety plan must be agreed between East Dunbartonshire Council and the receiving authority.
- 17.14 At the transfer CPPM, the minimum requirement for participation will be the social worker and manager and the receiving local authority social worker and their manager, as well as representatives from appropriate services including health and education.

### **Movement within Scotland**

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

### **Missing children on the register**

- 17.16 Social work will be responsible for reporting this to police colleagues and sending notifications and alerts to other areas and services.

## Section 18

# Dissent, Disputes & Complaints

- 18.1 This could include challenges about the inter-agency process, decision making and outcomes, challenges by children/young people or their parents/carers about the CPPM decisions or complaints about practitioner behaviour.
- 18.2 Social work Child Protection guidance sets out out the mechanisms by which dissent and dispute or complaints will be resolved and decisions approved.

*“123. If a parent (or child) disagrees with the registration decision, they can appeal it. They can also have their dissent noted in the minutes. Advice must be given on the appeal process. They should be advised that they must contact the Head of Service, Children and Families, in East Dunbartonshire Health and Social Care Partnership, within five working days. The social worker can assist with this if necessary. The appeal should be in writing and the social worker can provide support and advice with this. The Head of Service will respond fully in writing to the person who made the appeal within 28 days.*

*124. If anyone, including the child or parent, attending the conference does not agree with the decisions made, they can have their dissent/challenge of the decision-making and outcomes recorded within the minute of the conference. The Chair must bring the dissent/challenge to the attention of the Head of Service, Children and families or their delegated manager immediately and agree a course of action. The Head of Service should respond in writing to the dissenting person within 28 days. Any formal expression of dissent should be fully recorded in the minute.”*

Social Work Services Child Protection Guidance (2020)

## Pending Dispute Resolution

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

## Practitioner Issues

- 18.4 When a practitioner wishes to raise an issue about the process, or disagrees with the CPPM decisions, communication and concerns should be channelled through their agency line management. There should be clearly defined local arrangements for challenging inter-agency CPPM dissent.

## Parent/Carer

- 18.5 If the complaint is about a specific practitioner, they should follow the relevant agency's complaints procedures.

[Customer complaints | East Dunbartonshire Council](https://www.eastdunbarton.gov.uk/customer-complaints)  
(<https://www.eastdunbarton.gov.uk/customer-complaints>)

## Children & Young People

- 18.6 Children and young people should have access to guidance that they can understand about how to challenge a decision or make a complaint from any of the practitioners with whom they have contact.

[What is Child Protection - Public Protection](http://www.protectingpeopleeastdunbarton.org.uk/im-a-childyoung-person/what-is-child-protection/) (<http://www.protectingpeopleeastdunbarton.org.uk/im-a-childyoung-person/what-is-child-protection/>)

## Section 19

# Criminal Injuries

- 19.1 When working with children who have experienced trauma and abuse consideration should be given to whether the child meets the criteria for Criminal Injuries Compensation. Criminal Injuries Compensation Scheme 2012.
- 19.2 Children who have suffered harm either within or out with the family as a result of abuse may be eligible for criminal injuries compensation. Other children or non-abusing adults who have a loving relationship with the abused child may also be eligible for compensation if they suffer a mental injury because of witnessing the abuse or its immediate aftermath.
- 19.3 Professionals should be aware of this scheme and should consider whether any child for whom they are responsible is eligible to apply.

### Eligibility

- 19.4 Where the victim was under the age of 18 at the time of the incident, and it is reported to the police before their 18th birthday, an application for compensation can be made until the victim turns 20. Where the victim was under the age of 18 at the time of the incident but it was not reported to the police before their 18th birthday, an application for compensation can be made up to two years from the first report to the police. Applications from adults should be made within two years of the date of the crime.
- 19.5 These time limits can only be extended in exceptional circumstances. The Criminal Injuries Compensation Authority (CICA) does not need to wait for the outcome of a criminal trial if there is already enough information to make a decision on a case, so applications should be made without delay for this reason. Decisions are made on 'balance of probabilities.'

