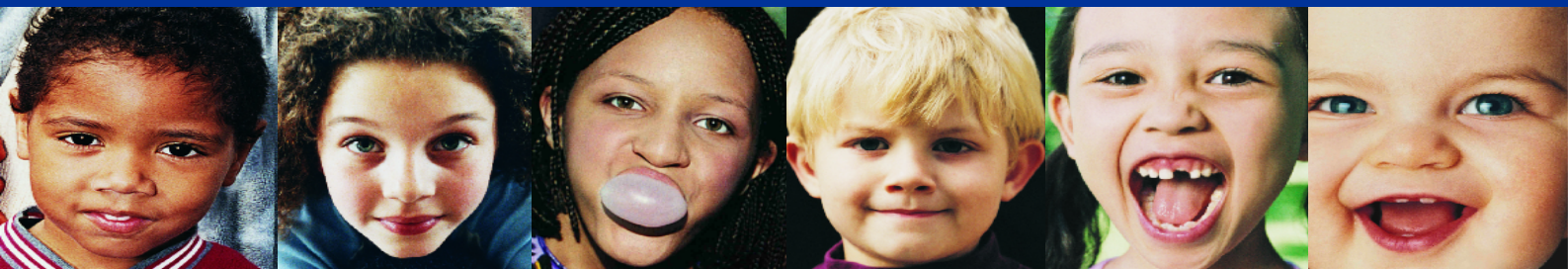


Child Protection Guidelines

The North East of Scotland Child Protection Committee



June 2011



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

PREFACE

NESCPC guidelines

These guidelines have been reviewed by the North East of Scotland Child Protection Committee to reflect the 2010 National Guidance for Child Protection in Scotland.

The Guidelines do not replicate the National guidance, but provide a North East approach to achieving compliance.

They also take account of messages from research, public inquiry findings, multi-agency inspection findings and recommendations from local and national Significant Case Reviews.

Purpose of the guidelines

These guidelines set out common standards for interagency work in Aberdeen City, Aberdeenshire and Moray on how agencies should work together to protect children and improve outcomes.

One agency working alone cannot protect children and neither can guidelines or procedures. Guidelines are however essential in, ensuring effective interagency communication and in providing a framework within which decisions can be made and implemented. Neither guidelines nor procedures can replace professional judgement based on thorough assessment and critical analysis.

These guidelines are intended to be of practical benefit for practitioners and agencies, consequently the main focus is on the recognition of child abuse and/ or neglect and individual and collective responses.

Protecting children means recognising when to be concerned about their safety and understanding when and how to share these concerns, how to investigate and assess such concerns and fundamentally, what steps are required to ensure a child's safety and well being (National Child Protection guidelines 2010 pp 4)

Who are the guidelines for?

The guidelines are for all those, including adult services, whose work takes them into contact with children and families across services and agencies and are relevant to the statutory, voluntary and independent agencies.

The guidelines on recognition of abuse and or neglect is for all services and should be read in conjunction with the information within the over arching national child protection guidance. Links to the relevant sections are provided.

The detailed guidance on response to notifications of concern about children and young people is primarily for the agencies that are involved in Initial Referral Discussions (IRD'S), child protection investigations and in the case conference process i.e. Police, Health, Social Work and Education.

All services and agencies, including adult services may be asked to contribute to assessments, investigations, case conferences and to planning support and protection for children and young people.

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

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1.0 National Policy Framework

The Ministerial vision for Scotland's children is that they will be: successful learners, confident individuals, effective contributors and responsible citizens.

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

The GIRFEC approach continues to promote action to improve the well being of all children and young people in the following areas: they must be '*Safe, Nurtured, Healthy, Active, Respected, Responsible, Achieving and Included.*'

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

1.1 Collective Responsibilities for Child Protection

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. A child may be abused by an adult or adults, or by another child or children. The primary responsibility for protecting all children from abuse lies with their parents and carers.

- Children are usually best brought up within their own families and support should be provided to enable this where possible and professional activity should build on the strengths within families and community.
- For the most part, the law allows parents to bring up their children according to their own values and beliefs. This means that parents have the right to make decisions about their child or young person's upbringing without interference unless a parent's action or inaction causes harm or places their child at risk of harm. The rights of the child are paramount.

The National Child Protection guidance 2010 places greater emphasis on the collective responsibility in communities for child protection.

"All agencies, professional bodies and services that deliver adult and/or child services and work with children and their families 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. They are expected to identify and consider the child's needs, share information and concerns with other agencies and work collaboratively with other services (as well as the child and family) to improve outcomes for the child."(Pg37 National Child Protection Guidelines)

The main collective responsibilities for child protection are outlined in detail in Part 2 of the National Child Protection under two groupings: public / statutory services and other community and related services.

In order to understand and appreciate the roles and responsibilities of your own and other agencies, services and communities Part 2 of the National Guidance for Child Protection in Scotland/2010 should be read in full.

<http://www.aberdeenshire.gov.uk/about/departments/Policy-Jan10.pdf>

1.2 The North East of Scotland Child Protection Committee (NESCPC)

The NESCPC, incorporating the three local child protection sub committees, are responsible for:

- The provision of individual and collective leadership and direction for the management of child protection services across Aberdeen City, Aberdeenshire and Moray
- The design development publication distribution, dissemination and evaluation of child protection policy and practice across the public, private and wider third sectors
- Developing and delivering inter-agency child protection training to complement and build upon work done by individual agencies
- Integrating work with other planning fora
- Working in partnership with the NESCPC Chief Officers Group and with the Scottish Government to ensure that plans and priorities are linked to other national and local plans
- Determining the level of public awareness, understanding and knowledge of, and confidence in, child protection systems within each local area
- Producing and disseminating public information that promotes the ethos of 'Its Everyone's Job' to protect children
- Demonstrating that child protection services and information is informed by the perspective of children and young people.

1.3 Agency Responsibility for Child Protection

All agencies have a shared responsibility for protecting children and safeguarding their well being and each has a different contribution to this common task.

All staff at all levels in all services, including third and private sector services, should

- have information advice and training to make them aware of the risks to children and understand their responsibilities in keeping children safe
- Have ready access to appropriate relevant up to date guidance that tells them what action to take if they have a concern about a child's safety or well being
- Understand what how and when to record and share information
- Have appropriate support from managers when they are concerned about a child or involved in child protection processes.

2.0 Identifying Concerns about Children

2.1 Who is a child?

For the purposes of these guidelines, a child is defined as a person less than 16 years of age. Young people between the ages of 16 and 18 who are subject to a supervision order by a Children's Hearing can be viewed as a child.

Young persons over the age of 16 may still require intervention to protect them and the protective interventions that can be taken will depend on the circumstances and legislation relevant to that child or young person. For example the Adult Support and Protection Scotland (Act 2007) can be applied where the criteria are met .link to local guidance on adult protection.

<http://www.aberdeenshire.gov.uk/about/departments/Policy-Jan10.pdf>

2.2 The identification and diagnosis of child abuse

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

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

“Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger.”

(National Guidance for Child Protection in Scotland 2010)

2.3 Different Ways that Children can be Harmed

Whilst it is no longer necessary to identify a specific category of abuse when adding a child's name to the Child Protection Register it is still helpful to consider and understand:

- The different ways that children can be abused or neglected.
- The risk indicators that influence assessment.

Children and young people may be abused physically, emotionally or sexually .They may be neglected when there is a persistent failure by a parent or carer to meet their basic physical and or psychological needs, likely to result in the serious impairment of the child's health and development.

Significant harm can arise from a single event or may result from an accumulation of events or circumstances.

2.31 Physical Abuse

Physical abuse is the causing of physical harm to a child or young person. It 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 symptom of, or deliberately causes, ill health to a child they are looking after.

2.32 Neglect

Neglect is the persistent failure to meet a child's basic physical and /or psychological needs, likely to result in the serious impairment of the child's health and development. It may involve a parent or carer failing to provide adequate food shelter and clothing to protect a child from physical harm or danger or to ensure access to appropriate medical care or treatment.' It may also include neglect of or failure to respond to a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'non-organic failure to thrive' where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated.