### Consideration of Criminal Injuries Compensation at CPPMs

- 19.6 Consideration as to whether or not the Criminal Injuries Compensation Scheme may apply should be a standing item at all initial and review CPPMs (or Looked After Reviews if appropriate). It is the responsibility of the Chair of the review to ensure that reasons are recorded within the record of the meeting as to why the decision was reached whether to proceed or not to proceed with the application.
- 19.7 It is crucial that scrutiny is given to the above as the local authority can be held liable if it fails to make a claim. Action may also be taken against the local authority if it accepts an inadequate offer of compensation on behalf of a child. Children and young people who have been abused in residential care are also entitled to claim compensation.

## Section 20

# Contextual Safeguarding

### Definition and forms of non-familial harm

- 20.1 Non-familial harm is defined as risks to the welfare of children that arise within the community or peer group, including sexual and criminal exploitation. A key element of non-familial harm is that in general, harm does not arise from the home environment; parents may not be aware that their child is at risk or may be struggling to protect their child and the family from harm against exploiters. Children can be at risk wherever they choose to spend their time, including in schools, in the community or online. Therefore, the location and context the child is in is important.
- 20.2 However, sometimes parental neglect and lack of supervision may contribute to the young person's exposure to extra-familial harm. Children who experience difficulties or instability at home may be more likely to spend more time outside of home and hence be more vulnerable to non-familial harm.
- 20.3 Non-familial harm can take the form of:
- child sexual exploitation
  - online grooming, sharing of images.
  - child criminal exploitation including drug dealing.
  - modern slavery and trafficking
  - gang activity and youth violence
  - radicalisation.

### Responding to non-familial harm

- 20.4 Child protection procedures should be initiated when there are concerns about a child at risk of non-familial harm. Consideration should be given to initiating an IRD, child protection investigation, child protection planning meeting and registration as set out in previous sections.

## Section 21

# Specific Supports, Needs and Concerns

- 21.1 The National Child Protection Guidance Part 4 covers specific areas of concern and also factors that may intersect with these concerns that may require specific attention and support.
- 21.2 There are common threads connecting practice. The GIRFEC approach encourages consideration of the child's experience and perspective, within and beyond the family. The Promise encourages a focus on support for those relationships that are key to emotional safety and resilience. "When children talk about wanting to be safe, they talk about having relationships that are real, loving and consistent."

## Appendix A

# Definitions of Harm

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

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

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

It may involve:

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

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

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

The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of indecent images, in watching sexual

activities, using sexual language towards a child, or encouraging children to behave in sexually inappropriate ways.

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

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

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

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

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

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

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

The GIRFEC framework sets out the essential wellbeing needs of all children.



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

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

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

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

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

## Appendix B

# Single Agency Child Protection Responsibilities

### Local Authority Children Services

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

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

### Education Services

Staff working in education establishments including early years and childcare, child minders, private and third sector providers have a key role in the support and protection of children. They are well placed to observe physical and psychological changes in a child which may indicate abuse. Education and early years staff can have the greatest level of day-to-day contact with children, and they are able to contribute a great deal to the assessment of children in need of protection.

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

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

While all staff in education and early learning have responsibilities in relation to child protection, the named person within the GIRFEC approach has a key role

in the recognition of concerns and coordination of their agency response to the needs of the child and their family.

The named person will contribute to the assessment of risk during the investigation at the CPPM and subsequent core groups should the child's name be placed on the child protection register. They will be expected to attend all meetings, providing updated reports and contribute to the risk assessment and decisions regarding child protection registration.

Where the concerns do not meet the child protection threshold, but a child needs extra help and support that cannot be provided by their family and universal services, the Named Person will be responsible for accessing support as required and will have a key role in developing a Child's Plan.

**Children Missing from Education** - Children missing from education are children and young people of compulsory school age who are not on a school roll and not being educated otherwise (at home, privately or in an alternative provision).

An enrolled child or young person has usually not attended school for a period (up to four weeks, but substantially less for a child with welfare concerns).

The most important factor for any missing child is safety. Should there be any concern that the child may be at risk, it is essential that local child protection procedures are followed. Education staff should refer to the Scottish Government's Children Missing from Education Statutory Guidance (2016).