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

2.33 Emotional Abuse

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

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

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

2.34 Sexual Abuse

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented.

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

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

Sexual relationships where one or both partners are under the age of 16 remain illegal, Issues remain about the challenge of drawing boundaries between underage sexual activity and child protection/sexual abuse since, although illegal, not all underage sexual activity is a child protection matter. What matters is whether there are factors that give rise to concerns about significant harm.

A Child Protection Investigation will always take place if

- a child is under 13,
- involved in prostitution or pornography
- Where there is an abuse of a position of trust.
- Where there is risk of significant harm

(Further guidance on allegations of harm resulting from underage sexual activity (heterosexual and homosexual) is contained within the NESCPG Guidance on Underage Sexual Activity.

<http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=338&sID=330>

2.35 Additional Factors / Risk Indicators

The following factors should act as a prompt for all staff working in an adult or child care setting, to consider how they may impact on a child. Where these co-exist, risk may be increased.

- Domestic Abuse
- Parental alcohol misuse
- Parental drug misuse
- Children or Young People experiencing or affected by disability
- Children and young people experiencing or affected by mental health problems
- Non engaging families
- Child Exploitation
- Child placing self at risk

Please see Part 4 National Child Protection Guidance: Child Protection in Specific Circumstances. <http://www.scotland.gov.uk/Publications/2010/12/09134441/12> and the NESCPG Parenting Capacity Guidance

<http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=339&sID=330>

3.0 Responding to Concern

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

“Working with risk is at the heart of child protection. Staff must have the training, tools and confidence to apply their professional judgement in a highly uncertain, complex and rapidly changing environment. Identifying concerns that require child protection actions in a timely fashion is central to effective action to support children” (National CP Guidance pg 73)

3.1 The GIRFEC Practice Model

The GIRFEC practice model presents a series of tools that are integral to the use of risk assessment: the My World Triangle; the Resilience Matrix; and the Well-being Indicators. For a number of children who require a risk assessment to be undertaken, a Child’s Plan may already be in place and this should be used and additional information integrated within it, paying particular attention to those perhaps new areas that may result in adverse outcomes for a child or young person.

The **Well-being Indicators** provide a broad framework to identify a child's needs – where potential concerns are identified, the GIRFEC **My World Triangle** serves as a starting point for considering what risks might be present in a child's life.

For further information on the nature of risk and the understanding of risk and need within a framework of the child's whole world and wellbeing please see National guidance Part 3 Identifying and managing Risk and the NESCP Risk Assessment Framework.

<http://www.scotland.gov.uk/Publications/2010/12/09134441/10> and NESCP Risk Assessment Framework <http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=234&SID=330>

3.2 Sharing Concerns

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

All individuals working with children have a duty and responsibility to share any suspicions or concerns of a child protection nature, which come to their attention. Information shared should be relevant, necessary and proportionate to the circumstances of the child, and limited to those that need to know.

Children and families have a right to know when information about them is being shared. Where possible, their consent should be sought, unless doing so would increase the risk to the child or others, or prejudice any subsequent investigation.

All staff who work with or come into contact with children and their families have a role to play. That role will range from identifying and sharing concerns about a child or young person with the relevant professionals to making an active contribution to joint decision making and /or planning an investigation.

Statutory (Police and Social Work) and other relevant agencies will decide after initial discussions/ assessment whether concerns are likely to be of a child protection nature. Ongoing discussions and sharing of information will establish whether or not there are grounds to initiate a formal Child Protection Investigation. Everyone will come across situations when they suspect abuse but are uncertain how to act.

You should:

Follow your own service internal procedures that include consultation with a designated child protection professional within your service.

Where there are concerns about a child's safety then consideration needs to be given to their immediate needs

- Is this child or young person at immediate risk?
- What is placing this child at immediate risk?
- What needs to happen to remove this risk now?

If there is an immediate danger to the service user or others, including a child, the police must be contacted.

- Discuss any concerns with the relevant statutory agencies - i.e. Social Work or Police. It is the responsibility of these statutory agencies to determine what further action to take. *Concerns should be shared with the statutory agencies as soon as possible and not being able to access a designated person should not delay this process*
- Follow discussion *by passing on to the relevant agency a written record of your concerns* (some agencies have a written proformas for sharing concerns)
- Clearly identify yourself and agency/service and give your contact details
- Give as much basic information as possible, including names, dates of birth of the child and any other person(s) known to be in household
- Share any knowledge of any other agency involved
- Include any information you have on the child's developmental needs and parent's ability to respond to these within the context of the wider family and environment.
- Remember that allegations of abuse or neglect may lead to a criminal investigation, so do not attempt to investigate or do anything that may jeopardise police investigation, for example by asking leading questions.
- It is never appropriate for anyone with a concern about possible abuse or neglect to interview a child or parent except in the context of a formal investigation.
- If it is thought that a child may be in immediate danger the Police should be informed immediately on telephone 0845 600 5 700 or 999 in an emergency

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

See Part 2 National Child Protection Guidance for more information on roles and responsibilities

<http://www.scotland.gov.uk/Publications/2010/12/09134441/7>

See Information Sharing Flowcharts in Parenting Capacity Guidance [N:\parenting capacity\Flow charts.doc](#)

3.3 Involving Children and Families

Children and young people should be helped to understand how they will be involved when concerns need to be investigated further and how they can contribute to decision making. The use of an advocacy service for the child or young person, where available, should always be considered.

When responding to concerns about a disabled child, the child must receive the same standard of service as a non disabled child. Practitioners should make contact with key workers to help assess the impact of the child's disability on any investigation and agree what support is required.

- Research shows that, where possible, being open with parents/carers from the outset results in better protection for the child.
- Contact with parents can be delayed until you have sought advice from a designated person for Child Protection in one of the statutory agencies.
- A child's views should be taken into account and recorded when the child expresses a wish that their parents are not to be informed at this stage.
- There may be circumstances, however, when it is not appropriate for parents to be informed immediately of the concerns you have, as this may prejudice

any investigations that may be necessary and may place the child at even greater risk.

3.31 Social Work and/or Police will decide at what point a parent or carer will be contacted.

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

For further information, see section 427-431 National Guidance
<http://www.scotland.gov.uk/Publications/2010/12/09134441/12>

4.0 Initial Assessment Stage/Initial Referral Discussion (IRD)

Police, Social Work, Health and Education (where relevant) have established a common approach to Initial Referral Discussions.

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

The IRD between Social Work, Police, Health and Education (where relevant) is to determine whether or not grounds exist to initiate a formal investigation or whether a criminal offence is believed to have been committed.

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

4.1 Sharing Background Information

Background information will be sought by Social Work from local Points of Contact within all relevant agencies. Points of contact in Health will report on attendances at Accident and Emergency, Primary Health Care Clinic or GP attendances, and admissions to hospital and outpatient attendances. Other health records, which should be accessed include health visitor records, child development records and school health records. It is the responsibility of each agency to progress the appropriate checks and record and share findings.

Background information should also be sought, via Points of Contact, in relation to adults in the household and adults whose links with other household members mean they have contact with the child, for instance, partners or regular visitors to the home. Where a child or young person is believed to be at immediate risk, intervention should not be delayed pending receipt of information.

See Section below on Emergency Powers.

<http://www.scotland.gov.uk/Publications/2010/12/09134441/8>

4.2 Checking the Child Protection Register

Registration is an administrative system for alerting workers to the fact that there is sufficient professional concern about a child or unborn baby to warrant a multi-agency Child Protection Plan. The Child Protection Register provides a central point of rapid enquiry for professionals concerned about a child's safety, development or welfare. Placing a child's name on the Register does not in itself afford that child

protection, protection comes from the effective implementation and review of the multi-agency Child Protection Plan.

4.21 The Child Protection Register must be checked by the relevant designated officer and note taken about whether the child is already registered, what factors have been identified and the name of the Lead Professional. The NESPC maintains the Central Register for Aberdeen City, Aberdeenshire and Moray.

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

Even if the child is known to services it is very important that the register is still checked so that all enquiries are logged for that particular child. Once the enquiry is entered onto a database the number of queries made about a registered child is logged and passed on to the Lead Professional. This could form part of the picture in terms of the level of inter-agency concern about that child.

4.22 During normal office hours individuals authorised by their own Agencies*, can through a telephone call-back system, make an enquiry by

- Telephoning **01224 814641**.
- Being prepared to provide information to allow the administrative assistant/clerical assistant to confirm the caller's authorisation and to log the call

Subject to appropriate checks, the authorised caller will be called back and the relevant information and who to contact will then be provided

Outwith normal working hours concerns about a child should be directed to

- The Out of Hours Social Work Service – Aberdeen City **01224 693936**, Aberdeenshire **0845 8400070** or Moray **08457 565656**. Out of Hours are required to check the Register.

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

5.0 Joint Investigation / Assessment

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

Planning an investigation is a complex responsibility. Accountability for decisions made is therefore located with operational managers in the services concerned.

5.1 Focus on Outcomes for the Child

- Consider what interventions are intended to achieve, and what will be the benefits to the child's long-term wellbeing.
- Aim for good long-term outcomes in terms of health, development, and educational achievement.

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

Joint planning ensures:

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

5.2 Joint Police/Social Work Investigative Interview

The purpose of a joint investigative interview is to establish the facts regarding a potential offence or crime against a child and to gather and share information to inform the assessment of risk and need for that child, and the need for any protective action.

Joint Investigative Interviews will be undertaken by suitably trained police officers and social work staff in accordance with the national guidance on interviewing child witnesses in Scotland.

<http://www.scotland.gov.uk/Resource/Doc/334290/0109279.pdf>

<http://www.scotland.gov.uk/Publications/2003/09/18265/27033>

5.21 Planning the Investigative Interview

If the plan is to proceed via a Joint Investigative Interview then decisions must be made (and recorded) about:

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

as part of the criminal investigation, guidance should be followed as set out in '*Guidance on Interviewing Child Witnesses in Scotland*.

www.scotland.gov.uk/Publications/2003/09/18265/27033

- Where possible, the child's parents or carer should be involved in the decision to interview a child although exceptionally, a child may need to be interviewed without the knowledge or consent of their parent or carer (e.g. when it is

suspected that the parent/s may be implicated in, or have colluded with, child abuse) (See Section x on consent). The child may wish to have an adult present at the interview for support. This should not be the alleged perpetrator. If a support adult is to be present, they must be aware that they are not to participate in the interview itself.

- What further action can be taken if consent is refused for interview or medical. This includes legal action. See Legal section in National Guidance <http://www.scotland.gov.uk/Publications/2010/12/09134441/6>

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

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

5.22 Interim Plans

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

5.23 Planning Meetings

Discussions in relation to the joint investigative process will usually take place via telephone but face to face meetings are likely to be more effective:

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

Meetings should always be minuted.

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

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

5.24 Interview of suspects/accused persons

Interviewing of suspects/accused persons is carried out by Police Officers and Social Work will not usually have any part in these interviews. Social Work must however be informed of the outcomes of a police interview and of any relevant charges which may have been made.

In situations where the suspect/accused person is a child it may be necessary to have a Social Worker present to fulfil the role of an appropriate adult. In these circumstances the Social Worker should be different from the one who was present during any interview of the victim.

6.0 Medical Examination and Health Assessment.

The medical examination of a child will be the responsibility of a Consultant Paediatrician. [See contact list](#)

Medical examination/ assessment are an integral part of investigation. A comprehensive assessment of a child's medical history can assist the planning and management of any investigations and inform risk assessment. This assessment, alongside other information from police and social work services, may help decide if further investigation is necessary.

A comprehensive medical assessment should be considered in all cases of child abuse, even when information from other agencies shows little or no cause for concern. Children frequently disclose a limited amount of information at a time, even over many years. Consequently, accurate and comprehensive records made in the medical case records are essential.

In cases of sexual abuse, the forensic evidence may be difficult to identify and it is essential that, wherever possible, the joint investigative interview has a full description of the suspected abuse, supplemented by any previous appropriate health information. In some cases of child abuse, there will be no obvious signs or symptoms and some children will require diagnostic procedures only available in a well-equipped hospital or clinic.

6.1 Purpose of the Comprehensive Medical Assessment:

- to establish what immediate treatment the child may need;
- to provide information which may or may not support a diagnosis of child abuse in conjunction with other assessments made, so that agencies can initiate further enquiries if appropriate;
- to provide information or evidence, if appropriate, to sustain criminal proceedings or care plans;
- to secure any ongoing medical care (including mental health), monitoring and treatment that the child may require; and
- to assess and reassure the child and the family as far as possible that no long-term physical damage or health risk has occurred.

The examining doctor needs to have all the relevant information about the cause for concern and the known background of the family or other relevant adults, including previous instances of abuse/neglect or suspected abuse/neglect.

The number of examinations to which a child is subjected must be kept to a minimum and careful planning of the medical component of the examination by experienced medical staff facilitates this. Examining doctors should satisfy themselves that the child has been kept fully informed of the outcome of all that happens to them.

In planning the medical investigation, it is important to remember that it is the duty of the police to provide best evidence, including medical evidence, to the Procurator Fiscal and the Children's Reporter in appropriate cases.

6.2 Arranging a Medical Examination

Appropriate advice is available on a 24 hour basis from suitably trained and experienced paediatricians. In Grampian, Specialist Paediatric Child protection services are provided at the Royal Aberdeen Children's Hospital with linked local services at Dr Gray's Hospital.

The medical examination of a child is the responsibility of a Consultant Paediatrician, agreeing with police and social work colleagues the nature, timing and venue for the examination. In Grampian, the Designated Doctor for Children is a Consultant Paediatrician.

Where information is unclear or uncertain, a comprehensive medical assessment may be undertaken to determine the need for a specialist paediatric or joint paediatric/forensic examination.

In situations where the child is brought initially to the attention of health and where there are concerns regarding the welfare or safety of a child, the paediatrician should contact social work or police to initiate an Initial Referral Discussion.

6.3 Joint Paediatric / Forensic Examination

Where it is clear from the Initial Referral Discussion that a forensic opinion will be required (for example, an allegation or observation of serious physical assault or injury or a disclosure of sexual abuse) then a forensic medical assessment and forensic evaluation will be undertaken jointly by a paediatrician and police surgeon to provide a single corroborated examination.

The decision as to whether a joint paediatric/forensic assessment or an examination by a single paediatric examiner is appropriate should be made during the Initial Referral Discussions with social work and police. Where there is a lack of consensus, there should be consultation with a senior paediatric colleague.

While the paediatrician is responsible for assessing the child's health and development and ensuring that appropriate arrangements are made for further medical investigation, treatment and follow up; the forensic physician is responsible for the forensic element of the examination and fulfils the legal requirements in terms of preserving the chain of evidence.

The presence of two doctors in the joint paediatric/forensic examination is important for the corroboration of medical evidence in any subsequent criminal proceedings.

6.4 Timing of Medical Examinations

The timing of the examination should be agreed jointly by the medical examiners and the other agencies involved. It may not be in the child's best interest to rush to an immediate examination; it may be much more appropriate to wait until the child can be rested and prepared adequately, and it may allow for more information to become available.

In cases of physical injury the examination will normally take place on the same day. Examinations should take place in *suitable surroundings* and the child or young person must be given a say in whether the examination is conducted by a male or female doctor. The important factor however for both the child and the investigation is what the examination reveals. In this respect the expertise rather than the gender of the doctor is paramount.

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

The examination should be carried out according to the law on consent.
(See guidance on consent and parental responsibilities in the National Guidance: Sections 364 and 365)

<http://www.scotland.gov.uk/Publications/2010/05/27095252/20>

Consent is required for medical treatment and examination. Parental consent should be sought if the parents have parental rights and responsibilities and the child is under 16, unless it is clearly contrary to the safety and best interests of the child to do so (for example, in urgent circumstances).