**Children educated at home** - Local authority education services have responsibility towards children educated at home. Scottish Government guidance can be found here: Home education guidance - gov.scot ([www.gov.scot](http://www.gov.scot))

**Grant Aided/Independent Schools** - As for all staff in education services grant aided and independent schools have the same responsibilities for child protection and wellbeing and should be fully engaged in any child protection investigation regarding children in their care. They should have robust child protection procedures in place with an identified child protection lead officer. Full understanding of the requirements of the child protection roles and training can be accessed in Registration of Independent Schools (Scotland) Amendment Regulations 2021.

## Children's Hearing

It is the role of the Children's Reporter to decide if a child requires Compulsory Measures of Supervision. Anyone can refer a child to the Children's Reporter and a referral must be made when it is considered that a child is in need of protection, guidance, treatment or control and that Compulsory Measures of Supervision might be necessary. On receipt of the referral, the Reporter will conduct an investigation, involving an assessment of the evidence supporting the ground for referral, the extent of concerns about the child's wellbeing and behaviour and the level of cooperation with agencies, which all leads to an assessment of the need for compulsory measures of supervision.

In making this assessment, the Reporter will rely on information from agencies involved with the child and family including the named person, lead professional/ social worker and other service providers. The sharing of this information should be appropriate, proportionate and timely. If the Reporter decides that there is sufficient evidence to necessitate compulsory supervision measures, they will arrange a Children's Hearing. The investigation can take place at the same time as a criminal investigation or criminal court case, but the focus will remain on the needs and wellbeing of the child or young person. Within the spirit of the 'minimum intervention principle' and in line with the ethos of the 'Getting it Right for Every Child' approach, where staff make a referral to the Reporter, their report should outline the action which has been taken already to prevent the necessity for compulsory measures of supervision.

The Children's Hearing can only consider a case where the child and parents or relevant persons accept the grounds for referral stated by the Reporter. Where the grounds of referral are not accepted, or the child does not understand them the hearing may direct the Reporter to apply to the Sheriff to decide whether the grounds are established. If the Sheriff is satisfied that any of the grounds are established, the Sheriff will remit the case to the Children's Hearing for disposal.

During the Children's Hearing, panel members will have discussions with the child, relevant persons and any representatives of the statutory agencies and/ or service providers involved. Following discussions, the Children's Hearing can decide to impose an Interim Compulsory Supervision Order, or a supervision order where it considers compulsory measures of supervision are in the best interests of the child.

It should be remembered that, in circumstances where there is insufficient evidence to pursue criminal proceedings, the Reporter can still take measures to protect children considered to be at risk. In relation to child protection matters, the standard of proof is the balance of probabilities.

There is no need for corroboration, and hearsay is admissible in child protection cases, unlike criminal prosecutions where corroboration is required, and hearsay is only admissible in special circumstances.

## **Crown Office and Procurator Fiscal Service**

Allegations of crime are normally reported to the Procurator Fiscal by the Police. The Crown Office and Procurator Fiscal Service (COPFS) is Scotland's sole prosecuting service. They receive reports about crimes from the police and others, and then decide what action to take in the public interest, including whether to prosecute someone. COPFS is also responsible for the investigation of sudden or suspicious deaths. Procurators Fiscal are subject to the direction of, and control by, the Lord Advocate but on a day-to-day basis they maintain a high degree of independence.

Their powers and duties include deciding whether or not to prosecute any allegations of criminal behaviour made known to them. Before acting upon a report, the Procurator Fiscal must first be satisfied that the circumstances disclose a crime known to the law of Scotland.

They must then consider whether the evidence is sufficient, admissible and reliable. If not, further enquiries may be conducted, or no further action will be taken. In considering the public interest, Procurator Fiscals take a number of

factors into account, including the interests of the victim, the accused and the wider community. This can involve competing interests and will vary with every case. As a result, assessment of the public interest involves careful consideration of all factors. Following careful consideration, the Procurator Fiscal may decide to commence proceedings, offer an alternative to prosecution or take no action. In cases that a jury will consider, the Procurator Fiscal will gather and review all evidence before referring to Crown Counsel who makes the final decision on whether to prosecute.