It is the duty of the Doctor undertaking a procedure to obtain Legal Consent. This will be discussed with relevant agencies to ensure an appropriate adult accompanies the child to examination if needed. Only in cases of extreme medical emergency will a Doctor proceed without consent

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

If the Doctor decides the child has capacity to consent and the child then refuses examination, this must be accepted. Neither a parent, nor any order under the Children (Scotland) Act 1995 can override the consent or refusal of the competent child.

If a child does not have capacity and a parent refuses consent, then legislation such as a Child Protection Order or Child Assessment Order can be considered.

Young people over 16 are considered adults for the purposes of medical consent. If the Doctor considers they do not have the capacity to consent, then other legislation applies e.g. Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000.

6.52 Who has Parental Responsibilities

- A natural mother (unless rights and responsibilities have been removed by a court of law). See section below
- A birth father who is or was married to the child's mother at the time of conception or subsequently
- An unmarried (birth) father with formal arrangements (e.g. Parental Responsibilities and Parental Rights Order) or whose name is on the birth certificate of a child born on or after 4 May 2006
- Guardians appointed in writing and signed. (But only after death of the parent who appointed them)
- Any person holding a Residence Order

- A person who has care and control of a child, unless it is within their knowledge that a parent would refuse consent (See below for care and control situations) this includes an approved 'kinship carer.' Section 10 of the Looked After Children (Scotland) Regulations 2009, provides that a local authority may make a decision to approve a "kinship carer" as a suitable carer for a child who is looked after by that authority in terms of section 17(6) of the Children (Scotland) Act 1995.

Parental Responsibilities can be Removed by Court by:

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

6.53 Care and Control Situations

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

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

7.0 Concluding the Investigation

7.1 Concerns not substantiated as a Result of Investigation

At any stage in the process it may be decided that concerns about significant harm to the child are unsubstantiated. Nevertheless consideration needs to be given to any unmet need and support required via local IAF/LIAP procedures. If the child already has a plan, this information should be recorded in the Child's Plan by the Lead Professional.

If there is no plan then agreed decisions and actions should be recorded by each relevant agency according to their agency procedures.

7.2 Concerns Substantiated

If agencies agree that concerns are substantiated via investigation then Social Work managers should ensure that an Initial Child Protection Case Conference is convened as soon as possible, and no later than 21 calendar days from the notification of concern being received, to enable professionals involved with the family and the children and family themselves to assess all relevant information and consider whether or not the child is at risk of significant harm. And if so, to review an existing Child's Plan and/or consider a multi-agency child protection action plan to reduce and manage risk of significant harm.

7.21 Emergency Action may be necessary as soon as a notification of concern is received or may become apparent over time as more information is gathered during Initial Referral Discussions or following investigation.

Planned emergency action will normally take place following an immediate discussion/meeting between Police, Social Work and Health (see **Section 315 Emergency Powers and Legal Section in National Child Protection Guidance 2010 for range of statutory powers available**)

<http://www.scotland.gov.uk/Publications/2010/12/09134441/11>

In some situations, the child's parents/carers or extended family may agree to local authority social work providing the child with accommodation and looking after them until concerns about the child's safety, or allegations of abuse or neglect can be investigated fully.

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

Similarly where a child is thought to require immediate medical assistance then this should be sought as a matter of urgency from the relevant Health services.

7.22 Considering the Significant Harm Threshold

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

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

"to reach a threshold which warrants a court order authorising compulsory assessment or a child's removal from home, the child must be suffering or likely to suffer harm which is serious and not of a minor, transient or superficial nature. It may be physical or emotional.....since the aim of the Act (The Children(Scotland)Act 1995) is to protect the child's welfare, harm will be significant only when it is clearly more serious than the potential trauma removal from home will almost inevitably cause a child. "(Norrie K, McK., (1995) p108).

Having "reasonable cause to believe" means having a sensible reason for thinking that a child may be at serious risk of being harmed or not protected by an adult who should be ensuring their safety and well-being. This criteria is lower than "beyond reasonable doubt" (as applies in criminal proceedings).

When judging what constitutes significant harm, consideration should be given to

- the severity of ill-treatment; this may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect;
- the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements;
- the family's capacity to protect, their strengths and supports;
- the child's age and stage of development;
- The family's willingness to cooperate with statutory agencies and allow access to the child where necessary, and
- The views and wishes of the child.

Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning and urgent action will be required. More often, significant harm may result from a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

Child Protection Conferences are the appropriate forums for confirming, endorsing and legitimising views about the nature, source and ongoing likelihood of significant harm.

7.23 Emergency Legal Measures for the Protection of Children at Risk

Where urgent action is needed to protect a child from significant harm then one of the following legal measures may be required:

7.231 Child protection Order: Any person may apply to a Sheriff for a Child Protection Order (CPO), The CPO 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.

7.232 Exclusion Order: the local authority may apply for an Exclusion Order (EO); the EO requires the removal of a person suspected of harming the child from the family home.

7.233 Place of Safety Order: A Justice of the Peace may also, in certain circumstances, authorise the removal of the child for a short period if a Sheriff is unavailable and, in limited circumstances, a police constable may take the child to a place of safety.

7.234 Child Assessment Order: The Children (Scotland) Act 1995 also makes provision for the local authority to apply for a Child Assessment Order (CAO) if it has reasonable cause to suspect that a child may be suffering or is likely to suffer significant harm and the parents or carers are refusing to allow the local authority to see the child

The responsibility to take any urgent action to protect a child rests with the local authority within whose boundaries the child is located when such action is deemed necessary, even if the child does not normally live within that local authority's area.

Other agencies or practitioners may need to apply to a Sheriff for a CPO or to a Justice of the Peace, where a Sheriff is not available, for authority to remove a child where emergency protection is necessary. In such circumstances the applicant should contact the local authority social work service for advice. If a local authority or any other person is considering emergency action to protect a particular child, the need for similar action to ensure the safety of any other children in the household should be considered at the same time.

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

- The alleged abuser agrees to leave the household
- Those with parental responsibilities make safe arrangements for the child to be cared for within the extended family or with other suitable people known to the child

- The Local Authority provides accommodation for the child under S25 of the Children (Scotland) Act 1995, with agreement of those with parental responsibility

8.0 Debriefing

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

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

9.0 Child Protection Case Conferences

The purpose of the Child Protection Case Conference is to

- bring together everyone with relevant information about the family (inclusive of voluntary/private agencies and adult services and the family) to assist in the decision about whether a child needs a multi-agency Child Protection Plan in order to protect him/her from significant harm or potential significant harm.
- Assess the degree of existing and likely future risk to the child
- Identify the child's needs and any services from any of the agencies that may be needed to help him/her whether or not the child is registered.
- Decide whether or not the child's name should be placed on the child protection register and if so recommend the framework for a Child Protection Plan. The plan must then be carried forward to a multi-agency Core Group, whose task it is to decide the details of the Child Protection Plan and to ensure that it is implemented and monitored.
- Appoint a Lead Professional
- Decide whether referral to the Reporter is required

9.1 The Four Types of Child Protection Case Conferences

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

9.11 Initial Child Protection Case Conference

An Initial Child Protection Case Conference is usually called when initial investigations are complete and further child protection action is required. i.e. investigation reveals significant harm or the possibility of significant harm to a child or young person. Any agency can request a CPCC and all requests to convene an Initial Child Protection Conference should be made as per local arrangements/procedures.

The Initial Conference should be held **no later than 21 calendar days from the notification of concern** where a decision has been made to convene a case conference.

Where a decision to convene a conference arises from an accumulation of concerns the conference should be held **no later than 14 calendar days of the decision to convene**.

Where possible participants should be given a minimum of **five days notice** of the decision to convene a case conference.

9.12 Pre-Birth Child Protection Case Conference

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

The pre-birth case conference should take place **no later than at 28 weeks** gestation or, in the case of late notification of pregnancy, as soon as possible after the notification of concern and in any case **within 21 calendar days**.

The Case Conference

- May decide that the unborn child's name should be placed on the Child Protection Register and agree an inter-agency Child Protection Plan.
- May recommend that the Local Authority seek a Child Protection Order at birth.
- Will consider whether it is safe for the child to go home at birth

For further details see the NESCPG Parenting Capacity Guidance with Pregnancy Protocol. <http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=339&slD=330>

9.13 Child Protection Review Conference

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

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

Where a child is no longer considered to be at risk of significant harm the Child protection plan should be converted into, and managed via, a Child's Plan, if the family/child requires ongoing support.

9.14 Transfer Case Conferences/ Arrangements for Reviewing the Protection Plan

Where a registered child moves from one Local Authority to another

- The responsibility for the registered child remains with the originating authority until the receiving authorities Transfer Case Conference.
- The receiving authority must record that the child is registered under a 'temporary' category from the date of the move or when informed.
- ***The originating authority must assess the change in circumstances.*** If there is believed to be a reduction in risk *the originating authority* must arrange a review CPCC to consider the need for ongoing registration or deregistration.
- *Where the originating authority* considers that the risk is ongoing or increased by the move, *the receiving local authority* is responsible for convening the transfer CPCC **within 21 calendar days** from notification that the child has moved into the area and that it is a permanent move.
- If the transfer case conference agrees that the child's name should be placed on the receiving local authority's register and the receiving authority accepts responsibility for the case, then the child name can be removed from the register in the originating authority.
- The child protection plan may be reviewed to ensure the level and type of service to meet the requirements of the transferring child protection plan.
- Where the child and or family moves out of an authority for a defined and time limited period of time the originating authority should retain case responsibility but may require help from the receiving local authority to carry out the child protection plan.

9.15 Transfer of Records

Where a child and/or family move permanently to another local authority area, the originating local authority will notify the receiving local authority immediately, then follow up the notification in writing.

- Social Work, Education and Health records and case files must be transferred speedily to the relevant receiving authority. Where the transfer school has contributed to the Child Protection Plan, the Head Teacher should ascertain what arrangements the family have made for the child's education in the receiving Authority.
- If the child is subject to a Supervision Requirement, the case records and/or file must go with the child.

9.2 Child Protection Case Conference: Sharing Information

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

For general principles on Information Sharing and Recording see section 86. National Child Protection Guidance.

<http://www.scotland.gov.uk/Publications/2010/12/09134441/5>

9.3 Family Participation

Parents and young people attending conferences **will, unless there are exceptional circumstances, be invited to the whole meeting.**

- Full sharing of information provides best protection for children. The child's safety and welfare must be the overriding consideration when making decisions about the information sharing process within case conferences.
- Children and Families should be fully involved in the Case Conference process. Their initial experiences influence future relationships with professionals.

9.4 Exceptional Circumstances

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

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

Within each service, professionals attending case conferences should be given guidance about what information is third party or restricted access, to help them come to an informed decision about the necessity for a closed session. All information must be shared in the best interests of the child.

Exceptional circumstances may be:

- *Where Police intelligence is held in relation to relevant persons*
- *In cases of sub judice*
- *Where third party information is received regarding the family*

9.5 Quorum

In order for a Conference to be quorate, at least three agencies must be present.

Education will ensure that arrangements are in place for

- information to be shared during school holidays and
- representation at meetings during school holidays

10.0 Registration: Considerations for the Conference

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

- Is the child at continuing risk of significant harm?

The test should be that there are reasonable grounds to believe or suspect that either:

- the child ***has suffered*** ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment is likely
- the child ***is likely to suffer*** ill treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect.

And

- That a child protection plan is needed to protect and support the child.

10.1 De-registration

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

- Once the criteria for de-registration have been satisfied

- If the child and family have moved permanently into another local authority area and the originating authority have assessed the change in circumstances and considered, via review case conference, that risk has reduced sufficiently.
- A child has reached the age of 18 years or has died (or has permanently left the UK)
- The Child, subsequent to registration, became Looked After and the Child's Plan sufficiently reduces or eliminates the risk of significant harm identified by the Initial Child Protection Case Conference

11.0 Child Protection Plans

The Case Conference will formulate the Child Protection Plan. The Protection Plan may be converted from an existing Child's Plan or it may be a new Child Protection Plan.

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

The Plan must make clear to the child, family, and all relevant professionals

- The exact nature of the concerns which resulted in the decision that a Child Protection Plan was required.
- What is required to reduce risks and meet needs
- the identified developmental needs of the child, and what support and therapeutic services are required
- How the ethnic, cultural, and religious needs of the child and family will be met
- how any issues arising from any disability will be addressed
- Include specific, achievable, child-focused outcomes intended to safeguard and promote the welfare of, and reduce the risk to, the child
- Set out realistic strategies and specific actions to achieve the planned outcomes, including any further specialist assessments of the child and the family
- The roles and responsibilities- including tasks for family members - what and within what specified timescales
- the arrangements for contact by professionals, e.g. GPs, health visitors and teachers as well as professionals providing additional support with children and family members
- the arrangements for cover of key professionals during absence due to holidays or sickness
- the arrangements that are in place for the child to be seen alone and spoken to, depending on age and understanding
- the specific short term and long term outcomes to be achieved
- the timescales for the outcomes to be achieved;
- Measures of success (how will the family and professionals know there has been a change);
- Any contingency plans to deal with a sudden change in circumstances, or a situation where insufficient change occurs

11.1 It is important that services are provided to give the child and family the best chance of achieving the required changes/outcomes. If a child cannot be cared for safely by his or her parent(s), he or she will have to be placed elsewhere whilst work is being undertaken with the child and family

A key issue in deciding on suitable interventions is whether the child's developmental needs can be responded to within his or her family context and within timescales that

are appropriate for the child. These timescales may not be compatible for the caregivers who are receiving therapeutic help.

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

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

11.2 Participants should receive a copy of the child protection plan from the Case Conference within **5 calendar days of the CPCC**. Minutes of the Case Conference should be received by participants **within 15 calendar days**

11.3 Decision to refer to Children's Reporter (SCRA)

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

12.0 Core Group Meetings

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

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

The Conference will:

- Agree a date for the first core group meeting and the frequency of further meetings
- Agree the membership of a core group of professionals and family members who will develop and implement the Child Protection Plan as a working tool. **Family members must always be invited to attend Core Group meetings unless the criteria for exclusion (see section 15.4 below) are met**

12.1 Core Group meetings must take place sufficiently frequently to facilitate working together to manage and reduce risk to the child, monitor actions and outcomes against the Child Protection Plan and make necessary changes according to circumstances. As a minimum, core groups should

- meet **within 15 calendar days of the Initial Case Conference** and,
- at a minimum, **every 6 weeks following that meeting**.

12.2 Core Groups will be chaired by an appropriate officer as per local arrangements. This person will normally be from the Social Work service. Members of the Core Group, including the lead Professional, are jointly responsible for the formulation and implementation of the Child Protection Plan. Core group members must be informed within 5 working days of any change in an agency's allocated worker.

12.3 The Core Group must request a review case conference if plans cannot be achieved or need to be significantly altered. The CPCC Chair and his/her line manager should be informed ***within 3 calendar days by the core group chair.***

12.4 A written record/minute

- must be completed on an agreed format and distributed to all members within 7 working days.
- must detail the progress of the protection plan and the related tasks allocated to individuals.
- will inform assessment within future reports for Review Case Conferences.

13.0 Role of Conference Chair

CPCC's are chaired by experienced senior members of staff. While the chair in the majority of cases will be from social work, where an individual could fulfil the required criteria, it is possible for a senior staff member from another agency to undertake the role.