Procurators Fiscal are not involved in cases of child protection in the immediate sense; however, they can provide advice and guidance. This is particularly important when the response to, and management of, child abuse allegations in the initial stages, may directly influence decisions made about any resulting criminal investigation and may affect the outcome of a prosecution.

**The Victims and Witnesses (Scotland) Act 2014** outlines the legal requirements in such cases (see below).

Under this legislation, which amended some sections of the Criminal Procedure (Scotland) Act 1995, children who are called upon as witnesses are no longer required to undergo a competence test to ascertain whether they can demonstrate an understanding of the distinction between telling the truth or not.

Equally important is that under section 6 (which inserts section 288E to the Criminal Procedure (Scotland) Act 1995), an accused cannot conduct their own defence where the child concerned is under 16 and the offence involves sexual assault or violence.

One of the most important aspects of this legislation is the introduction of a range of special measures which may be put in place to support the vulnerable child when giving evidence or being cross-examined.

The Act covers criminal cases, civil cases and children's hearings. Standard special measures available to child witnesses under the age of 16 are a live TV link, screens in the courtroom and the presence of a supporter in conjunction with either of these measures.

Further special measures may include, evidence being taken in advance in the form of a prior statement (criminal cases only) or the taking of evidence by a commissioner. The Procurator Fiscal must submit an application to the court for the use of special measures. Courts are not obliged to grant requests.

It is important to note that a person under the age of 16, known as a 'child witness' is, per se, a 'vulnerable witness'. The 2004 Act underpins the acceptance that oral evidence is no longer the only means by which testimony can be given by children. The provision of standard special measures will always be considered for them.

Guidance is available in the following document: **Special measures for vulnerable adults and child witnesses; a guidance pack (2005) (Scottish Executive, 2005)**.

The Procurator Fiscal (or precognition officer acting on their behalf), is likely to talk to a child in advance of any prosecution in order to ascertain what evidence they may be able to give, and to explain the court processes.

In cases of particular delicacy or where there is doubt about the sufficiency of evidence, Procurator Fiscals are available for discussion with any other

professionals. The office of the Procurator Fiscal can be contacted during working hours, or at any time through the police. Procurator Fiscal offices are organised into regions for administrative purposes. Within each region there are designated members of staff who have received specialist training in the investigation and prosecution of cases involving children. In particularly difficult or sensitive cases, all or part of an investigation may be conducted by a member of the regional resource team. In appropriate cases members of the regional resource team will liaise with the officers from child protection agencies and are available to provide advice on precognition and court processes.

## **Local Authority Services**

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

- criminal justice
- mental health workers
- adult services
- learning disability
- substance misuse
- hospital social work services
- child and adolescent mental health services
- housing services
- culture and leisure services
- young carers services.

All staff across social work Services have a duty to work in collaboration with colleagues in children and families services and contribute to the assessment of risk of all children. They must report (without delay) any actual, suspicion or risk of abuse to the duty social worker or Children and Families allocated social worker. All referrals received that suggest that a child may be in need of protection, will be dealt with as a matter of the highest priority on the same working day unless the appropriate social work manager decides otherwise.

## Health Services

All NHS employees, GP and dental practices, and other independent contractors have a role in protecting the public and all regulated staff in Health Boards and services have professional duties to protect children (including unborn babies) and adults. Staff in supporting roles (including administrative, catering, cleaning, and other support roles) across primary, secondary, specialist, and community health services also have public protection responsibilities. These contacts provide opportunities for early and effective interventions and, in many cases, avoiding escalation of need.