The Chairs role is to

- Agree who to invite, who cannot be invited and who should be excluded in discussion with the Lead Professional and any other relevant agency;
- meet with the parents or care-givers and child, where appropriate, in order to explain the nature of the meeting and possible outcomes;
- facilitate information-sharing and analysis;
- facilitate the identification of risks, needs and protective factors;
- ensure that the parent's or care-giver's and child's views have been taken into account;
- facilitate decision-making;
- determine the final decision where there is disagreement ;
- Wherever possible, chair review CPCCs to maintain a level of consistency;
- where a child's name is placed on the Register, outline decisions which help shape the initial Child Protection Plan(to be developed at the first core group meeting);
- identify the Lead Professional;
- advise parents/carers about local dispute resolution processes.
- Facilitate the identification of a core group of staff responsible for implementing and monitoring the Child Protection Plan
- Challenge any delays in action being taken by staff of agencies
- Ensure that national timescales are adhered to, including review dates, distribution of minutes and copies of the Child Protection Plan and changes to plan; and
- Ensure that any member of staff forming part of a core group who was not present at the conference is informed immediately about the outcome of the conference.

14.0 Role of Lead Professional

In every case where a child's name is entered onto the Child Protection Register, a Lead Professional must be appointed. The Lead Professional in child protection cases will be the local authority social worker.

The Lead Professional carries no responsibility for the monitoring of the practice of other caseworkers in the Child Protection Plan. The responsibility lies with the line

management of the appropriate agency. However, no caseworker should work unilaterally or deviate from the agreements made at a Case Conference without reference to the Lead Professional and the Conference Chair.

The Lead Professional will

- hold the overview of the multi-agency Child Protection Plan
- work with the child, their family and relevant practitioners to make sure that the child and family views and wishes are heard and taken account of.
- link the child and family to advocacy services where necessary
- act as the main point of contact with the child and family to discuss the plan, how it is working and any changes in circumstances that may affect the plan. if further concerns are shared whilst the child's name remains on the Child Protection Register
- refer the matter to the Reporter If it is agreed by the Case Conference that the child may be in need of compulsory measures of supervision
- contact prison based staff where an alleged or convicted offender is remanded in custody or is serving a custodial sentence as the case may be, and, where he or she is a parent of or has parental responsibilities for the child, advise him or her of any arrangements for a Case Conference, the outcome of any Case Conference, Assessment or multi-agency Child Protection Plan

15.0 Role of Other Participants in Child Protection Case Conference

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

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

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

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

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

15.1 Involving Child and Parents/Carers

The parents, carers or those with parental responsibility **MUST ALWAYS** be invited to attend the Conference and helped fully to participate unless the criteria for exclusion is met. (See section 15.4 below) The Lead Professional should ensure parents are given information about local advice and advocacy agencies, and explain that they may bring an advocate, friend or supporter.

15.2 The child, subject to consideration about age and understanding, should be given the opportunity to attend if s/he wishes, and to bring an advocate, friend or supporter. <http://www.scotland.gov.uk/Publications/2004/03/19028/34027>

Where the child's attendance is neither desired by him/her nor appropriate, the Lead Professional should ensure that an identified person, working closely with the child ascertains what his/her wishes and feelings are, and make these known to the Conference.

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

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

15.3 Involvement of a Friend/Advocate

Where a parent/child wishes to have a supporter/representative present at a Case Conference, the request should be referred to the Chair. The Chair will be responsible for determining whether the identified representative should be invited to attend as support only.

Where parents/children have extra needs, e.g. where English is not their first language, learning difficulties, physical disabilities or mental health issues, the Chair should be made aware of these so that appropriate supports and personnel can be made available to them to allow for their full participation in the Case Conference.

15.4 Exclusion from Child Protection Conferences

Exceptionally, it may be necessary to exclude one or more family members from a Conference, in whole, or in part. The Conference Chair will base the decision to exclude a family member for one of the following reasons:

- A strong risk of violence or intimidation by a family member at or subsequent to, the Conference, towards any member of the Conference.
- The Chair, in consultation with the Lead Professional, considers that the parent/child would be unable to cope due to issues of psychiatric illness or trauma. This decision should be based on some evidence and not rely on participants' anxieties about what might happen.
- Evidence indicates that the parent/child's behaviour is likely to disrupt, obstruct or otherwise exploit the Conference.

- Where the interests of the parent and child conflict, the child's interests will take priority.

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

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

16.0 Reports for Child Protection Case Conferences

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

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

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

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

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

17.0 Decision Making: Lack of Consensus

All services participating in the case conference have a responsibility to contribute to the decision as to whether or not to place the child's name on the register. When conference members cannot agree on registration the Chair will use his or her professional judgment to make the final decision, based on analysis of the issues raised.

18.0 Dispute Resolution

If any agency representative is unhappy about the CPCC process or disagrees with decisions they should go through their normal line management processes.

If the complaint is in relation to the administration of the conference then, this should be initially investigated via the Chairs line manager.

If a parent/carer or child wishes to challenge the decisions of the CPCC, they should be given information about how to do this via the Chair of the Conference. If the complaint is about a specific practitioner, they should be advised to follow that agency's complaints procedures. If the complaint is about how agencies are working together, see the NESCPCC inter-agency complaints procedure

<http://www.nescpc.org.uk/nmsruntime/saveasdialog.asp?IID=327&SID=330>

19.0 The Child Protection Case Conference Minute

The Chair is not responsible for taking the minute, but is responsible for ensuring that the minute taker is experienced and aware of the requirements of the conference. Participants including parents should receive the minutes within 15 calendar days of the CPCC

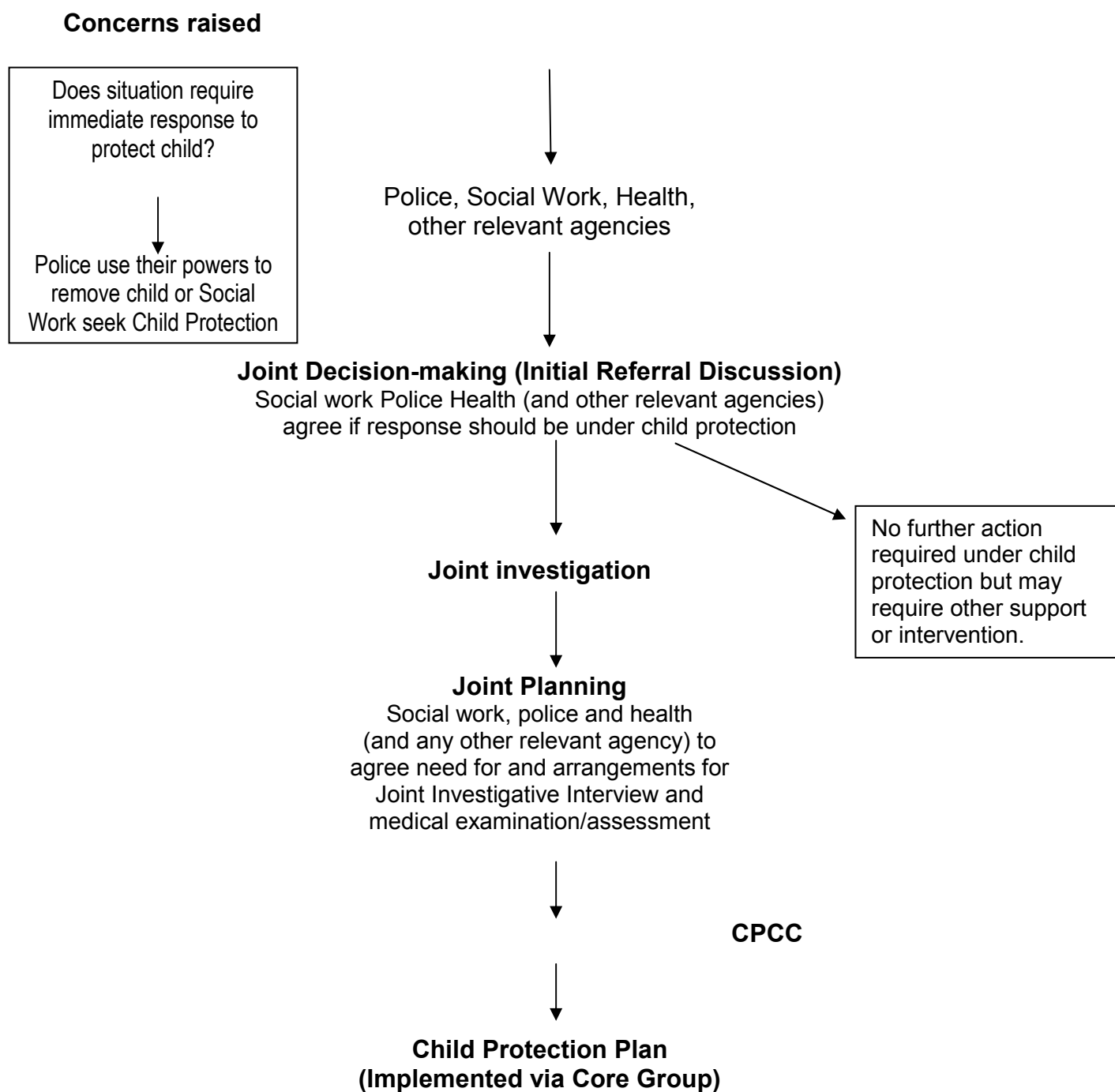
20.0 Status of Conference

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

21.0 Summary

The process of responding to child protection concerns in diagrammatic form is represented in Appendix 1. However, it should be noted that at any stage, the process may be stopped if it is felt no further response under child protection is necessary.

APPENDIX 1: Concerns Raised



APPENDIX 2: Table of Timescales for Child Protection

Notification of Concern to Initial Case Conference	<p>The Initial Conference should be held no later than 21 calendar days from the notification of concern where a decision has been made to convene a case conference.</p> <p>Where a decision to convene a conference arises from an accumulation of concerns the conference should be held no later than 14 calendar days of the decision to convene.</p>
Invitations	Participants should be given a minimum of 5 working days notice of the decision to convene a CPCC whenever possible
Review CPCC	The First Review CPCC must be held within 3 months from the Initial CPCC. Thereafter Reviews should take place six monthly or earlier if circumstances change
Transfer CPCC	The Transfer CPCC must be held within 21 calendar days from notification that the child has permanently moved into the area.
Pre-birth CPCC	The CPCC should take place no later than at 28 weeks pregnancy , or in the case of late notification of pregnancy as soon as possible from the Notification of concern and in any case within 21 calendar days
Core Group	The Initial Core Group meeting should be held within 15 calendar days from the Initial CPCC
Minutes	Participants should receive the Minutes within 15 calendar days of the CPCC
CP Plan	Participants should receive a copy of the agreed Child Protection Plan within 5 calendar days of the CPCC
Changes to CP Plan	Where a Core Group identifies the need to make significant changes to the CP Plan they must notify the CPCC Chair of this within 3 calendar days

APPENDIX 3: Contact Numbers – Aberdeen City

List of Contact Numbers ABERDEEN CITY - SOCIAL WORK

**Kirkgate and Reception Teams
Kirkgate House
Aberdeen
AB10 1HE**

Duty or Senior Social Worker Tel. No. 01224 264199

**Joint Child Protection Unit
Miltonfold
Bucksburn
Aberdeen
AB21 9DS**

Duty or Senior Social Worker Tel. No. 01224 306877

**Kincorth Children & Families
Faulds Row
Aberdeen
AB12 5NP**

Duty of Senior Social Worker Tel. No. 01224 874278

**Torry Children and Families
Old Tullos Nursery
Girdleness Road
Aberdeen
AB11 8TD**

Duty or Senior Social Worker Tel. No. 01224 241050

**Quarry Children & Families
Quarry Centre
Cummings Park Crescent
Aberdeen
AB16 7AS**

Duty or Senior Social Worker Tel. No. 694554

**Mastrick Children & Families
Greenfern Road
Mastrick
Aberdeen
AB16 6TR**

Duty of Senior Social Worker Tel. No. 690404

EMERGENCY OUT OF HOURS FOR ABERDEEN CITY

Tel: 01224 693936

SCOTTISH CHILDREN'S REPORTER ADMINISTRATION - ABERDEEN CITY

Tel. 01224 565150

APPENDIX 4: Contact Numbers - Aberdeenshire

ABERDEENSHIRE - SOCIAL WORK

Banff Area

Tel: 01261 818097

Central Buchan Area

Tel: 01771 638201

Deeside Area

Tel: 01330 824991

Ellon Area

Tel: 01358 720033

Fraserburgh Area

Tel: 01346 513281

Inverurie Area

Tel: 01467 625555

Kemnay & Westhill Area

Tel: 01467 625555

Huntly Area

Tel: 01466 799600

Peterhead Area

Tel: 01779 477333

Portlethen Area

Tel: 01224 783880

Stonehaven Area

Tel: 01569 763800

Turriff Area

Tel: 01888 562427

EMERGENCY OUT OF HOURS FOR ABERDEENSHIRE

Tel: 0845 840 0070

CHILDREN'S REPORTERS OFFICE ABERDEENSHIRE

Tel: 01224 565179

APPENDIX 5: Contact Numbers - Moray

MORAY - SOCIAL WORK

Buckie Area

Tel: 01542 837200

Elgin Area

Tel: 01343 557222

Forres, Speyside and Tomintoul Area

Tel: 01309 694000

Keith Area

Tel: 01542 886174

Lossiemouth and Fochabers Area

Tel: 01343 557222

EMERGENCY OUT OF HOURS FOR MORAY

Tel: 08457 565656

CHILDREN'S REPORTERS OFFICE

Tel: 01343 550015

GRAMPIAN POLICE

For Aberdeen, Aberdeenshire, Moray

Tel: 0845 600 5 700

Joint Child Protection Unit

Tel: 01224 306877

HEALTH

For Aberdeen, Aberdeenshire, Moray

RACH Specialist Child Protection Team (Consultant Paediatricians and Nurse)

Tel. 01224 551706 Mon to Fri, usual working hours

Out of Hours: Duty Consultant Paediatrician via Medical Paediatric Registrar

Tel. 0845 456 6000

Moray Local Services

Dr Gray's Hospital, Duty Consultant Paediatrician

Tel. 01343 543 131

APPENDIX 6: Contact Numbers – Army Welfare Services

Contact Numbers for Army Welfare Services

DWSO Tel. 0131 310 2107/2108

DPSO Tel. 0131 310 2618/2108

HQ 2 Division

Building 37

Craigiehall

South Queensferry

West Lothian

EH30 9TN

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

Lowlands WSO Tel. 0131 310 2850

Building 29

Dreghorn Barracks

Redford Barracks

Redford Road

Edinburgh

EH13 9QW

Highlands WSO Tel. 01463 233 132

24 Wimberley Way

Inverness

IV2 3XX

Royal Navy

East:

Area Officer (NPFS)

HMS NELSON

Queen Street

Portsmouth

Hampshire

PO1 3HH

Tel. 01705 820932/826774

West:

Area Officer (NPFS)

HMS DRAKE

HM Naval Base

Devonport

Plymouth

PL2 2BG

Tel. 01752 568611

North:

Area Officer (NPFS)