The role of health includes:

- Being aware of their responsibilities to identify and promptly share concerns, including making referrals where appropriate, about actual or potential risk of harm from abuse or neglect.
- Undertaking training and learning to ensure they attain and maintain their competencies, skills, and knowledge appropriate to their role.
- Knowing where and when to seek specialist advice and supervision.
- Being aware of their own regulated responsibilities and duties as well as understanding relevant legal frameworks within which they operate and their duty to refer.
- Being aware of the early signs of neglect; recognising the signs of self-harm and self-neglect and the need for co-ordinated assessment.
- In working with or treating adults who are parents/carers, being alert to the possibility that their patient may pose a risk to an unborn baby or child and have a duty to act.
- Working collaboratively with social work and police on multi-agency child activity.
- Be alert and responsive when children are not brought to health appointments, and consider what, if any action they are required to take (as opposed to applying a 'did not attend' policy without question).
- Be alert to other factors which may contribute to risk of harm, and which may be a barrier to receiving preventative health care. This could include poverty, disability, culture, lack of understanding or fear of public and formal systems.
- Contributing to GIRFEC and, in relation to Health Visitors holding the named person function for pre-school children, coordinating the assessment and planning for children for whom a GIRFEC response is appropriate.
- Consider the potential impact of adult alcohol and drug use, domestic abuse and mental ill health on children, regardless of care setting or service being accessed by adults.
- Consider the need for a Lead Health Professional when multiple health services are involved within a child's plan, particularly when a child has multiple and/or complex health needs.
- Contributing pre-birth assessment and planning, child protection Inter-agency Referral Discussions, Children's Hearings, child protection investigations, Child Protection Planning Meetings, and interim safety planning.
- Working collaboratively with the lead professional when there is a multi-agency child's plan.
- Maintaining factual, accurate, concise, and up to date records.

- Contributing to ensuring that there are planned and co-ordinated transitions between age and services, particularly where there are multiple and/or complex health needs.

NHS staff must also comply with their regulatory body's codes of practice.

## **Police Scotland**

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

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

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

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

## **British Transport Police (BTP)**

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

## **Third Sector**

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

## **Scottish Prison Service (SPS)**

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

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



## **Scottish Fire and Rescue (SFRS)**

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

## **Faith Organisations**

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

## **Armed Services**

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

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

## **Sports Organisations/Clubs**

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

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

## **Public Protection**

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

## **Multi Agency Public Protection Agency (MAPPA)**

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

Further information on MAPPA may be found at <https://www.gov.scot/publications/multi-agency-public-protection-arrangements-mappa-scotland-national-overview-report-2021-2022/>

## **Community Justice Partnerships**

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

## **Violence Against Women Partnerships (VAW Partnerships)**

VAW Partnerships are the multi-agency mechanism delivering the local strategy and delivery plan relating to the eradication of violence against women and girls. The VAW partnership strategy highlights that violence against women and girls is underpinned by gender inequality, and that prevention necessitates tackling perpetrators and intervening early. Every Local Authority should have a VAW Partnership and designated Coordinator to provide collaboration between public and third sector organisations. An updated interim delivery plan for Equally Safe was published in 2022, and this, along with the overarching strategy will be refreshed over the course of 2023.

### **Alcohol and Drug Partnerships (ADPs)**

Alcohol and Drug Partnerships and Child Protection Committees should have local protocols to support relevant, proportionate and necessary information sharing between drug and alcohol services and children and families services. The East Dunbartonshire Children Affected by Parental Substance Misuse (CAPSM) protocol provides standard terms and process for a coordinated response to identified risk of harm to children. This includes concerns identified during pregnancy. Specialist Third Sector and adult support services should be aware of the potential risks and needs of children affected.

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

## Appendix C

# Timescales

All timescales relate to calendar days

Activity	Timescale
IRD to CPPM	Within 28 days
<i>Planning the CPP meeting</i>	<i>At least 5 days' notice of meeting</i>
<i>Pre-birth CPP meeting</i>	<i>Within 28 days of the concern or within 28 weeks of gestation</i>
Review CPP Meeting	Within 6 months of CPPM
Review of pre-birth CPP Meeting	May be held within 3 months but requires professional judgement about most appropriate timing
<i>Summary of key decisions and agreed actions from CPPM</i>	<i>Within 24 hrs</i>
Minute (note of meeting) CPPM	Within 15 days
Child Protection Plan	Within 5 days
Inquorate Meeting	New meeting must be held within 10 working days