HMS NEPTUNE

Triton House

1-5 Churchill Square

Helensburgh

Argyll & Bute G84 9HL

Tel. 01436 372798

Royal Marines**SCOTLAND**

Welfare Officer
Welfare

RM Condor
ARBROATH
Angus
DD11 3SJ

Tel. 0124172201 Ext 2015/6

Team Manager

Naval Personal & Family Service & Royal Marines

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

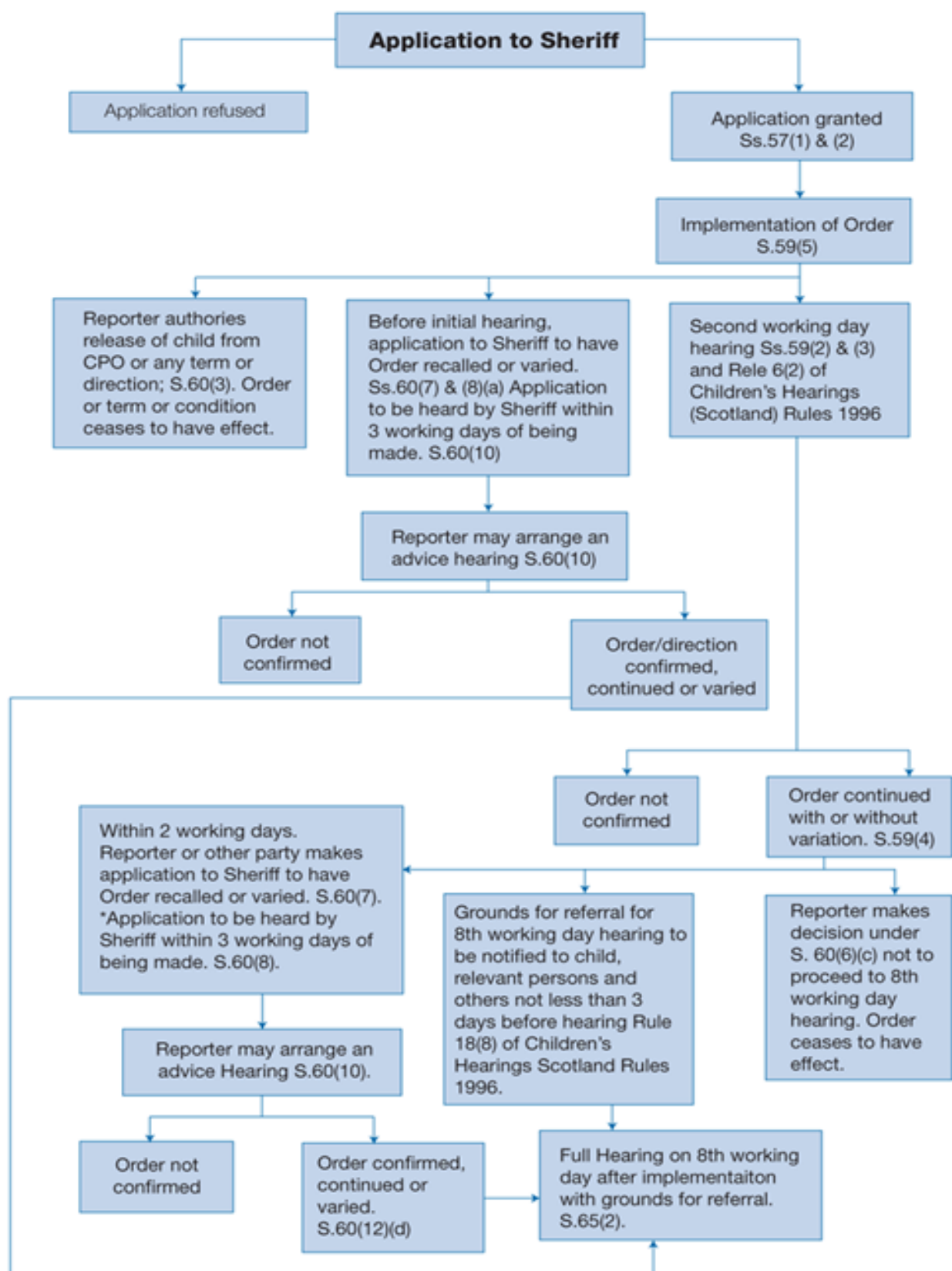
Tel. 01436 672798

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

Director of Social Work
SSAFA Forces Help
Central Office
19 Queen Elizabeth Street
LONDON
SE1 2LP

Tel. 020 7403 8783
020 7403 8815

APPENDIX 7: Child Protection Order – Sections 57- 60



APPENDIX 8: The Assessment Triangle

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

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

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

The Whole Child:

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



APPENDIX 9: Criminal Injuries Compensation

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

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

Claims for compensation are made to:

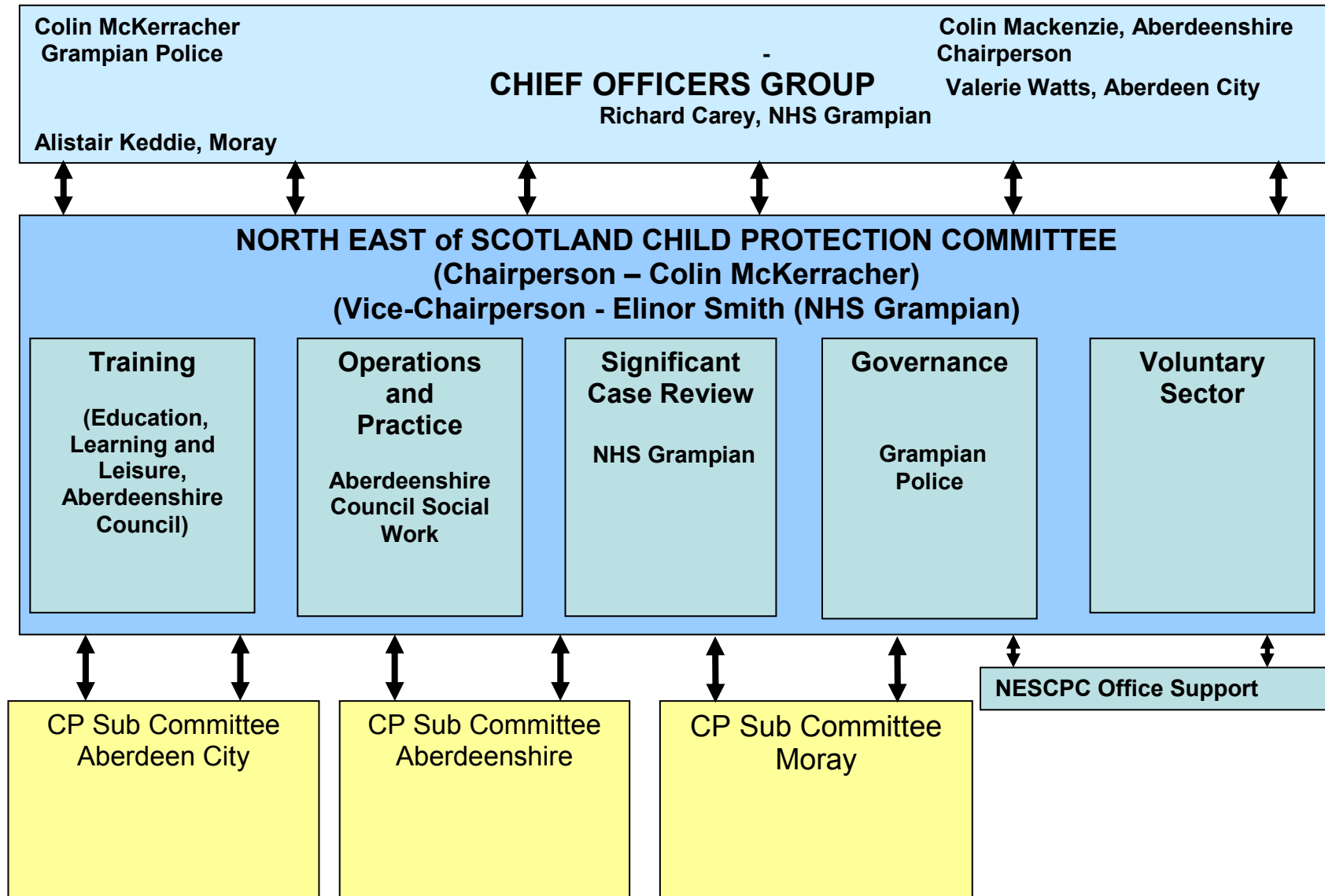
The Criminal Injuries Compensation Authority (CICA) <http://www.cica.gov.uk/>

May House
300 Bath Street
Glasgow
G2 4JR

Helpline Freephone: 0800 358 3601

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

APPENDIX 10: Structure of the NESCP



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NESCPC
The North East of Scotland Child Protection Committee
1st Floor
Balgownie 1
Aberdeen Exhibition and Conference Centre
Conference Way
Bridge of Don
Aberdeen AB23 8AQ

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